Hilbre Care Limited

Hilbre Court

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 24, 25 and 26 February 2016 and was unannounced. Hilbre Court was a large detached building which was registered to provide accommodation and nursing care for 17 people. It was directed for older people who were living with dementia or some other type of mental health problem.

At the time of our inspection there were 16 people living in the home.

The home required a registered manager. 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. The home had a registered manager who had been in post for several years.

We found that staff levels were not adequate and have made a requirement about this.

The home operated safe recruitment practices and staff had been trained in safeguarding procedures and able to tell us how to contact someone if they were concerned about abuse.

The home had been maintained well and had the required certification to say that such things as gas and electrical installations were safe and that fire safety had been checked.

Staff had been trained to do their job. The home followed the appropriate guidelines in relation to the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards.

We found that the food was tasty and nutritious. We observed that staff were caring and knowledgeable about people and their needs. They delivered person centred care in a dignified way and respect people's privacy.

The management was seen to be open and transparent and the provider was accountable. Plans were in place to further improve the service and healthcare partners told us that the service and they worked well together.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Staff had been recruited using safe methods of recruitment and had been trained in safeguarding.

Building checks had been completed and certified to say that they were safe.

We found there were not sufficient staff on duty at times through each day.

Medication storage and administration needed to be improved

Is the service effective?

Good

The service was effective.

We found that staff were trained and knew how to do their job.

The appropriate procedures had been followed in relation to the Mental Capacity Act 2005.

The food was tasty and nutritious.

Is the service caring?

Good

The service was caring.

We saw that people were supported by caring staff who interacted with them well.

Staff respected people's privacy and provided information and explanations to them.

Is the service responsive?

Good

The service was responsive.

People's care needs was delivered in a person centred way.

We saw that varied and interesting activities were available to the

people living in the home.

Is the service well-led?

Good

The service was well led.

The manager was open and transparent and had a vision for the service.

Staff told us that they were well supported. Relatives told us that they were happy with the management.

Hilbre Court

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 24, 25 and 26 February 2016 and was unannounced.

The team comprised of two adult social care inspectors.

We contacted the local authority quality assurance team and looked at the local Healthwatch website for any views on the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We also looked at our own records, to see if the service had submitted statutory notifications and to see if other people had made comments to us, about the service.

We talked with two people who used the service, five relatives and visitors, three care staff, the cook, the maintenance person, the activities coordinator and with the full-time and with the part-time managers of the service as well as with the provider. We also talked with several other of the provider's managers and with two health care professionals who visited the home during our inspection.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at two paper records of people's care files and looked at four others which were held on the computer. We saw four staff recruitment files, the staff training matrix, staff rotas and other records related to the running of the home, such as audits, policies and procedures and building and environmental checks and certification.

Requires Improvement

Is the service safe?

Our findings

We spoke with a relative and they told us that they thought that their relative was safe in the home. The relative told us they came to the home frequently as did their family.

A staff member told us, "I think they need to hire more staff. Even a full-time cleaner would help".

We saw the staff rotas from 22 February 2016 up to 28 February 2016 for each shift in the home. The numbers of staff for the sixteen people in the home who were all living with dementia was three care staff. This number reduced to two care staff daily from 6 pm every evening until 8 am the following morning. At night there was one staff member on waking duties and another on a sleeping duty.

We noted that one person was cared for in bed and two were not mobile without the support of two staff. Many of the people needed support to use the toilet. Care staff were also responsible for the laundry and cleaning duties as well as the care needs of people living in the home. They were also responsible for meal provision when the chef was not on duty.

One staff member told us, "I can't cook and care at the same time". They went on to say, "As long as the chef and the admin are in, three are enough but we need the manager to be here full-time as well". They told us that they often did run short of staff due to illness of vacancies. Another staff member also expressed concerns to us about the lack of staff at night.

We were told the home did not use a dependency tool. A dependency tool was a tool which assessed peoples' needs and gauged the number and type of staff needed in the home.

