

Liverpool City Council Townsend Hub

Inspection report

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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

Townsend Hub is registered to provide accommodation and personal care for up to 35 people. At the time of the inspection 27 people were living at the service. Townsend Hub provides accommodation, personal care and therapies on a short-term basis to help people regain their independence and return to their own homes (re-ablement). The people living at the home have both physical and psychological support and care needs.

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

Risks to people's health and welfare were assessed on admission to the service, however these were not regularly reviewed to ensure people's changing needs were considered and safely managed. People were protected from harm because staff worked closely with other professionals, such as nurses, based in the service but this was not well recorded or planned. This increased the risk of people's needs not being managed safely.

People received their medicines safely and as prescribed. Medicines were stored safely and audited regularly to ensure good practice was maintained. 'As required medicines' (PRN) were not managed in line with best practice guidance. We made a recommendation about this.

Accidents and incidents were recorded, and actions were in place to ensure people were safe. Referrals were made to healthcare professionals when needed to ensure good outcomes for people. However, there was no analysis of incidents which meant opportunities to learn lessons were missed.

The environment was safe and well-maintained. The home was clean and effective infection prevention and control measures were in place.

There were enough staff at the service to meet people's needs. Staff were visible around the home and were readily available to support people when needed. Staffing levels were monitored, reviewed and amended when needed by the manager.

There were good working relationships between staff and other health professionals, such as physiotherapists and nurses, which ensured people achieved good health outcomes.

People were safeguarded from the risk of abuse. Staff had received safeguarding training and understood their role in recognising and reporting safeguarding concerns. The provider had appropriate systems in place to manage concerns of a safeguarding nature.

There were regular checks completed to ensure quality and safety were maintained. However, these checks had not identified concerns with risk assessments and risk management planning found at this inspection. Relatives told us they felt communication with the home could be improved.

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

Rating at last inspection

The last rating for the service at the previous premises was good, published on 1st December 2016.

Why we inspected

This was a planned inspection based on the previous rating.

We undertook a focused inspection to review the previous rating. This report only covers our findings in relation to the Key Questions Safe and Well-led. The ratings from the previous comprehensive 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 changed to requires improvement. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Townsend Hub on our website at www.cqc.org.uk.

Enforcement

At this inspection we have identified a breach in relation to governance processes at the service.

Please see the action we have 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.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Townsend Hub

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

Townsend Hub 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 unannounced.

What we did before inspection

We reviewed information we had received about the service since registration and we sought feedback from the local authority. 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 used all of this information to plan our

inspection.

During the inspection

We spoke with three people who used the service and three relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager, deputy manager, team organisers and reablement assistants.

We reviewed a range of records. This included three people's care records, and multiple medication records. We looked at two 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 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 good. At this inspection this key question has 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; Learning lessons when things go wrong

- Risk assessments were completed when people were admitted to the home. However, these assessments were not always reviewed regularly to ensure people's changing needs were considered and safely managed.
- Risks to people were identified, however person-centred plans were not always in place or detailed enough to show how this risk was being managed. We spoke with staff and were assured they knew people's risks and how to support them safely. The registered manager agreed to review and update records immediately.
- When plans were in place to manage risk, it wasn't always clear these plans were being followed. One person required regular repositioning to support with skin integrity, however records did not always evidence this was taking place. There was no impact on this person's skin condition, and we were assured this was a recording issue. The registered manager told us this would be addressed immediately.
- Analysis of incidents was not completed which meant opportunities for learning and reducing the risk of recurrence were missed. The registered manager assured us this would be implemented immediately as standard practice.

There was a failure to ensure appropriate processes were in place to assess, monitor and mitigate the risks to the health, safety and wellbeing of people. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Risks within the environment were considered and assessed. Equipment was regularly checked to ensure it was safe to use.
- Plans were in place to ensure people's needs would continue to be met in the event of an emergency.
- A process was in place to ensure incidents that occurred in the home were recorded. Appropriate action was taken when incidents occurred.

Using medicines safely

- Medicines were safely managed, stored and administered.
- Controlled drugs were stored securely and safely managed.
- Staff with responsibilities for managing medicines had completed the relevant training and underwent regular competency checks.
- 'As required' medicines (PRN) did not always have a plan in place to detail when this medicine would be needed.

We recommend the provider consider current guidance on managing 'as required' medicines and take action to update their practice accordingly.

Staffing and recruitment

- Recruitment procedures were safe. Pre-employment checks were completed on all staff before they started employment.
- There were enough suitably qualified staff to support people safely. Staff told us the registered manager was responsive to people's needs and changed staffing levels when needed.
- Staff were visible around the home and were readily available to support people when needed. We observed staff supporting people with essential care tasks, such as assistance with eating and drinking, as well as spending time chatting with people.

Preventing and controlling infection

- Measures were in place to ensure the risks of the spread of infection were reduced. Staff had access to appropriate personal protective equipment (PPE) and wore this as outlined in national guidance.
- We were assured effective infection prevention and control (IPC) policies and procedures were in place at the home.
- Staff and people living at the home were supported to access regular COVID-19 testing.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse and improper treatment. Staff had received appropriate training and were clear on the potential signs of abuse and how to raise any concerns they might have
- People and their relatives were very positive about the care they received. Comments included; "We are safe and well looked after. The staff are great. They [staff] know us really well", and "[Person] is safe. They've [staff] been fantastic. The staff know her well. [Person] will be sad to say goodbye".

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

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There were some inconsistencies with the recording of care. It wasn't always clear people's care was being delivered in line with their assessed needs. During the inspection we were assured people were having their care needs met and the registered manager told us recording concerns would be addressed immediately.
- Audits and checks were in place to identify areas of concern and improvement. Some issues we identified with care records had not been identified by the providers systems.
- There was no analysis of incidents that occurred in the home. Opportunities to improve the safety of the service were sometimes missed because of this. The registered manager agreed to implement this immediately.
- There was a range of regularly reviewed policies and procedures in place to help guide staff.
- The registered manager was aware of what events they needed to notify CQC about. They had submitted notifications in line with legal requirements and displayed the rating of the last inspection.

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

- Some relatives felt communication with the service could be improved. One relative commented; "Communication is not great. I try to speak to the person in charge but get passed from pillar to post. The left hand doesn't know what right hand is doing."
- People and relatives were able to give feedback about the care at the service in various ways, such as informal conversations and surveys.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- People achieved good outcomes because of effective partnership working. The service provides reablement support for people and goals associated with these outcomes were met.
- Relatives felt their loved ones received good care. One relative told us "[Person] has improved lots and now has strength in her core and arms. [Person] is much better than what she was when she was first admitted."
- Staff at the home worked with other relevant health and social care professionals to maintain people's health and wellbeing. Staff made timely referrals to other services for additional input, advice and support when necessary.

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

- Incidents were discussed with people and their relatives where appropriate.
- There was a duty of candour policy and the registered manager and provider knew their responsibility regarding this.

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 failed to ensure there were robust procedures in place to assess, monitor and mitigate risks to people.</p>