

Making Space Hartley Place

Inspection report

Summer Close
Whitby
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Hartley Place is an Extra care service that provides care to people living in a number of apartments and bungalows. Hartley Place has a 24 hour / 7 days per week on-site care team. The service also offers a hairdressing salon and bistro. At the time of our inspection there were 18 people using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

Medicines were not always used safely. The gap between time sensitive medication was not sufficient. Routine audits were completed, however follow up actions when improvements were identified were not always clear. Information was stored on different electronic systems, which made it difficult to find some information.

Care plans did not always accurately reflect a person's current needs and were not always consistent. Staff understood their responsibilities for safeguarding people from abuse and the risk of abuse. Safe recruitment processes were followed. Staff spoke positively about the training and support they received. Relevant training was in place.

People who use the service were happy with the support they were receiving; however, we identified areas which needed to be further developed and improved.

Systems were in place to enable people to raise both complaints and compliments and these were viewed by management.

People were aware of the compliments and complaints procedure and there was evidence these were acted upon. People told us the staff were caring and promoted choice. Staff spoke highly of the people they supported.

People 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; the policies and systems in the service supported this practice.

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

Rating at last inspection

This service was registered with us on 08 September 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 effective?

The service was effective

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring

The details of a caring section are below

Good ●

Is the service responsive?

The service was not always responsive

Details are in our responsive 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 ●

Hartley Place

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 Health and Social Care Act 2008.

Inspection team

The inspection was completed by two inspectors.

Service and service type

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave a short period of notice as we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and

improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke to 4 people who used the service and 1 family member to understand their experience of the service. We spoke to 4 staff members including team leader and health care assistance both on day and nights shifts.

We reviewed 3 care records and additional records in relation to the management of medication. We reviewed multiple records in regarding to the management of quality and assurance of the service.

After the inspection

We reviewed information the registered manager sent and 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.

This is the first inspection of this newly registered service. This key question has been rated 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.

Using medicines safely

- People were not always safely supported with their medicines. Robust processes were not in place for medicines that required a specific gap between doses. This was raised with the registered manager who took immediate action to address this by updating care plans and medication administration records.
- Systems for amending medicines were not always robust. When people were prescribed new medicines a clear system of checks for accuracy and accountability was not always evident.
- Senior staff completed checks on medication administration records. Errors were identified and addressed.
- Protocols were in place for medicines people needed 'as and when' such as paracetamol for pain.
- Staff were trained and assessed as competent to support people take their medicine.

Assessing risk, safety monitoring and management; learning lessons when things go wrong

- People's needs and risks were assessed and plans were in place to mitigate risk as much as possible. These included people's health conditions and environmental factors.
- Personal Emergency Evacuation Plans were in place, which meant systems were in place to safely evacuate the person from the building in an emergency.
- Audits were being completed and errors identified, however, it was not always clear how these are followed up as there was no clear action plan.

Systems and processes to safeguard people from the risk of abuse

- People felt safe from the risk of abuse. One person told us, "I feel safe, they [staff] look after me." A family member told us they were happy with the support their relative was receiving.
- The service had suitable policies and guidance in place to ensure staff knew what action to take in the event of a safeguarding concern. Staff completed regular training which ensured they had a good understanding of safeguarding and their own responsibilities.
- Staff understood what was meant by abuse and were confident in reporting safeguarding.

Staffing and recruitment

- There were policies and robust systems in place for effective recruitment. Checks of previous employment and with the disclosure and barring service (DBS) were completed to ensure staff were of good character and had the skills required to fulfil their role. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

- Staff told us they felt there was enough staff to meet people's needs.
- The provider told us they had challenges regarding recruitment but would use one agency to cover any shortfalls in staffing to ensure continuity. People told us they saw agency staff regularly. One person said, "The 2 [staff] on shift last night were agency but it was okay because I know them now."

Preventing and controlling infection

- People had person centred Covid care plans in place which were specific to health needs.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed, this formed part of their care plans.

Staff support: induction, training, skills and experience

- Staff completed a regular programme of training and received annual updates.
- Staff informed us an induction was completed, which included training and some shadowing of more experienced staff, and they were happy with the support they received from the senior care team. Staff also had access to regular supervision.

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

- People were happy with how they were supported. Some people's support calls included meal preparation. One person told us, "I tell them [carers] what I want, and they just make it for me."
- Staff supported some people with food shopping.

