

The Place Up Hanley Limited

The Place Up Hanley

Inspection report

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Ratings

| | |
|---------------------------------|------------------------|
| Overall rating for this service | Good ● |
| Is the service safe? | Good ● |
| Is the service effective? | Requires Improvement ● |
| Is the service caring? | Good ● |
| Is the service responsive? | Good ● |
| Is the service well-led? | Good ● |

Summary of findings

Overall summary

We inspected this service on 19 January 2017. This was an unannounced inspection. This was the first inspection at the service. The service was registered to provide accommodation for up to 51 people. People who used the service had physical health needs and/or were living with dementia. At the time of our inspection 39 people were using the service.

The service had 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 and associated Regulations about how the service is run.

We found that the Mental Capacity Act 2005 was not being followed consistently throughout the service and that some mental capacity assessments had not been carried out where these may have been needed. Staff were trained in most areas of delivering safe care, however, there were gaps in relation to dementia care and challenging behaviour.

Complaints had been recorded and action taken as a result but we did find that these had not always been adequately responded to. This was addressed during the course of our inspection.

People felt safe at the service and risks associated with their care delivery had been assessed and planned for. Staff were trained in safeguarding and knew how to protect vulnerable people from abuse. People's medicines were safely managed and there were enough staff working at the service to meet people's needs. We found that staff had been safely recruited.

People could choose how they spent their time and were offered a choice of nutritious food and drink. There were activities available for people and people were able to maintain links with the local community wherever possible.

Staff were kind and caring and people were given the opportunity to be involved in their care.

The service was managed well. Staff felt supported and there was a positive atmosphere and supportive culture within the service.

The manager notified the relevant agencies when incidents occurred at the service and accidents and incidents were logged and action taken to reduce the risk of them re-occurring.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People at the service felt safe.

Staff were trained in safeguarding and knew how to protect vulnerable people from abuse.

Incidents and accidents were recorded and reported as necessary.

There were sufficient numbers of staff working at the service and staff had been safely recruited.

Risks associated with the delivery of people's care were assessed and medicines were managed safely.

Is the service effective?

Requires Improvement ●

The service was not always effective.

The Mental Capacity Act 2005 was not being followed consistently throughout the service.

There were gaps in training for staff in relation to dementia care and challenging behaviour.

People's nutritional risk was assessed and people were offered choice in what they ate and drank.

Staff were supported by the manger.

People's health needs were monitored and responded to.

Is the service caring?

Good ●

The service was caring.

Staff displayed a kind and caring approach to people's care.

People's privacy was respected and their dignity maintained.

People were able to be involved in their care and to express their views about how the service was run.

Is the service responsive?

The service was responsive.

People were involved in the planning and delivery of their care and people's personal histories and preferences were taken into account at the service.

People could choose how they spent their time and were able to engage in activities they enjoyed.

Complaints were recorded and acted upon.

Good ●

Is the service well-led?

The service was well-led.

Staff felt supported by the manager and described an open culture.

People who used the service were able to feedback on their experiences and felt comfortable approaching the management if they needed to.

There were checks in place to monitor the quality of care being delivered.

There was a culture of individualised care that met people's needs.

Good ●

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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 was 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 19 January 2017 and was unannounced. The inspection team consisted of one inspector 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.

Prior to our inspection we reviewed the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law. We also asked commissioners if they had any information they wanted to share with us about the service. We used this information to formulate our inspection plan.

We spoke with four people who used the service, three relatives, two activities co-ordinators, five care staff, the registered manager, the deputy manager and the provider. We viewed six records about people's care which included their daily care notes and medicines records. We did this to ensure that they were accurate, clear and comprehensive.

We looked at the systems the provider had in place to monitor the quality of service to ensure people received care that met their needs.

Is the service safe?

Our findings

People who used the service told us they felt safe. People described being well looked after and didn't have any concerns relating to their safety and well-being. When we asked one person who used the service if they felt safe they told us, "I'm all right. The carers are very good". When we asked the relative of someone who used the service if they felt the service was safe they said, "100% yes. They go far and above themselves to make them happy. They've got a good leader and good staff." Nobody raised any concerns with us about their safety at the service.

We found that staff had been trained in safeguarding vulnerable people and that this training was due to be refreshed. Staff were able to tell us how they would report any allegation or incident of abuse should they suspect one. The service had reported any possible allegations of abuse to CQC and the local authority and there were procedures in place to ensure that staff were aware of the requirements in this area of care.

We found that incidents and accidents that took place at the service had been fully documented and saw evidence that these were reviewed by the manager and action taken to minimise the risk of them happening again. This was done to promote the safety of people using the service.

At the time of our inspection there were 39 people living at the service, although one person was in hospital. On the day of our inspection there were three care workers on duty, two senior care workers, a deputy manager, the registered manager, three kitchen staff and three house keeping staff. One care worker had called in sick on the morning of our visit and so staff numbers were lower than normal. We asked people who used the service whether they felt there were enough staff working to meet their needs. One person told us, "I think so. I'm satisfied anyway." Two relatives raised concerns with us about staffing numbers. One told us, "I don't think there'd ever be but they are increasing the staff".