The home operated three sittings for main meals. We observed all the three staff on duty, supporting six people in the dining room at lunchtime, to eat their meal. Consequently, there were no staff in the lounge to support the nine people there. We discussed this with the manager who told us that often there were additional staff who came into the home to do things such as activities. The manager told us that all the staff would help out with support duties, if necessary.

There were two managers who jointly managed to Hilbre Court and its sister home next door. One of the managers was full-time and the other was part-time and also worked on Saturdays. This meant that management time was split and the staffing arrangement was inconsistent and not available in the evening or overnight or at times of the weekend.

These examples are breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staffing.

We observed the care of a person being transferred from wheelchair to a dining chair at lunchtime. The person who had been diagnosed as having dementia and required full care support as they were unable to mobilise independently and required two care staff to transfer. Both staff did not provide the appropriate

assistance as they were observed to lift the person, using an out of date, manual lift. A hoist to transfer should have been used for the safety of the person and the staff. We immediately mentioned this to the manager told us that it would be addressed with staff straight away.

We found that the main door was open and gave access into a vestibule area where visitors were requested to sign the visitor's book. There was a door into the home that was locked with a keypad lock.

Within the vestibule was the electric mains cupboard which was signed to be kept shut. This cupboard appeared to have a lock on the door, but the double doors were open able and could easily be accessed. An information sign on the wall of the vestibule stated that visitors should use the hand gel available to ensure infection control was being adhered to. There was no hand gel available; this was also the case within the home. We discussed these concerns with the manager on the first day of our inspection, who assured us that the matters would be rectified; however on the subsequent days of our inspection, this was not done.

Staff demonstrated that they had an understanding of the arrangements for safeguarding vulnerable adults. There were able to tell us about abuse and how to report it. We saw that the safeguarding policy followed local safeguarding protocols. Staff told us that if they had any concerns about any allegations of abuse or neglect they would report this to the provider or senior person available immediately and most staff also knew that they were able to report it to the local authority or to CQC. The staff were aware of the whistleblowing policy and told us they would have no hesitation to use it if required.

We requested the recruitment and training records for staff who worked in the home. During the first two days of our inspection these were not available as they were stored at another of the providers' locations. There was no access to them as the manager of Hilbre Court did not have the keys to the locked files and the staff member who did worked part-time. This meant that had we not returned for the third day we would not have been able to see these records.

The recruitment records showed that recruitment had been done appropriately and safely and that suitable references and checks had been made. These included identification checks, qualifications, right to work in the UK, and visa checks as well as DBS (disclosure and barring scheme) criminal records checks. We saw that there were a disciplinary policy and procedures in place and saw that this policy had been followed. We also noted that there were other policies in place related to staff, such as health and safety work and moving and handling.

The medication cabinet and fridge were kept in the office along with the medication administration record (MAR) sheets. However as the office was not locked routinely this did not enable the confidential storage of people's medical information. There was a medication trolley chained to the wall, outside the lounge which is where most of the medication was administered from. We noted that the medication trolley was locked at all times other when medication was being administered. We saw that the medicines stocks stored in the cabinet and in the trolley tallied with the MAR sheets. All the drugs were 'in date' and new stock had been checked in properly, stored correctly, and administered appropriately. PRN (as required) medication and homely remedies were recorded in a similar way. Again the stocks tallied with the record. A visiting healthcare professional told us that they were happy with the home's management of medication.

On the first day of our inspection we found that the medication fridge in the office was unlocked. We also saw that the temperature of the fridge had been recorded routinely as being over the recommended 5°C. This meant that the medications which needed to be stored below 5°C may become unstable and not effective. The medication cupboard was in the office and this room itself had not had its temperature taken, but on discussing this with the manager, they told us that they would provide a thermometer and begin to

take the temperatures twice daily as recommended. This was important because some medications required storage at below 25°C.
In the care files we saw that risk assessments had been completed for areas such as aggression and falls and these had been updated recently.

We saw that all the checks on such things as legionella, water temperatures, gas and electrical installations had been done regularly and were up to date and within safe limits. There were smoke and fire detectors throughout the home, with the necessary fire fighting equipment placed around the home. These were also checked and serviced regularly. There were appropriate fire alarm checks and fire drills and the home had evacuation plans, should there be an emergency. We saw that individual personal emergency evacuation plans (PEEPs) had been recorded for staff to use in an emergency.

