

Hilbre Care Limited

Hilbre Manor EMI Residential Care Home

Inspection report

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21 September 2016
22 September 2016

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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 responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We had previously carried out an unannounced comprehensive inspection of this service on 5, 12, 14 and 15 April 2016. Since that inspection we received concerns regarding lack of care and risk assessments, safe recruitment of new staff members, inadequate bathing facilities, the security of people's monies and inadequate staffing numbers at the home. As a result we undertook this focused inspection on 21, 22 and 23 September 2016 to look into those concerns. This report only covers our findings in relation to those concerns. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Hilbre Manor EMI Residential Care Home on our website at www.cqc.org.uk.

We found that there was evidence to show some of the allegations would have been substantiated without any intervention. However, in the short time since the allegations had been made, when we visited the home in September 2016, the new nominated individual and the new manager for the service had made good progress with respect to the areas of concerns. They were positive about the future progress of the service.

Hilbre Manor EMI Residential Care Home has accommodation for people on the lower ground, the ground, first and second floors. It is registered to provide accommodation and support for up to 15 older people who live with dementia. There are 12 rooms, three of which are able to be double. The house has a large garden, a passenger lift and the home was refurbished in 2015. It is on a main road in Prenton and has good access to public transport and other community facilities. At the time of our inspection, there were eight people living in the home and all were accommodated in single rooms.

We saw that staff recruitment had not been carried out in a safe way, as recently recruited staff were found to be working without the required checks.

This is a breach of Regulation 19 of the Health and Social Care Act 2008, which states that fit and proper persons are employed. Recruitment procedures were not operated effectively to ensure that persons employed were suitable to work in health and social care. You can see what action we have taken, at the bottom of the full report.

Care and risk assessment had been completed for a new person living in the home and we saw that the records showed that assessments had been updated for most of the people living in the home. The remainder were in the process of being completed and updated.

The home requires a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The home did not have a registered manager and had not since September 2015.

However, we noted that the provider had been actively recruiting for a new manager over this period. The previous manager had left the home unexpectedly two weeks before this inspection. A new manager had been appointed and was in post and present at this inspection. At the time of writing this report, an application by the current home manager for registration by CQC has been received by us.

The nominated individual had applied for Deprivation of Liberty Safeguards for people living at the home who had been assessed as lacking the capacity to consent to their care and accommodation. This complied with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and its associated codes of practice in the delivery of care. We found that the staff had followed the requirements and principles of the Mental Capacity Act 2005 (MCA) for people who had been assessed as lacking mental capacity in aspects of their lives. We saw however, that people who were deemed to have capacity were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and had some inappropriate restrictions on their freedom.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Staffing levels had improved.

Care and risk assessments were being completed and updated.

Recent recruitment practices needed improvement.

Is the service effective?

Requires Improvement ●

The service was not always effective.

People had been assessed for their mental capacity and the appropriate deprivation of liberty safeguards (DoLS) applications made.

However, the policies and systems in the service did not fully support the practice of the MCA. Those who did not require a DoLS were not supported to have maximum choice and control of their lives.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Recently completed care plans were person centred and reflected people's needs and preferences. New care plans were being completed for all people living at the home.

We saw that care plans were being re-written to reflect more person-centred care needs.

Is the service well-led?

Requires Improvement ●

The service was not well-led.

There was no registered manager in post since September 2016. The home had several managers since it opened in July 2015. The current manager has applied to be registered with the CQC.

Audits of the service had not reflected such things as the

checking of the access to the building, the shower temperatures, and the restrictions on people's freedoms, staff training, fire drills, personal emergency evacuation plans. However, were noticeable attempts to improve the auditing of the service.