We spoke with the registered manager about staffing levels and they told us that they were being increased to five care workers on duty during the morning shifts starting from the following week. We observed call bells ringing throughout our visit and so asked to look at call bell response times. These indicated that people did not have to wait a long time for staff to respond to their calls and we observed people's needs being met during our inspection. The registered manager referred to a dependency tool used at the service and we saw the staffing levels were being increased in response to more people using the service. People's needs were being met by sufficient staff being employed at the service.

We looked at care records and found that risks associated with people's care delivery were assessed and mitigated wherever possible. Risk assessments were current and regularly reviewed. Staff knew people's needs and described keeping records up-to-date to reflect these. One staff member told us, "Nobody gets away with missing anything as care charts are all checked before we leave." People's care needs were monitored and charts were put into place if people's health was at risk.

We look at how medicines were managed and found that systems were in place to ensure that these were managed safely. Staff completed records when they had administered medicines to people and did so

safely. Medicines were stored safely and we checked stock to ensure this was accurate and up-to-date. Staff were trained in administering medicines to people and had regular checks to ensure they were doing so safely. Checks were carried out regularly to ensure that any errors or omissions were picked up and action taken where needed.

Staff were recruited using safe recruitment procedures. Pre-employment checks were carried out to ensure prospective new staff were fit and of good character. These checks included disclosure and barring service (DBS) checks for staff. DBS checks are made against the police national computer to see if there are any convictions, cautions, warnings or reprimands listed for the applicant. This meant that the manager could be sure that staff were of good character and fit to work with vulnerable people.

Is the service effective?

Our findings

Staff told us they felt skilled and competent in their roles and that they were able to access training as and when they needed it. Several of the staff members we spoke with were undertaking Diplomas in Health and Social Care. Staff described being supported by the manager and we saw that regular meetings with staff took place at the service to review their performance and address any issues. Staff told us that they felt they could approach the management should they need to and that they worked well as a team. One staff member said, "I think they've got it down to a tee here. We work really well as a team. Communication is brilliant." Another staff member commented that, "Nothing's too much trouble for them."

We did find training gaps in relation to dementia care and challenging behaviour and addressed this with the manager and the provider. Some of the people using the service had behaviour monitoring charts in place as they had on occasion displayed behaviours which staff may have found difficult to manage. Staff had not received any training on how to manage these behaviours or how to provide effective care for people with dementia. We were told during our inspection that this training had been planned and we were shown evidence that this had been booked in for staff.

We looked at the care records for people using the service to assess whether the provider was meeting the requirements of the Mental Capacity Act 2005 (MCA) as several people using the service had a diagnosis of dementia and may have lacked the capacity to make decisions in relation to their care. The MCA provides the 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 capacity to take particular decisions, any made on their behalf must be in their best interests and least restrictive as possible.

We found that some of the people using the service had a mental capacity assessment in place, however, some people did not and when we raised this with the registered manager they acknowledged that some of these assessments still needed to be done. Where people lacked capacity, a best interest meeting had been completed. However, these meetings were generic and not linked to the person's capacity for a particular decision. The manager agreed to review the MCA and best interest decisions for people during our inspection.

We saw that staff offered people choices in how they wanted their care delivered. For example, one person we spoke with liked to remain in their room but have the door open throughout the day so that they could watch people coming and going. This person ate their meals in their rooms and when we spoke with them described being able to talk with people as and when they wished to. People were offered choices in how they spent their time during the day. When we asked people whether they were offered choices they told us that they were. One person said, "Oh yes, they say do you want anything. If I say I want a drink of water it's there within minutes." We saw that staff responded to people's requests throughout our inspection.

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 Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was working within the principles of the MCA, and whether any conditions are authorisations to deprive a person of their liberty were being met. We saw applications relating to DoLS had been completed to the relevant authority. Several of these were awaiting an assessment, however, the service had recognised where people may be restricted of their liberty and had taken the necessary steps to ensure that this was done lawfully and in people's best interests.

We found that people's nutritional risk was monitored and that people were regularly weighed to maintain their health and well-being. People were offered a choice of nutritional meals and were able to access hot and cold drinks throughout the day. We observed how people's needs were met at lunch-time and saw people chatting with each other and found that those who needed support were offered it.

We saw that where needed, referrals were made to health professionals. A GP was visiting at the time of our inspection as someone had been feeling unwell and people told us that if they raised any issues with their health, professionals were contacted. We saw care records which documented when people had seen health professionals and that provided evidence that people's health needs were being monitored at the service.

Is the service caring?

Our findings

People we spoke with told us that staff were kind and caring towards them. One person said, "They're always cleaning and they're very kind." None of the people we spoke to raised any concerns about the way staff treated them and were positive about living at the service. One relative told us, "They always acknowledge residents when going past." During our inspection we observed a staff member singing songs with a person who used the service in the communal area of the home. The person seemed to really enjoy this and the staff member appeared to know that this was something they liked. Staff knew people and communicated with them in a kind and compassionate manner. Throughout our inspection we observed positive interactions between staff and people using the service. The staff knew people well and were warm and caring towards them. Staff frequently stopped to chat with people and there was a lively and welcoming atmosphere within the service.

