

Hilbre Care Limited

# Hilbre Manor EMI Residential Care Home

## 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 caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Hilbre Manor is a residential care home providing personal and accommodation for up to 15 people in one adapted building. At the time of the inspection 12 people were using the service. The home is in a residential area of Wirral.

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

The oversight of the systems in place to ensure people were safe needed improving. The monitoring of people's safety had not always been effective, risk assessments did not always provide appropriate guidance for staff and plans to keep people safe in the event of an emergency were not robust. The pre-employment records in staff files did not always demonstrate that a robust recruitment process had taken place.

The registered manager had not ensured that staff had received appropriate training. For example, a low percentage of staff had completed the providers safeguarding, falls prevention and dementia care training.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm and was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager and the provider had not informed the CQC of certain events that they are legally obligated to do so. This is a breach of the conditions of registration for this service, which will be considered separately to this inspection.

Overall the environment of the home was clean and safe. The services and equipment in the building had been regularly checked and serviced and the registered manager completed regular health and safety audits. People received their medication safely and as prescribed.

Staff spent time sitting and chatting with people and were responsive to people's everyday requests. Staff provided people with information and supported them to make day to day choices. People told us they 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. However, the records and systems in the service did not clearly demonstrate this practice.

People told us that they were well treated and supported by staff. Each person had an individualised care plan which contained important information about their background, family history, their preferences and other details that were important to them. Staff were knowledgeable about people and used this information to improve people's experience at the home. People's relatives told us that their family members had benefited from this approach. One person's relative said, "[Name] looks so much better since

coming here, I can't believe the difference."

There were opportunities for people who were able, to go out into the community in the providers mini bus. People told us that they enjoyed doing this. There were other activities available for people based within the home. People told us that they enjoyed the food and the dining experience at the home. The cook was enthusiastic about their role and had an excellent knowledge of people's food needs and preferences.

People and their family members told us that they felt consulted and communicated with by the registered manager and the staff team. The registered manager had positive relationships with people and their relatives. People's relatives told us they thought there was a positive culture at the home and people had benefitted from this.

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 and update

The last rating for this service was requires improvement (published 28 November 2018) and there was a breach of regulation 17 (good governance). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection, enough improvement had not been made and the provider was still in breach of regulation. This service has been rated requires improvement for the last five consecutive comprehensive inspections.

You can see what action we have asked the provider to take at the end of this full report.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the 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 safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Hilbre Manor EMI Residential Care Home

## **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.

#### Inspection team

This inspection was completed by an inspector, an inspection manager and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Hilbre Manor is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection and we sought feedback from the local authority. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what

they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with seven people who used the service and three people's relatives about their experience of the care provided. We spoke with six members of staff including the provider, registered manager, senior care workers, care workers and the cook. 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 also spoke with a health and social care professional about the quality of the service provided for people.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at five 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 continued to seek clarification from the provider regarding staff training data.

# 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 good. At this inspection this key question has now deteriorated to requires improvement. 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

- Monitoring people's safety was not always effective. For example, one person was staying in their room on the top floor. They were the only person on this floor and had no way of alerting staff if they needed help. The registered manager told us staff checked on the person's wellbeing every half an hour. Another senior staff member told us the person was checked every, one to two hours. Staff did not make records of the checks made on the person's wellbeing. This meant we were unable to work out and the registered manager was unable to tell us how often the person's welfare was checked. Following our inspection, the registered manager put a system in place to ensure regular checks were made on the person's wellbeing.
- There was no risk assessment to monitor the person's safety or guidance for staff on how to ensure this person was safe. Other actions documented in the person's care plan to mitigate risk were not happening. The registered manager told us that they were not necessary; this meant that the system in place to assess, monitor and manage risks were not effective.
- Plans on how to keep people safe in the event of an emergency such as a fire were not robust. People's personal emergency evacuation plans (PEEP) were not detailed enough and at times gave information that was contradictory to people's care plans. There were no records to show which staff had received training in the use of evacuation equipment that was in place.
- The environment of the home was safe. The services and equipment in the building had been regularly checked and serviced and the registered manager completed regular health and safety audits.

### Staffing and recruitment

- One of the checks providers are required to make before employing a person to provide a regulated activity is their previous conduct in health and social care roles; and why that employment ended. Usually this is done using references. This helps registered managers and providers make safe recruitment decisions.
- The pre-employment records in staff files did not always demonstrate that these checks had taken place.
- There were enough care staff to meet people's needs in a timely way. Rotas showed that this was the usual staffing level. These staff were supported by a chef, housekeeping staff and the registered manager. One person's relative told us there are "plenty of staff here."

