

Hilbre Care Limited

Hilbre Lodge

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
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 was carried out on 13 May 2016 and was unannounced.

Hilbre Lodge is registered to provide accommodation and support without nursing for eighteen people. At the time of our inspection seventeen people were living at the home. The home is located next door to another care home operated by the same provider. People living at Hilbre Lodge shared some social activities with people living next door.

The home has 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.

During our inspection the registered manager was not present. An appointed manager known as 'the manager' within this report was present. She explained that she was in the process of applying to register as both the manager and provider of this service.

During the inspection we spoke individually with six of the people living at the home and with two of their relatives. We also met several other people living there and spent time observing the support they received.

We spoke individually with six members of staff who held different roles within the home and spoke with a visiting health care professional.

We examined a variety of records relating to people living at the home and the staff team. We also looked at systems for checking the quality and safety of the service.

People living at the home told us they felt safe living there. Staff had undertaken training in and understood how to recognise and report potential safeguarding incident that could occur. Any safeguarding concerns had been reported appropriately by the home.

People received the support they needed with their personal and healthcare. Their medication was safely managed and people received this as prescribed.

There were enough staff working at the home to meet the needs of people living there. Staff had received the support and training they needed to undertake their role effectively.

Systems were in place for obtaining and acting on the views of people who lived at the home. People liked and trusted the staff team and staff knew people well and treated them with respect and kindness.

People felt confident to raise a concern or complaint with staff and complaints were listened to and acted

upon.

People living at the home liked the meals provided and had a choice available. A variety of activities were available for people living at the home to take part in.

Systems were in place for checking the quality of the service provided. Action was taken where improvements to the service were identified as needed.

People living at the home and staff liked and trusted the senior management team.

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.

The environment was generally safe with action taken where risks were identified.

People living at the home felt safe and systems were in place to help staff recognise and report safeguarding incidents that could occur.

Medication was safely managed.

Sufficient staff worked at the home to meet people's needs.

Is the service effective?

Good ●

The service was effective.

Staff received the training and support they needed to carry out their role effectively.

People received the support they needed to with their healthcare.

People living at the home liked the meals provided and had a choice available.

Is the service caring?

Good ●

The service was caring.

People living at the home liked and trusted the staff team.

Systems were in place for obtaining and acting on the views of people who lived at the home.

Staff treated people with respect and kindness.

Is the service responsive?

Good ●

The service was responsive.

People felt confident to raise a concern or complaint with staff and complaints were listened to and acted upon.

A variety of activities were available for people living at the home to participate in.

People's care needs were regularly assessed and plans were in place to guide staff on how to meet them.

Is the service well-led?

Good ●

The service was well led.

People living at the home and staff liked and trusted the senior management team.

Systems were in place for checking the quality of the service provided.

Action was taken where improvements to the service were identified as needed.

Hilbre Lodge

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.

The inspection was carried out on 13 May 2016. This was an unannounced inspection that was carried out by two Adult Social Care (ASC) inspectors.

Prior to our visit we looked at any information we had received about the home including any contact from people using the service or their relatives and any information sent to us by the home.

During the inspection we looked around the premises and spoke with six of the people living at Hilbre Lodge and with two of their relatives. We also spoke with a visiting health care professional and six members of staff who held different roles within the home. We also spent time observing the day to day care and support provided to people.

Is the service safe?

Our findings

People living at the home told us that they felt safe living there. They also told us that they had always received their medication on time and that there were sufficient staff available to support them.

One of the people living at the home told us "I feel safe here," and other people we spoke with confirmed this.

A safeguarding and a whistleblowing policy were available at the home to provide guidance for staff, both contained contact numbers for relevant organisations.

Staff were aware of their role in identifying and reporting safeguarding incidents. A member of staff explained that they would report any concerns to senior staff and was also aware they could report concerns directly to the Local Authority.

Records showed that the home had reported potential safeguarding incidents to the local authority and had recorded the actions they had taken to minimise future recurrences.

A system was in place for reviewing accidents that had occurred at the home to identify ways in which these could be minimised. For example records for one person showed they had fallen four times. As a result action had been taken, including a referral to the falls team, fitting a pressure mat in their bedroom to alert staff when they got up and removing the en-suite door with the person's consent.

A legionella check had been completed in May 2006 and listed work that required undertaking. The manager advised that plans were in place to undertake this and then a re-test would be organised. Checks and certificates were available for the fire system, passenger lift, electrics and emergency lights.

A fire risk assessment had been carried out in April 2015 and personal emergency evacuation plans (PEEPS) had been written for everybody living at the home. In addition an emergency evacuation plan was in place as well as a business continuity plan, covering areas such as bomb threats, heat loss, flooding, electrical failures and severe weather.

Rooms on upper floors had window restrictors fitted. We saw that two of these had been overridden to open the window further, although nobody was in the rooms they could present a hazard should anybody enter the room. We brought this to the attention of the manager who stated she would ensure they were replaced and all window restrictors tested.