The kitchen was large and tidy and the kitchen and the equipment in it, was clean. The fridge and freezer temperature checks were completed twice a day and the food temperature checks as and when necessary. All were recorded as being within safe limits. The kitchen cleaning rota was followed. We noted however that staff entered the kitchen without having ready access to protective clothing before doing so and that the hand washing basin was at the far end of the kitchen where there was another door. The cook told us that they were considering trying to encourage staff to use the far door because of the location of the hand wash sink.

The dry and tinned food was stored in a very large cupboard outside the kitchen which was unlocked. As people used the corridor where this cupboard was situated this could potentially cause harm if someone were to open the door and reach into it. We discussed this with the manager who arranged for new locks to be fitted to the cupboard. In the meantime, we saw that a bolt was used at the top the door to secure it temporarily.

The home had an infection control policy. Infection control was aided by a clean environment and we saw that the communal toilets, bathrooms and the kitchen all had soap and towels and were in a clean state.

Good

Is the service effective?

Our findings

We talked with a visitor who told us that staff were well trained and able to meet the needs of their relative.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. 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. We saw that 15 applications had been made and that one had been approved at the time of our inspection. However, those people who were able to make decisions about whether they should leave the home unaccompanied had not been given the key code for the entrance door.

We noted that staff always sought people's consent before doing anything with them, such as administering the medication.

We were shown the training matrix which showed that most staff had received training in all the providers mandatory training subjects, such as mental capacity act, deprivation of liberty safeguards, medication, and fire safety training. Some staff were undertaking the new 'care certificate'. The manager later wrote to us and told us that further training had been booked for the coming months including falls prevention and fire safety training. Staff told us that they felt well trained and that they were enabled to progress if they chose to. They told us they were well supervised and that training was discussed during the sessions.

A member of staff confirmed that they were up to date with training and development. They said that they had received supervision in January 2016 and had an annual appraisal in 2015.

A visitor told us, "The food provided here is good and staff always offer me a meal if I am there at meal times". We observed one lunchtime meal where three staff were seen to support six people who all required staff assistance to eat their meal. This meant that staff were not able to support people individually. Staff were observed to be respectful to all of the people, chatting and informing them of what they were doing. People were not being rushed and all were communicating to the staff that they enjoyed the food that was provided.

We joined people for lunch in two of the days of our inspection and noted that the dining area was small,

being able to seat about six or eight people in the main part. There was an area off the dining room which was also used by one or two people. The table was set with a tablecloth and a place setting but there were no condiments on the table. During the meal however, staff offered people condiments as well as fruit squash or tea or coffee. One person told us that they considered the food to be indifferent and said, " I would love a steak dinner", but others told us or we observed that they were happy and enjoyed the meals. Our experience of sampling the food was that the food was tasty, well cooked and presented. Throughout the meal people were encouraged to eat and drink and supported appropriately to do so when necessary.

The home was a large period building which had been adapted to provide accommodation for residential care. This had been done as sympathetically as possible but there were limitations because of the design of the building. The home was also the subject of planning restrictions because of its type and age. The provider told us that they had plans to improve the building and link it to its sister home next door, subject to planning permission. This would enable people living in the home to easily share some of the facilities offered by the building next door. The garden was large and we were told that there were plans to adapt it in order to provide people living in the home with raised areas for them to garden in.

One visitor told us, "It's just like visiting somebody in their own home. I really like the home because it's small and cosy. I wouldn't be impressed if it was modern. The atmosphere is far more important".
We had a tour of the premises and visited all areas on both floors. We spent time walking along the second floor corridors. There were two areas that had uneven flooring and could be a potential health and safety risk to the people living in the home and the staff. There was no signage informing anyone about the change in the floor levels.
The corridors on both floors where bedrooms were situated looked exactly the same. We also found that most of people's room doors room had no identifying marks on them to show them where their room was and all the doors were coloured white including storage cupboard doors and toilets. One door to a bedroom opposite the kitchen, where a person was receiving end of life care had only a fire door sticker on it and the inspectors opened the door, thinking it was a cupboard, due to a lack of identification. We discussed this with the manager and provider, as good contrast and signage are considered important factors in dementia friendly environments. The manager and the provider told us that they had plans to refurbish the home very shortly. They also told us that they would use the research available as best they could within the physical limitations of the home.