### Systems and processes to safeguard people from the risk of abuse

- Information provided for us by the registered manager following our inspection showed that only a third of care staff had received training in safeguarding adults who may be at risk of abuse. This is training that the provider considers to be mandatory and is a key part of the providers process for keeping people safe that is not in place.

#### Learning lessons when things go wrong

- A record was made of any accidents and incidents that happened at the home. We saw that these were reviewed on an individual basis and any learning was added to people's care plans.

#### Using medicines safely

- People received their medication safely and as prescribed by designated staff who had received appropriate training. People's medication stocks were safely managed and recorded.
- Each person had a medical history in the medication file, which gave staff important information such as any allergies they may have. Staff had appropriate guidance on "as and when required" (PRN) medication to ensure it was used safely and effectively.

#### Preventing and controlling infection

- The home was clean. We saw that regular cleaning of the home took place and that staff had access to protective equipment to help control the spread of any infections. One person told us, "It's absolutely spotless here."
- The kitchen was clean, it had been awarded the highest score of five from the local authority for food safety.



# 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 now remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or 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.

- The registered manager had a register of everybody who had the protection of a DoLS. However, people's care plans and records did not consistently demonstrate that the service was working within the principles of the MCA.
- People's care plans were not always clear with regards to capacity, consent and information about DoLS that were in place. For example, one person's care plan stated that staff were to, "Work under the condition set out in the authorisation." The care plan didn't state what these conditions were.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- We saw that assessments of people's needs, and choices was made using an assessment tool and the care planning process. These were reviewed periodically.

Staff support: induction, training, skills and experience

- Staff at the home told us that they were supported in their roles. One staff member told us that they were "Very happy at work". They said they felt supported and encouraged by both the registered manager and provider. Three senior staff had been supported to study for additional qualifications in social care.
- The registered manager had not ensured that staff had received appropriate training. During our inspection the registered manager told us that their training records were not up to date. They provided us with staff training information following our inspection. However, this showed significant gaps in training

that the provider considers to be mandatory. For example, only 25% of staff had received training in dementia care and supporting people who may challenge services; despite the home specialising in caring for people with dementia. Also, only 40% of staff had received training in the prevention of falls; another area of training that the provider told us staff are required to do.

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

- People told us they enjoyed the food and the dining experience at the home. We observed lunch to be a positive and pleasurable experience for people that they enjoyed.

The dining room was inviting with well laid out tables with everything people may need.

- Staff were not rushed, and the atmosphere was calm and jolly. People were chatting with staff and each other. People who needed support to eat received this in a dignified and discreet manner.

- The cook was enthusiastic about their role and had an excellent knowledge of people's food needs and preferences and adapted their food to make sure these were met. Staff ensured that people were provided with enough to eat, we saw that many people were offered additional food that they accepted, along with a choice of four desserts. People's relatives praised the food provided. One relative told us, "The food here is amazing. [Name] is putting weight on."

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

- The building was well maintained and tastefully decorated; areas of the environment had been adapted to meet people's needs. People's feedback reflected this. One person told us, "We are all very comfortable." Another person said, "It's very nice here."

- People had been supported to personalise their rooms. One person told us, "I have my own room and it's all very nice."

- The large garden was secure and accessible with places of interest and areas to sit with parasols that people used during the summer. There was a patio area, a sandy "beach" area, BBQ area, pond, raised vegetable beds and a chicken coop. Staff showed us photographs of people using the outdoor space during the summer.

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

- We saw that people's care files contained important medical information that staff needed to support people to remain as healthy as possible. People were supported to access community healthcare facilities. Other people told us that staff arranged for a GP to visit them at the home when necessary. We saw an occasion when staff had responded to a person's health need without delay.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 told us that they were well treated and supported by staff. One person told us, "The staff are very kind and caring." Another person said, "Staff here are so kind, they make you feel cared for and appreciated."
- People's friends and relatives praised the approach from staff. One person's family member told us, "They adore my mum." Another person's relative said, "I go from the home and I have no worries. It's amazing."
- We saw that there was a nice, friendly atmosphere at the home. During lunch people were chatting and laughing with each other and staff members.
- People's friends and relatives told us they were always made to feel welcome at the home, were offered a drink and there were no restrictions on what time they visited. One person's relative told us that if they visited at lunchtime they were always offered lunch, and this made them feel welcome.

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

- Staff spent time sitting and chatting with people and they were responsive to people's everyday requests. Staff provided people with information and supported them to make day to day choices.
- People told us that they were consulted on everyday decisions such as when they got up and when they went to bed. One person told us, "I get up when I want and can make myself a cup of tea in my room if I want." Another person's relative said, "Mum goes to bed and gets up when she wants"
- Staff were attentive and supportive to people's needs. We saw that they were observant and at times anticipated people's needs and preferences. For example, we saw on one occasion staff offered one person a cushion for comfort after observing them moving positions.