People living at the home told us that they received their medication on time with one person explaining, "Oh yes we get our pills." They also told us that when needed they had received pain relief medication in a timely manner.

A medication policy was in place which provided guidance to staff on how to manage medication. Check of staff competency to manage and administer medication had been carried out to check that they were competent to manage people's medications. We also saw that audits of medication had been carried out to

check that they were being safely managed.

We looked at systems for managing medication in the home. We found that medication was safely stored and that people had received their medication as prescribed. We checked a sample of medication including controlled drugs, medication prescribed to be given occasionally and medication that could be given in different doses. We found that these tallied with stocks held and records of medication administered. Staff who managed medication had received training and checks of their competency had been undertaken.

A record of the temperature of the room in which medication was stored had been maintained and showed that the room was always below the recommended temperatures. A fridge used to store medication had not been checked regularly to ensure it was at the optimum temperature. We discussed this with the manager who agreed to keep a record in future.

On the day of our inspection there were two carers and a training senior carer working at the home in addition to the manager. They were supported by a chef, kitchen assistant and domestic. We looked at a sample of staff rotas and saw that these staffing levels had been maintained. The rota's we looked at showed that one member of staff was awake during the night and the second member of staff asleep. However the manager advised us that this was a recording error on the rota and in fact there were two waking night staff.

We asked some of the people living at the home if they felt there were sufficient staff available to support them and they told us that there had been. One person told us, "There's enough staff. They are very, very good." We observed that people received the support they needed in a timely and unrushed manner and that staff had time to spend with people in addition to meeting their support needs.

We looked at recruitment files for four members of staff and found that prior to commencing work in the home a series of checks had been carried out on the person. This included obtaining a Disclosure and Barring Service check and references. These checks help to ensure staff are suitable to work with people who may be vulnerable.

Is the service effective?

Our findings

Staff told us that they felt supported by senior staff and had undertaken the training they needed to carry out their role effectively. They also told us that they had regular staff meetings which they felt able to contribute to and that their opinions were listened to. In addition records showed and staff confirmed that they had one to one supervision sessions with a senior member of staff.

We looked at the training matrix for the home which showed staff had undertaken a variety of training in areas applicable to their role. This had included, fire safety, moving and handling, food hygiene, the Mental Capacity Act 2005 and infection control. The manager explained they were awaiting certificates for further training they had undertaken including end of life care and diabetes.

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 be 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 or authorisations to deprive a person of their liberty were being met. We found that that were.

A DoLS application had been forwarded to the local authority for one of the people who lived at the home and the manager had an understanding of DoLS and records showed that staff had received training in the Mental Capacity Act 2005.

People living at the home told us that when they had needed support with their health care this had been provided. A visitor told us that after a recent stay in hospital their relative had returned to the home and staff, "Did everything for her and got her confidence back." A second visitor told us, "They get the doctor or nurse if needed."

We spoke to a visiting health professional who told us that staff made appropriate referrals to them and listened and followed their advice. They also said they had seen "some excellent care" at the home.

Care records confirmed that people's health care needs had been assessed and monitored. They also confirmed that advice was sought from healthcare professionals when needed. We saw that this advice had been recorded and staff we spoke with were able to explain the support they provide to people with their health.

People living at the home told us that they liked the meals provided. Their comments included, "The food is good." "A very good chef," and "The food is good, there are drink facilities." People told us that they got the meals they liked with one person saying, "I like porridge and I get that."

The kitchen was awarded a food hygiene rating of 5 stars in February 2016 by the food standards agency; this is the highest rating for kitchen hygiene. A cleaning schedule was in place for the kitchen and temperatures of food were monitored before serving.

A four week menu was in place which the chef told us had been agreed between the manager and people living there. Although the menu did not give alternatives to the main meal the chef told us these were always available and people living at the home confirmed this. On the day of our inspection the lunchtime meal was fish, chips and mushy peas or sweetcorn. The meal looked appetising and we saw that people received the support they needed at mealtimes. Throughout the day drinks were served to people in addition to which people in their bedrooms had access to drinks and jugs of juice were available in the lounge.

The main meal was served at lunchtime with a lighter meal each evening. Records showed that staff asked people each day what they wanted for their evening meal.

Hilbre Lodge is an adapted building in the Hoylake area of the Wirral. Accommodation is over 3 floors with all bedrooms being single and providing ensuite facilities. Adaptations included call bells, pressure mats and bedrails for people who needed them. Corridors were wide enough for people using a wheelchair to get around and a passenger lift provided access to all floors. Adapted shower facilities were also available for people who needed them.

A lounge and separate dining room are available and outside there is an enclosed back garden with seating areas. The manager told us that plans were in place to replace/repair flagstones which had become uneven.

Is the service caring?

Our findings

People living at the home were complimentary about the care they received from staff. Their comments included "We are very well looked after. Staff are very good. We are happy here," "It's very good. In all fairness very good. You get individual attention. First class care" and "If I didn't like it I wouldn't stay." People also told us they liked the staff team describing them as, "friendly" and "kind."