Good

Is the service caring?

Our findings

A visitor told us that staff were very caring towards their relative. They told us, "Staff are always welcoming to all of our family; we all visit on a regular basis". Another visitor said, "Staff always ensure that they communicate with my relative and provide great care".

We were told by visitors that staff were very considerate to people's preferences and knew the likes and dislikes of the person. For instance, their relative always got up later in the morning before living at the home. The staff always ensured that their care and support was provided later in the morning. The visitor said "I would definitely recommend this place".

Another visitor told us, "They are always caring. He is always clean, well-cared for and the staff are very kind. He wouldn't be here today if he hadn't moved here".

We observed people being listened to and talked to in a respectful way by the manager and the staff members on duty. People were seen to ask questions and we saw that there were good interactions between them and the staff. Another relative told us, "It's reassuring to know how much staff care and how much they show it".

Staff were all seen and heard to support the people, communicating in a calm manner and also reassuring people if they were becoming anxious. We saw one member of staff patiently encouraging one person to talk. The person began to sing and the member of staff complimented them and encouraged them to sing more.

A member of staff we spoke with was asked if they provided good care to the people living there. The staff member said "I think we do provide good care here, all of the people are well looked after".

We saw that staff and the people living in the home appeared to get on very well together. It was obvious that staff knew the people well. There was plenty of chatting and good-natured banter between them all.

There was a separate lounge especially for visitors and we saw that this was well used by a range of visitors who had some separate space to talk with their relatives. We saw that staff respected these interactions and facilitated them by providing drinks for them all. The visitors that we saw all appear to be very at ease in the home.

We noted that people's privacy was respected and that their dignity was promoted. One senior staff member told us, "I'm becoming a dignity champion as soon as I can. I've been looking into it".

One family who were visiting somebody in the home had young children with them and we saw the children moved freely about the ground floor communal areas with the supervision of their parents. People in the home were able to interact with these children and appeared to take great pleasure from this.

On visiting healthcare professional told us that the home followed the 'six steps' to end of life programme. Six steps ensures that there is open and honest communication, assessment and planning. It ensures that the person themselves is at the heart of the process, with other people such as relatives and care professionals included and operating in a co-ordinated way. The person's need for dignity and respect is vital, as is the need to deliver high quality service in the care setting. It is a recognised end of life quality mark for care homes and other organisations.

We saw that some files had recorded that end of life care had been considered and discussed with people and their relatives and with healthcare staff.

We were concerned about client confidentiality and also about staff confidentiality because the door to the manager's office had been left unlocked. The client records, the staff contact details and medication information were kept in this office. We were assured that a keypad lock would be placed on this door immediately.

Good

Is the service responsive?

Our findings

A relative told us staff listened to any concerns they raised. They were aware of how to make a complaint and whom they would speak to. Another relative told us, "I know how to complain but have never needed to".

Another relative told us, "I'm very keen to speak out and I will. I had a problem I would go to [Name]".

A healthcare professional told us, "I see a lot of homes locally and this is great".

We saw that care files were individualised and recorded people's individual needs and assessments. These were completed in a person centred way. One relative told us, "I'm very happy with the way my relative is cared for here. It's about individuals. Everyone here is always dressed well and looks cared for. They always look nice and have the hairdresser regularly".

We noted that all staff on duty knew people who lived in the home well and were able to communicate with them and meet their needs in a way each person wanted. We saw staff joking and laughing with people and involving them in conversations. We also saw staff addressing people in the manner they preferred.

We were told that a previous manager had not updated or reviewed the files in recent months. The care plans were in the process of being updated and reviewed by the current managers. We noted that there were plans to improve the design of the files and this work was also in progress. The current files contained a lot of information about people which was pertinent to their care needs, such as medical details and contacts, dietary information, personal care and physical well-being care plans, referrals for DoLS applications and a completed document entitled, 'This is me'.