Respecting and promoting people's privacy, dignity and independence

- We saw occasions when staff offered people support in a discreet manner to protect their dignity and independence.
- People's privacy in their own rooms was respected by staff.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Each person had an individualised care plan which included a 'This is me' document. This contained important information on people's background, family history, their preferences and other details that were important to people.
- Staff were knowledgeable about people's personal history, likes and dislikes, their friends and who was important to them. We also saw that staff used this information when supporting people, such as a person who liked to use a particular glass and some staff who had learnt a few words in a person's first language.
- Staff had arranged for occasional visits from local clergymen if people requested this. Every few weeks there were visitors who held bible reading classes based on well-known bible accounts, with people who wished to attend.
- People relatives told us that their family members had benefited from this approach since living at the home. One person's relative said, "[Name] looks so much better since coming here, I can't believe the difference." Another person's relative told us that since coming to the home their family member had started talking and would now hold onto people and dance; both things she had stopped doing before coming to Hilbre Manor.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People were provided with information and communicated with in a variety of ways that was meaningful to them. We saw that some information was provided in a picture format, for other people staff explained information to them on an individual basis.

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

- There were opportunities for people who were able to go out into the community on the providers mini bus. People told us that they liked doing this. One person told us that some people had recently been to one of the providers other homes for a Halloween party. Another person told us they go out in good weather for ice cream or fish and chips. Some people's family members told us they had also gone on some trips. Occasionally trips further afield were organised; people told us of a planned trip to Blackpool lights.
- There were other activities based within the home. For example, people told us they got involved in arts and crafts and having their nails painted.

#### Improving care quality in response to complaints or concerns

- The registered manager kept a record of any complaints and compliments received at the home and their response to these.
- People and their relatives told us that they would feel confident raising a concern. One person told us, "If I have a concern; I know who to speak to. But I have never had to." One person's relative said, "I could speak to the manager."

#### End of life care and support

- If appropriate people had an end of life care plan which made a record of their religious and cultural needs and preferences during this time, this included relationships and who people said was their important friends. This information helped staff provide care and support that met people's needs and preferences including spiritual support.

# 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.

At our last inspection the provider had failed to ensure that the systems in place to monitor the quality and safety of the service were robust and effective. 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.

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

- Assessing and managing risk at the home had not always been effective. For example, monitoring people's safety and plans on how to keep people safe in an emergency; sufficient numbers of staff had not completed training that the provider had deemed important for them; and the pre-employment records in staff files did not always demonstrate that a robust recruitment process had taken place.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm and was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Before our inspection we asked the provider to complete a provider information return; this is information providers are required to send us with key information about their service. Some of the information provided to the CQC was wrong, some was incomplete, and some information requested was not provided.
- When we visited the office door was unlocked and filing cabinets containing confidential information about staff members and people were accessible and not locked. The registered manager has a responsibility to take reasonable steps to ensure the security of confidential information.
- The registered manager had completed other audits and checks of the safety and quality of the service provided for people. These included checks on the building, its services, the equipment people used, and an audit of falls people experienced to try and prevent them re-occurring.

Continuous learning and improving care

- This is the sixth inspection when the rating has been requires improvement. Whilst many aspects of the home are positive there are repeated themes of assessing risk, safe and robust recruitment practices and

the systems in place to monitor the quality of the service. This does not demonstrate a culture of learning and improvement.

#### Working in partnership with others

- The registered manager had not worked collaboratively or engaged effectively with key organisations such as the local authority and specialist healthcare providers.

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 and the provider are legally obligated to inform the CQC of certain events that affect or risk people's health and wellbeing; this is by way of a statutory notification. During this inspection we became aware of notifiable events that the registered manager had failed to inform us about.

This is a breach of the conditions of registration for this service, which will be considered separately to this inspection.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider made comments to a member of the inspection team in the presence of people, that were disrespectful towards people living with dementia. This does not promote a positive culture that is empowering of people living with dementia.
- The registered manager had positive relationships with people and their relatives. People's relatives told us that they thought there was a positive culture at the home and people had benefitted from this. One person's relative told us, "All the staff here are really nice people". Another person's relative told us, "[Name] looks so much better since coming here, I can't believe the difference"
- Staff told us that there was a very positive culture at the home where they felt well supported and valued. One staff member told us, "It's like a family here. We are very multi-cultural and most of us are far from home, so we have become a family."

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

- People and their family members told us that they felt consulted and communicated with by the registered manager and the staff team. One family member told us, "I have only got to mention things once and they are done." One staff member told us about the registered manager, "[Name] is very approachable and open to ideas."

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to ensure that the systems in place to monitor the quality and safety of the service were robust and effective.</p>