Hilbre Manor EMI Residential Care Home

Detailed findings

Background to this inspection

We carried out this focussed 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 21, 22 and 23 September 2016 and was unannounced. We had carried out an unannounced comprehensive inspection of this service on 5, 12, 14 and 15 April 2016. After that inspection we received concerns in relation to the lack of care and risk assessments, safe recruitment, inadequate bathing facilities and inadequate staffing, from another organisation who had been alerted by a whistle-blower. As a result we undertook a focused inspection to look into those concerns. This report only covers our findings in relation to those topics

The inspection was carried out by one adult social care inspector.

We talked with three staff members, the administrator, the nominated individual of the service and the recently appointed home manager. We also requested information from the local authority.

We looked at all the eight care files held both electronically and in paper form. We looked at the staff rotas, correspondence relating to people living in the home, three staff member's files and the provider's training matrix. We also looked at other records relating to the finances of people living in the home and of the running of the service.

Is the service safe?

Our findings

We looked at the recruitment files. One staff member had not had a response from the Disclosure and Barring Scheme (DBS) or references, prior to starting work at Hilbre Manor and consequently working with vulnerable people. The DBS carry out checks to help employers make safer recruitment decisions and help prevent unsuitable staff from working with people who use care and support services. It is a safe recruitment practice to check the DBS for all new staff members for criminal convictions and to obtain satisfactory references. We discussed this with the manager who assured us these had been requested. The manager told us they thought that as the staff member came from another care home, it would be safe for them to commence employment at Hilbre Manor. The manager went on to tell us that this was an error of judgement and that lessons would be learned. They told us the staff member would not be allowed to work until a satisfactory DBS check and references had been received. Several days later the manager sent us evidence that these had been received and the staff member had been rostered to work.

A senior ex-employee had been recently employed to update care records and assessments also had not been checked by the service, for DBS or references. This person had contact with the people living in the home. This was also discussed with the nominated individual and the manager who told us that they would not employ this person again until these checks had been made and were found to be satisfactory.

These are examples of breaches of Regulation 19 of the Health and Social Care Act 2008, which states that fit and proper persons are employed. Recruitment procedures were not operated effectively to ensure that persons employed were suitable to work in health and social care.

On arrival at the home, we saw that staffing levels were adequate, for the eight people who were resident there at the time of this inspection. There were three staff members on duty during the day and we noted that two staff were scheduled for waking night duty. We viewed the staff rota and noted that this level of staff was scheduled for the coming weeks. In addition the nominated individual was also present, with the home's newly appointed manager. There was also a cleaner on duty at times, along with a staff member who was commissioned by the local authority to offer one to one care to a person living in the home.

This enabled at least one staff member to be present in the lounge when certain people were using it, as required in a risk assessment after a recent safeguarding investigation had concluded this was an appropriate control measure for their behaviour and to keep other people safe.

We were told that the manager aimed for every shift to have a minimum of one female staff member so that people who preferred their support delivered by a female could have this need met.

We found that a person who had been newly moved to the home had the appropriate assessments and a corresponding care plan and risk assessments in place. The home manager assured us the lack of such assessment practice and documentation which had been reported to us, would not happen again. The appropriate risk assessments had also been started or updated for several other people living in the home and we were assured they would be completed as a matter of urgency.

On the first day of our inspection, two recently recruited staff members told us they knew how to evacuate the building in case of fire, but admitted they had not received training in the fire drill procedures for the building and did not know where the personal emergency evacuation plans (PEEPS) were kept. On the second day of our inspection the staff members had been shown the fire drill and knew where the PEEPS were kept.

At the time of our visit, there were no aids for assisting people who had mobility problems and staff were manually assisting people if they had fallen, for example. However, we saw that a referral had been made to occupational therapy for the home to be supplied with equipment to aid people safely and to help staff maintain their own health.

We saw that the fire door adjacent to the kitchen had a sensor installed to alert staff if the door was being used by people living in the home, as the sensor could only be de-activated by a switch which was placed high and out of sight. We found that this door was open but that a staff member was in the laundry in an outbuilding next to it. The staff member told us the door had to be left open if staff were in the laundry as there was no handle on the exterior for them to get back into the building. We discussed this with the nominated individual who assured us this problem would be rectified urgently. They told us there were plans in place to implement a swipe card system to the door, to ensure people's security and safety.