'This is me' is a simple and practical tool that people with dementia can use to tell staff about their needs, preferences, likes, dislikes and interests. It enables health and social care professionals to see the person as an individual and deliver person-centred care that is tailored specifically to the person's needs. It helps to reduce distress for the person with dementia and their carer. It can also help to prevent issues with communication, or more serious conditions such as malnutrition and dehydration. It has been jointly written by the Alzheimer's Society and the Royal College of Nursing and is considered to be an example of best practice for planning care for people living with dementia.

One staff member had recently taken over the responsibility for providing activities the people who lived in the home. We talked with the staff member who was very enthusiastic about this post and they told us that they had made some recent purchases of equipment, such as sensory cushions and inflatable skittles and quoits games which were large and easy to handle. The staff member had done research into activities for people living with dementia had used well-respected websites for this. They told us, "I started to study and look at best practice. I've made a list of things we can do. We have a beautiful garden and it's all safe. With the better weather we're going to plant and rake leaves".

This staff member also told us that they had negotiated with the manager of a local cinema and with a local chain store in order to put on film afternoons which also had the benefit of having refreshments provided. A local charity had provided volunteers and these events were set to be about every six weeks. We noted that there were also various activities which had taken place such as outings, games, and hairdressing.

We noted that people were able to have visitors throughout the day and that they were able to either receive these in their own rooms or in the visitors lounge. We also noted that people were able to be individuals and to have choice in the way they spent their days and other aspects of their lives. An example of this was that each person was able to retain the GP of their choice.

We saw that there was a complaints policy and procedure but that people and their relatives told us that they knew about it but that they had no complaints about the service or the staff.

Good

Is the service well-led?

Our findings

One relative told us, "The manager has just left as it is evident that things are being done to get things improved. I am very pleased that [Name] has taken over as they are really good".

Another relative told us that, "I think the new manager and all the staff are wonderful. They are like part of your own family and they treat [my relative] as part of theirs". They went on to say, "They [the home and its manager and staff] are a surrogate family to us. We look out for each other; it's very supportive".

There was a registered manager in place for the home who been registered as the manager for several years. This registered manager was also the provider of the service. The required statutory notifications had been submitted to CQC.

The home had an additional home manager who had resigned in January 2016. At the time of our inspection, the day-to-day management of Hilbre Court's was being undertaken by the manager of the home's sister service next door. This manager was a full-time employee. They were being supported by another part time manager to run the two homes. The provider told us that there was a plan in place for Hilbre Court's new full-time manager to become the registered manager of Hilbre Court instead of the provider, within the next couple of months.

A staff member told us, "The management was hit and miss. There were some shortcomings but now nothing is hidden here. They've never concealed anything. They are honest with us and with the families".

Another staff member told us that there was great teamwork in the home now. They said, "We get great support from the manager and from each other. When I had supervision, the manager told me that she'd look at the problem I had raised with them. I think they will do this".

We looked at various quality assurance procedures and audits and it was apparent that some of these had not been completed by the previous manager, in the last few months of 2015. We saw evidence of correspondence between the provider and the previous manager about these issues.

We saw that since taking over the management of the home in January 2016, the new managers had completed these audits and brought many records up to date including improvements to the care plans and their reviews. The managers who were jointly running both Hilbre Court and another of the providers home's which was next door to Hilbre Court, were very enthusiastic about the service's future. They were open and transparent with us about the issues of the previous few months in 2015 and their plans for Hilbre Court going forward. . They discussed these with us and showed us their progress so far and it was obvious that a lot of work taken place.

We saw examples of audits which included room audits, cleaning schedules, first aid boxes, incidents and accidents, and risk assessments. Some of these audits had been completed using a new auditing system which was being rolled out across the provider's homes.

Relatives of visitors told us that they had been asked their opinion on the service recently and that relatives meetings and meetings with people who lived in the home took place regularly. A healthcare professional told us that the manager and the staff in the home always worked well with them and communicated with them in a timely way.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing There were insufficient staff to provide for the needs of the people living in the home.