People told us they had a choice in how they spent their time. One person was taken out to a local venue every day as this was their preference. People were able to spend their time as they chose to.

People's privacy and dignity was respected at the service. Staff knocked prior to entering people's rooms and care was delivered to ensure people's dignity was maintained. There was a hairdressers on site and people could access a café, sweet shop and a room had been converted into a pub for people to be able to meet with friends and family in pleasant surroundings. There was a library within the home where people could meet privately should they choose to and we were told that these areas were accessible to people at all times. We saw people using the library to meet in a quiet area during our inspection. The service provided people the opportunity to have privacy and there were options open to people in how and where they spent their time.

People were able to express their views about the service and were involved in the planning and delivery of their care. Regular meetings were held with people who used the service and issues were raised about how things could be improved within the service. For example, we saw that there had been an issue with people's clothing going to other people. This had been recorded by the manager and we saw evidence that steps had been taken to address this issue and to ensure that people got their own clothes once they had been washed.

Is the service responsive?

Our findings

People were involved in the planning and delivery of their care and this was done with their input and with the input of their relatives where appropriate. Care records contained details of people's personal life histories in order to give staff some background about people and people's preferences were detailed throughout the care records we looked at. Some of the care records were disorganised and difficult to follow, however, the registered manager and the provider advised us that a new system of care planning was being implemented in order to address this. The care records we looked at contained relevant and personalised information about people and we saw evidence that the service was responsive to people's individual needs. For example, one person had been experiencing some mental health issues and the service had recorded this and taken steps to ensure that health professionals and the person's family were kept up-to-date and informed.

Staff knew the people they cared for. There was a system in place to do an in-depth review with someone using the service each day to look at how they were finding using the service and to address any concerns or issues they may have. This gave the staff the chance to speak with people in some depth in order to understand what they needed in relation to their care. Communication within the service was good and people were able to speak with staff about their experiences within the service. One staff member told us, "I'm quite happy and pleased. I think the residents are too."

There were two activity co-ordinators working at the service at the time of our inspection. We spoke with both of them and they showed us a range of activities on offer for people. They described offering people a choice in any activities they may wish to take part in and described obtaining feedback from people on activities they ran in order to assess whether people were enjoying them. One of the co-ordinators told us, "I'd say we're doing all we can. We try not to make it repetitive." We saw people engaging in a range of activities during our inspection and a church service took place during the day which several people attended and appeared to enjoy. There was lots of interaction throughout the day with visitors to the home and people talking with one another as people obviously knew each other well. People always had the opportunity for the privacy of their own rooms or the quieter areas of the service should they have wished to use them.

We looked at complaints and concerns raised by people and found that these were fully documented and that action was taken to address these. The registered manager had taken steps to address concerns with staff and had recorded any learning from the complaints that had been raised.

Is the service well-led?

Our findings

The registered manager had good oversight across the service and was able to speak knowledgeably about the service and the people who used it. Staff described being well supported by the management and were positive about how the service was led. They described working well as a team and told us that communication between themselves and the management was particularly good. We found this to be the case during our visit. One staff member told us, "Management are really good and helpful." Another staff member said of the manager, "I could speak to her at any time. She's always there to listen to you." Staff were supported by the management, had regular one to one meetings with the manager and worked together as a team.

People using the service felt that they could approach the manager should they need to and people and their relatives spoke positively about how the service was run. One person who used the service said, "They're very nice people. The management are good." One person who used the service did tell us, "I think there's a staff problem, not enough staff." We found that the management had recently planned to increase staffing levels at the home as they had identified that more staff were needed at certain times. The manager was monitoring the service and responding to feedback from people and staff. A relative of someone who used the service commented, "The home is generally well managed and there's a good team with her (the manager). They go through proper training." We found that the service was managed well and that staff and people using the service felt that they could approach the manager should they need to.

There were checks in place in relation to care planning and delivery to ensure that people were getting the care they needed. Checks were carried out on care plans, medicines records, the premises and on staff performance. These ensured that the quality of care was being monitored and we saw that action was taken when needed. There was a service level action plan in place which detailed various improvements which were being implemented or were planned to be implemented at the service. This was being monitored for progress and updated once improvements were made.

People's views were sought and these were looked at to measure people's experience of using the service. A survey was carried out with people and there was a "Resident of the Day" system which involved reviewing someone's care delivery. This meant that the service had systems in place to monitor the quality of people's care.

The service maintained good links with the local community and various groups came in to engage with people at the service. The atmosphere was a friendly and inclusive one and people's individual interests were encouraged. For example, a piano had been brought into the home as some of the people had played in the past. The manager encouraged staff and people to engage with each other and there was a positive culture and a personalised approach to care that the manager facilitated.