Relatives of people living at the home shared these views. One relative told us "it's great, nothing is too much trouble." A second relative told us their relative was, "Very happy" living at the home. They said, "Staff understand and know how to help."

We asked people if they felt listened to and they told us that they did. One person explained, "They have residents meetings. They ask your opinions. They listen to you." A second person told us that they had a key worker who they could discuss any issues with and said they were confident their keyworker would always listen and help them.

A member of staff explained that they were a keyworker for two people living at the home and their role included spending some 1-1 time with each person and getting to know them. People told us that they knew who their keyworker was and had spoken regularly with them. Care files confirmed that keyworkers had spent time with people on a regular basis and discussed how they were feeling as well as any concerns the person may have. This is good practice as it provides people who may not like speaking in a group with time to discuss matters with staff in private. The manager explained that keyworkers were allocated to bedrooms however if the person moved room then their keyworker would go with them. She also explained that if the person wished to change their keyworker they would be able to do so.

A notice displayed in the foyer stated, 'if you want to speak to somebody outside of the Hilbre Group our independent advocates are ...'. The notice then displayed two phone numbers and names. We asked the manager who these people were and she explained one visited the home regularly and was known to the people living there the second person she thought worked for an advocacy group but was unsure which. The manager agreed to clarify this information and update the poster with the details.

The manager explained that meetings had been held with people living at the home. These were attended by people living there and herself. Minutes of a meeting held in April 2016 showed that ten people living at the home had attended along with the manager. Areas discussed had included activities and meals.

Throughout our inspection we observed that staff spoke to people in a friendly and respectful manner. They found time to talk with people as well as meeting their care needs.

Is the service responsive?

Our findings

People told us that staff were responsive to their needs. One person told us, "Staff are very helpful," and a second person said staff were, "quick, they do come." We saw that people had call bells located near to them so they could summon help if needed. For example we spoke with one person in their room and they had a call bell near to their bed with a second bell near to the chair they sat in.

A visitor told us that their relative who lived at the home had said staff responded quickly in the night to them using the call bell and had told her, 'That's what we are here for. Just ring.'

Staff told us that they regularly checked people who spent time in their bedrooms to ensure they did not need any support. We saw records that confirmed people had been checked on a half hourly basis.

Individual care plans were in place for people living at Hilbre Lodge and were stored on computer. We looked at a sample of these along with people's daily records. Assessments of people's care and support needs had been undertaken. Where the assessment identified a support need a care plan to provide guidance for staff was in place. We saw that these had been updated and reviewed regularly. The information in care plans matched the information the person themselves gave us and the information staff provided about people's support needs.

People told us that there were a variety of activities that took place at the home that they enjoyed. One person explained, "We go next door for a concert. We have a bus go on outings for ice cream. It's very good. A musical group comes and entertains us. We sit in the garden." A second person told us "It's very good; we often have a day out. I have been to the theatre."

A member of staff explained that activities were organised each day including offering people the opportunity to go out for a walk. An activities schedule on display included hairdresser, bingo, games, one to one chats and manicures.

A shop was available every Friday in the lounge and we observed chocolates, sweets and toiletries available for people to buy. One person told us they liked the shop as they did not go out and it provided them with the opportunity to buy chocolate they liked.

People living at the home and their relatives told us they would feel confident raising a concern or complaint with a senior member of staff or the manager. A complaints policy was available in the home which listed how a complaint would be investigated and the expected timescales. However the policy on display required updating as it did not advise people how to make a complaint or who to make it to. A record of complaints received by the home showed they had been responded to appropriately and people were happy with the outcomes.

Is the service well-led?

Our findings

At the time of our inspection Hilbre Lodge had a registered Manager who was not present during our inspection. An appointed manager was present who advised us that she planned to apply to become the registered manager and provider of the service. The appointed manager was supported by a deputy manager and senior care staff.

People living at the home knew who the manager was and told us they felt comfortable approaching her. We saw that she had held meetings with people living there to gain their views of the service they had received and help plan future improvements.

Staff told us that they liked the manager and found her approachable. Their comments included, "Easy to talk to as she listens," and "She values our opinion".

We found the manager had a good understanding of the service provided and where it could be further improved. She was a visible presence around the home and knew the people who lived there well.

A number of systems were in place in the home for checking the quality of the service provided. We looked at a monthly health and safety checklist which had been completed in May 2016. This recorded areas where improvements were needed but did not record that the actions had been completed. However the manager provided other evidence such as a new 'control of substances hazardous to health' folder that had formed part of the required actions.

The manager had completed monthly audits which included medication, health and safety, falls log, cleanliness and staff training. This was a checklist which stated that audits had been completed. We saw evidence that audits had been completed for safeguarding, medication and service user views.

A weekly audit checklist was also in place and recorded that checks had been made on fire alarms, call bells, first aid boxes, keyworker charts, diet and fluid charts checked and care records checked to ensure they were up to date.