

Coastline Housing Limited

# Miners Court Extra Care

## Inspection report

Miners Court  
Miners Row  
Redruth  
Cornwall  
TR15 1NJ

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Miners Court Extra Care provides accommodation and support for up to 64 people on a purpose-built site. People live independently in their own self-contained homes with access to full-time on-site care and support.

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. At the time of the inspection 52 people were receiving personal care.

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

People told us they were happy living at Miners Court and felt they were safe and able to access care when they needed it. They received scheduled visits during the day to help with personal care. Everyone had a lifeline so they were able to call for additional support when required.

The service had several staff vacancies and some staff had been working longer than their contracted hours. Staff told us they were sometimes rushed and, on occasion, had to work later than planned. We have made a recommendation about staffing in the report.

People received their medicines as prescribed. When it was important for people to take their medicine at a specific time, staff prioritised their visits to make sure this happened.

Risk assessments were developed so staff were aware of any circumstances when people might need additional support. There was guidance for staff on how to support people safely and with a view to people maintaining their independence where possible.

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.

There had been a restructuring of the management team shortly before the inspection. The registered manager was supported by a deputy manager and three assistant managers. All had clearly defined roles and responsibilities.

Some staff told us they did not always feel confident approaching managers with any concerns or questions. Following the inspection, the Nominated Individual told us the actions they would be taking to improve staff experience in this area.

Staff were very supportive of each other and frequently spoke of the importance of working together and communicating well to make sure people got the care and support they needed and in line with their

routines and preferences.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was Good. (published 21 June 2018).

#### Why we inspected

We received concerns in relation to staff retention and staff confidence in management. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Miners Court Extra Care on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service until we 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?

Good ●

The service was safe.

### Is the service well-led?

Good ●

The service was well-led

# Miners Court Extra Care

## 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.

#### Inspection team

The inspection site visit was carried out by an inspector. An Expert by Experience made phone calls to people living at Miners Court. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### 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.

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

We gave the service 24 hours' notice of the inspection in line with our methodology.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with 15 people who used the service about their experience of the care provided. We met with the registered manager.

We reviewed a range of records. This included two people's care records and 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. We spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with 13 members of staff and received feedback from five professionals with experience of the service.

# 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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff had received training and were confident of the processes to follow if they had any safeguarding concerns. One commented; "I would report to the management and then the Local Authority if necessary. I have done it before in a previous job, I would do it again."
- There was a safeguarding policy in place which included local contact details and outlined the various types of abuse.
- People told us they felt safe. Comments included; "I feel safe and well looked after" and "I am very happy here. I am safe because it is a lovely modern building and there is always somebody there 24 hours. I have a telephone number to call if I need to and a panic button."

Assessing risk, safety monitoring and management

- Risk assessments were completed to inform staff of any risks and provide guidance on how to support people safely.
- Staff encouraged people to maintain their independence and do as much for themselves as they could. People were referred to occupational therapists when it was identified that equipment and adaptations to their accommodation would further support them to retain their independence.
- The building was well maintained and there were systems in place to help ensure the security of the premises.
- Regular checks in relation to the safety of the premises, including fire safety, were completed.

Staffing and recruitment

- The service had been short-staffed, and staff said they were often asked to cover shifts on their days off or work longer than their contracted hours. Comments included; "Staff are staying on beyond their hours, no staff would leave anyone [without a scheduled visit]", "I can't remember the last time I had a day off without getting a message asking if I could cover a shift" and "It's been challenging."
- We found no evidence people had been affected by the staff vacancies. People told us they usually had visits as planned unless there had been an emergency. They said when they used their lifelines staff were quick to respond. One person said; "They come very quickly if I press my button."
- We reviewed rotas for 15 May 2021 to 29 May 2021 and found the numbers of staff identified as necessary to run the service had been consistently adhered to for this period.
- Staff told us they were sometimes rushed, and staff numbers were not always enough to meet people's needs. Those covering the evenings said they frequently had to work longer than their contracted hours to

complete all their visits. Comments included; "It's not the right ratio, people's healthcare needs are increasing", "The rota looks good but the visits are not long enough so we can overrun" and "The evenings are the most affected, you might get a supermarket delivery for someone at 9pm and it has to be put away. These sorts of things take you away from the visits. It has a knock-on effect and puts you behind."

