

Hickam Healthcare Ltd

# Messenger House

## Inspection report

73 Messenger Road  
Smethwick  
Birmingham  
West Midlands  
B66 3EB

Date of inspection visit:  
18 February 2021

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08 April 2021

### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Messenger House is a residential care home providing personal care to three people with a learning disability at the time of the inspection. The service can support up to four people.

The service has been designed taking into account best practice guidance and the principles and values underpinning Registering the Right Support (RRS) in respect of the environment. The building design fitted into the residential area as it was domestic in style in keeping with other homes in the street. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home.

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

Care plans and risk assessments did not always contain enough detail to inform staff about people's needs. Some of the infection control procedures in place were not in line with current Covid-19 guidance, action has been taken by the provider to address these issues since we inspected.

Quality assurance systems had not always been effective in identifying the concerns we found at this inspection. The registered manager demonstrated a willingness to make improvements and during the inspection began reviewing their systems and processes to ensure the service consistently provided good, safe, quality care and support.

People were positive about their experiences of using the service. They told us they felt safe with staff and that if they had concerns, they could raise them with the manager.

People received their medicines when needed and staff were trained to administer people's medicines safely. Staff had been recruited safely and there were sufficient numbers of staff on duty to meet people's needs.

Staff were positive about the management of the service and told us the registered manager was very supportive and approachable.

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

### Rating at last inspection

The last rating for this service was requires improvement (published 20 December 2019).

The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

### Why we inspected

We undertook this focused inspection to check if they had made improvements since we last inspected. This report only covers our findings in relation to the Key Questions Safe and Well Led which contain those requirements.

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 ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Messenger House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Enforcement

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.

We have identified a breach in relation to good governance. Please see the action we told the provider to take at the end of this report.

### 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.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

**Requires Improvement** ●

# Messenger House

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Messenger House is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 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

This inspection was announced. We gave a short period notice of the inspection as we were mindful of the impact and added pressures of Covid-19 pandemic on the service. This meant we took account of the exceptional circumstances and requirements arising as a result of the COVID-19 pandemic.

#### What we did before the inspection

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 reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service. We spoke with four members of staff including the registered manager, clinical nurse advisor and care staff.

We reviewed a range of records. This included two people's care records and multiple 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 spoke with the relative of one person and we continued to seek clarification from the provider to validate evidence found.



# 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. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- Care plans and risk assessments did not always contain enough detail to inform staff about people's needs. Where people had specific health conditions, for example in relation to diabetes or epilepsy then information was not always sufficiently detailed.
- There was no evidence that people had come to harm and monitoring records indicated that a person's diabetes was currently being well managed.
- One person had been assessed for a choking risk by the Speech and Language Therapist (SALT). Whilst there was clear guidance in place from the SALT the service's own documentation did not clearly reflect this guidance.
- Following our inspection, the registered manager took action to review these care records.
- Whilst staff had received training on managing health conditions such as diabetes not all staff were aware of measures to reduce risk or the signs they needed to be alert to.

### Preventing and controlling infection

- We were somewhat assured that the provider was using PPE effectively and safely. One member of staff was wearing a cloth mask due to a health condition. Use of cloth masks is not recommended by Public Health England. Whilst a risk assessment was in place the provider had not ensured the appropriate agencies had been consulted as this was not in line with current guidance. This may have put people and staff at increased risk related to Covid-19. At the time of our inspection neither staff nor people at the home had tested positive for Covid-19. We have signposted the provider to resources to develop their approach and the registered manager took action following our inspection to address this issue.
- We were somewhat assured that the provider was accessing testing for people using the service and staff. People who lived at the home were having regular tests in line with current guidance. The provider had experienced difficulties in registering for staff testing and so had arranged their own tests, but these were not in line with current guidance in terms of frequency. The provider had made relevant agencies aware of their difficulties but had not been proactive in following this up. During our inspection we signposted the registered manager to the testing portal and the matter was resolved.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- 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.

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

- People we spoke with told us they felt safe and would report any concerns they had to staff.
- Staff were knowledgeable around safeguarding procedures and where to report and escalate any concerns they had.
- We saw that when a concern had been reported safeguarding procedures had been followed and actions put in place to keep the person safe.
- Accidents and incidents were documented and reviewed by the management team.

Staffing and recruitment

- People told us there were enough staff to meet their needs, one person said, "The staff are all brilliant, I like them all and there are plenty of staff to help me."
- We observed sufficient numbers of staff on the day of inspection and the staff team did not raise any concerns over staffing levels.
- The registered manager told us they had never used agency staff. They told us their staff team and the management pick up additional shifts when the need arises.
- At our last inspection recruitment processes were not always effective in ensuring staff were suitable for the roles prior to commencing their employment. Improvements had taken place. Staff had been recruited safely. All pre-employment checks had been carried out including reference checks from previous employers and Disclosure and Barring Service (DBS) checks.

Using medicines safely

- At the last inspection we identified an issue of poor practice regarding medicine administration. The provider had resolved by this by ensuring there were sufficient numbers of staff trained in administration.
- Staff had their competency checked regularly to ensure safe practice.
- Administration of medication records indicated people received their medicines regularly. This was confirmed by people we spoke with.
- There were protocols for staff to follow for people who had been prescribed medicine to be used as required (PRN). One protocol needed review and further detail, this was rectified by the registered manager following our inspection.
- People's medicines were safely received, stored and administered. Management completed monthly audits of medicines to ensure policies and procedures were followed and any errors or concerns were identified.



# 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

- There were systems in place to monitor the service. However, these had not always been effective at identifying where improvements were needed as identified during our inspection.
- Where the provider was not following some aspects of Public Health England guidance in relation to Covid-19, they had not ensured this had been fully discussed with all relevant parties.
- Auditing systems needed improvement to ensure care plans and risk assessments were sufficiently detailed.

Systems were either not in place or not robust enough to demonstrate the provider had maintained effective management oversight of the quality and safety of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Issues identified at the last inspection had been addressed. The management team was responsive to the concerns raised throughout the inspection and provided assurances that the concerns identified would be addressed.
- The registered manager had notified The Care Quality Commission (CQC) of events which had occurred in line with their legal responsibilities.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 had developed good relationships with the staff who supported them. One person told us, "It's excellent here, staff know how to work with us."
- The provider understood their legal responsibility to be open and honest with people, families and professionals when issues arose.
- Providers are required to display their CQC rating at their premises and on their website if they have one and we saw this was prominently displayed.

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

- People's cultural and religious identities were embraced and promoted. One person told us they had not

been able to attend their place of worship due to Covid-19 restrictions but that they had been supported to watch religious services on-line.

- People were asked for their views and opinions. One person told us, "We get asked what we think, that's what I like as they did not do that in my last home."
- One person's relative told us, "It's a cut above anywhere else" and "I get regular contact from them."
- Since the last inspection the provider had completed a survey with people living at the home to see if they would recommend it to others. The survey was limited in content and not fully effective in assisting the provider to identify where improvements were needed. Following our inspection, the registered manager sent us a copy of a more in-depth survey form which they said would be used in future.
- We found there were regular meetings for staff and their views were encouraged.
- Staff were positive about the management of the service and told us the registered manager was very supportive and approachable. Staff told us they were supported by regular training and supervision.
- The service worked in partnership with other professionals to ensure people received effective, joined up care. Documents demonstrated people had access to a wide range of professionals when required or requested.

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 17 HSCA RA Regulations 2014 Good governance  Systems for monitoring the service were in place but were not always effective.