We saw records that appropriate referrals had been made for people requiring medical treatment. The nominated individual, who was an experienced medical professional, had appropriately recorded the assessment, judgment and any support provided to people with their health needs and actions required.

We noted that the shower on the top floor was broken and the shower on the first floor had water that was intermittently cold or very hot, which could lead to scalding a person. The bathroom on the ground floor was in working order and on a day to day level, was used for people whose rooms were over the four floors of the building, to bathe or shower. We pointed out that this could be seen as undignified as people might be transported through the home possibly in a state of undress, or create excess waiting time for bathing. The nominated individual and the manager told us they would address this as a matter of urgency and have since contacted us to advise that these showers had been repaired.

Is the service effective?

Our findings

Staff told us they felt confident and knowledgeable about their role of supporting and caring for people. One newly recruited staff member told us, "I know what to do; I've done the job before".

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this was 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 authorisations or conditions to deprive a person of their liberty were being met.

We found that appropriate assessments had been made of individual people's mental capacity and where required, DoLS applications had been made to the local authority, which was the 'supervisory body'.

However, the access in and out of the home was not freely available to those people who had been assessed as having the mental capacity to independently use this. We were told by the nominated individual and the manager that they were aware of this issue and that a swipe card system would soon be available to those people with the capacity to decide whether to enter or leave the building.

We also found that free access for people, around the floors of the home had not been enabled, with key pads to the lower ground floor still in use and lift access to some floors being restricted to staff control and not available to those people with the capacity to use them appropriately. We had discussed this with a previous manager at the time of the inspection in April 2016. They assured us that this would be discontinued. The current nominated individual and the manager assured us that this had not been discussed with them by the previous home manager, but that this restriction would be rectified urgently.

We saw that new staff had received some training but that there was no comprehensive induction programme planned for them. Staff told us they had shadowed an experienced staff member, 'for a shift' and also told us that because they themselves were experienced, they were able to support people living in the home. One staff member told us they had received medication training from the provider. However, we found they were not sure about the correct procedures relating to emergency evacuation as they had had no training in this. We noted that training was scheduled for the new and more experienced staff in the near future and saw the training plan which supported this.

Is the service responsive?

Our findings

The computerised records we saw showed that since our inspection in April 2016, recent updating of care and other records had been completed for the majority of the people living in the home, or started for others. We noted they were person centred.

For example, a person who had recently moved into the home had a full set of care plans and risk assessments, as well as personal information such as their contacts details, personal preferences and personal emergency evacuation plan, recorded.

Similarly, we saw that most people who had been living in the home for some months, had had their care plans updated and their risk assessments re-evaluated. Other people were in the process of being re-assessed.

Is the service well-led?

Our findings

The service requires a registered manager. There has been no registered manager in place since September 2015, although several managers had been recruited but have subsequently left the service. At least two of these managers had applied to become registered with CQC.

The current manager told us they would be applying to be registered with CQC and at the time of writing this report, we note that we have received an application from them and this is being processed.

The nominated individual and the home manager gave us free and unfettered access to all the financial records and transactions for the people living in the home. They were open and transparent and we saw that there were records of income and expenditure for all the people living in the home. All the cash kept for each person tallied with the records and was kept separately and securely, in the home manager's office. There was no other cash available in the home manager's office.

Historical audits of the service had not reflected the areas of concerns which had been raised with us. Examples were that the checking of the access to the building, the shower temperatures, the restrictions on people's freedoms, care files, risk assessments, staff training, fire drills, personal emergency evacuation plans had not been completed properly and so had not picked up on these areas of concern. However, were noticeable attempts to improve the auditing of the service by the nominated individual and manager.

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	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Recruitment procedures were not operated effectively to ensure that persons employed were suitable to work in health and social care.