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

- People were supported to access Health and Social Care services. Referrals were made to relevant services when they were required. One person informed us, "If I need the GP I ask [staff]. She is pushy and will get what I need." Another person told us, "I will ask the office to make an appointment if needed."
- Staff worked alongside other agencies so that people received effective care and support.

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 MCA 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA

- People's capacity was assessed. However, information within people's records was inconsistent and confusing about what people could make decisions about. Following the inspection the registered manager addressed this concerns and a review was requested.
- No one within the service required a Deprivation of Liberty Safeguards.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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 they were well cared for. One person told us, "The staff are very nice. They look after me sorting things, do this, do that."
- Staff members were aware of people's needs and knew people well. One staff told us, "I pop in when I have a lull, outside of support calls, when [person] is feeling low."

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

- People's felt their views and choices were respected. For example, one person wanted to be supported to bed later and the service respected this. The call system enabled them to request support when they needed it.
- Surveys were completed for staff and people using the service to enable them to express their views. Feedback received was very positive.

Respecting and promoting people's privacy, dignity and independence

- People felt staff treated them respectfully. We observed staff knocking on people's doors before entering people's flats, but also noted one occasion where staff completed tasks such as opening a window and turning off the radio without obtaining the person's consent first. This was raised with the registered manager who discussed this as an area of learning with staff.
- People could access the community independently; no restrictions were in place.
- People were encouraged to spend time in communal areas socialising with other people.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans did not consistently reflect a person's needs. One person's care plan indicated they were independent in meal preparation however this was not correct, and support was required. We raised this with the registered manager who was receptive to this feedback and ensured the care plan was updated.
- Staff we spoke to knew the people they supported well.
- People were not clear on how they had been involved in their care plans. One person said, "[Care Plans] I don't know what that is."
- Daily notes were often task based and not person centred. This meant we were not assured person centred care was being delivered.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider did not always meet people's communication needs. One person's care file identified them as having difficulties with communication, however, no further information was provided. The provider responded to this after the inspection and incorporated how best to support this person with communication needs in their care plan.

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

- Where this was part of the package of care, some people were supported into the community. People we spoke to enjoyed this time; one commented, "I like going out with the staff."
- There was a variety of activities available onsite, although these were not delivered by the care service. People spoke positively of their experience and involvement.

Improving care quality in response to complaints or concerns

- There was a complaints and compliments procedure in place. However, this was not easily accessible for the people that use the service due to it being electronic. The registered Manager informed us they would ensure paper copies of feedback forms were available in people's flats.
- Complaints were being responded to. One person had raised a complaint regarding a staff member; this

was investigated, and actions were taken in response.

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.

This is the first inspection for this newly registered service. This key question has been rated 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.

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

- The registered manager of the service was not always visible. People we spoke to were not aware of who the manager was. Staff told us the registered manager was not always at the service, but the team leader provided support if they needed anything.
- There was no robust handover in place between day and night staff. Since the inspection the registered manager has assured us they have now implemented a handover.
- The provider and registered manager were receptive to the concerns found during the inspection and took immediate action to make some improvements.

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

- Regular supervisions were held which enabled staff to reflect on their learning and progress.
- Staff told us they enjoyed working at the service. Comments included, "I love it here." and "I enjoy working here."
- There was clear evidence of working with healthcare professionals to improve outcomes for people. For example, when a person using the service health declined the provider sought professional support and training from the appropriate health profession to allow that person to remain in their accommodation.

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 provider had acted on the duty of candour regarding incidents and accidents. Family members, the local authority and CQC had been notified accordingly.

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

- There were systems in place to obtain feedback from people, their relatives, staff and other stakeholders about the running of the service. Feedback was not easily accessible to all people and was often submitted by staff on behalf of people. This was discussed with the manager who was in the process of implementing an easier, more accessible form.
- The provider engaged with people using the service and staff through surveys. Positive feedback was provided.

Continuous learning and improving care

- There was evidence of team meetings were taking place.
- Information about lessons learnt and when things had gone wrong were shared in team huddles.
- The registered manager and provider were responsive to feedback and keen to develop and improve the service. Since the inspection numerous documents such as care records have been updated to reflect the concerns raised during this inspection. The effectiveness of these changes will be observed during the next inspection.