We recommend the provider seek advice and guidance about regularly reviewing staffing levels and ensuring they are adapted to meet people's changing needs.

- Staff were recruited safely. Pre-employment checks were completed before new staff began work.
- Six new staff had been recruited and were going through the induction process. Agency staff were being used to cover gaps. Before starting work they completed an agency worker induction and shadow shifts.

#### Using medicines safely

- Staff were trained to administer medicines. Following training a senior member of staff observed staff to check they were administering in line with the training. Spot checks were carried out regularly to check staff were continuing to work in line with good practice guidelines.
- Medicine Administration Records (MARs) were regularly audited to identify and errors in recording. The manager followed up on any areas of concern and, if necessary, staff were required to redo their training.
- People told us they were supported with their medicines appropriately. Staff said they prioritised visits to people who needed to take their medicine at specific times.

#### Preventing and controlling infection

- Communal areas were clean, and people told us staff helped them with cleaning tasks.
- Staff told us that throughout the pandemic they had been provided with plenty of PPE.
- People confirmed staff always wore PPE and this had helped them to feel safe. Comments included; "They have been really good and kept me safe during COVID, they wear masks" and "They wear aprons and masks and come fully protected."

#### Learning lessons when things go wrong

- Accidents and incidents were recorded, and action taken to mitigate the risk of reoccurrence.



# 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 remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The inspection was prompted following concerns about the management of the service and poor staff retention. We found the concerns were partially substantiated but there was no evidence this had impacted on the quality of the service delivery.
- There had been a high turnover of staff with 14 leaving in the six months leading up to the inspection. The reasons were varied, for example, some had left for personal reasons or ill health, some bank staff contracts had been cancelled and some new staff had not completed their probationary period.
- The provider was a large organisation and there was a HR department to support the registered manager with any HR processes. This helped ensure a robust approach to managing staffing issues.
- Staff opinions on the management of the service were divided. Some staff told us they did not always feel well supported. Others were positive and told us they were able to discuss any concerns with the registered manager or another senior.
- We discussed this anomaly with the nominated individual. They responded positively and sent us details of initiatives they would introduce to develop better relationships between care staff and management.
- Concerns had been raised to CQC about staff working alongside family members which can be an indicator for a closed culture. We did not find any evidence that this practice was having a detrimental effect on the service. The registered manager confirmed some members of the same family were employed but they did not work together. The provider had a probity policy in place outlining the safeguards to be put in place when this situation arose.
- All staff told us they worked well as a team. Comments included; "Everyone works together really well. Everyone seems to gel", "We're quite a tight team and try and nurture new staff" and "A good team, there isn't a bad one amongst them."

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 registered manager understood their responsibilities under the duty of candour. They explained the action they would take when a mistake had been made which impacted on a person's well-being.

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

- The management team at Miners Court was being restructured at the time of the inspection. The

registered manager would be supported by a deputy manager and three assistant managers. Each assistant manager would have oversight of a specific area.

- The registered manager told us they were well supported by the organisation. They communicated with their line manager daily and received monthly supervision and quarterly appraisal meetings.
- Staff spoke of their responsibility to meet people's needs and ensure they all received the visits they were allocated. They told us they had walkie-talkies and, once they finished their own visit list, would contact other staff to ask if they needed any help.
- An external professional told us; "Once or twice they struggled with manpower but worked around and made it work as a team."

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

- People were asked for their views of the service via questionnaires and in care plan reviews. One told us; "They do discuss my care plan with me."
- Spot check records included a section to record what people's experience of the care provided had been.
- Adaptations had been made to a communal kitchen to enable people using wheelchairs to have equal access to the area.
- Staff team meetings had been suspended during the pandemic. There were plans in place to reintroduce these.

Continuous learning and improving care

- The nominated individual responded positively to the feedback from staff and quickly developed an action plan to address the issues raised.
- The registered manager had completed a management development programme. The organisation provided regular coaching and leadership training.
- Audits were regularly completed and monthly reports were sent to the organisations CEO and directors.

Working in partnership with others

- External professionals were positive about the management of the service. Comments included; "I have always found [registered manager] and any senior management within Coastline to be open and transparent" and "The site-based management and head office management are always available and extremely supportive."