

North Lincolnshire Council

# North Lincolnshire Council - Myos House

## Inspection report

Myos House  
Warwick Road  
Scunthorpe  
DN16 1EU

Website: [www.northlincs.gov.uk](http://www.northlincs.gov.uk)

Date of inspection visit:  
11 January 2023  
13 January 2023

Date of publication:  
01 March 2023

### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

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

North Lincolnshire Council – Myos House is an extra care housing scheme comprising of 25 individual flats in one large building. The service provides support to people with dementia, older people, people with a physical disability or a sensory impairment and younger adults. At the time of our inspection there were 17 people using the service.

Not everyone who used the service received personal care. The Care Quality Commission (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

People were not always protected from avoidable harm. There was limited use of systems to record, manage and report concerns about risk and safety incidents. The registered manager did not have a consistent approach to all safeguarding concerns raised.

There was a lack of systems and processes in place at service level and risks were not always identified or managed. Managers and staff were unclear about their responsibilities and legal requirements were not always met.

Staff received regular supervision and appraisals. However, staff had not received the training required to meet all the needs of people in the service. We have made a recommendation about staff training.

The care and support of people in the service were not always delivered in line with current evidence-based guidance. We have made a recommendation the assessment and needs of people are regularly reviewed and updated.

Care plans were often task focused and did not cover how to support and manage people's physical health needs. We have made a recommendation for Health Action Plans to be in place.

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 was enough staff to provide a consistent and reliable service and recruitment systems were robust to ensure the right staff were recruited to keep people safe. Staff managed medicines consistently and safely.

People were treated with dignity, respect and kindness. People and relatives told us staff were kind, caring and polite. One relative said, "I think they [staff] are very, very compassionate." People knew how to seek help and felt listened to.

The provider complied with the Accessible Information Standards by meeting the communication needs of people in the service. People were empowered to make choices and have as much independence as possible.

The provider involved people and their relatives in a meaningful way and staff attended regular team meetings and felt supported by the registered manager and senior staff in the service.

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

This service was registered with us on 15 October 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.

Enforcement and Recommendations

We have identified breaches in relation to the systems and processes within the service that do not assess, monitor and improve the quality of the service or mitigate the risks to the health, safety and welfare of people who use the service. Also, the overall responsibility, leadership and management of the service.

Please see the action we have asked the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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 not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings 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** ●

# North Lincolnshire Council - Myos House

## **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 carried out by 1 inspector. An Expert by Experience also made phone calls to relatives the following day. 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

North Lincolnshire Council – Myos House 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 CQC 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 the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 10 January 2023 and ended on 16 January 2023. We visited the location's office on 11 and 13 January 2023.

### What we did before inspection

We reviewed information we had received about the service. We used the information the provider sent us in the provider information return. 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 with 6 people who used the service and 8 people's relatives about their experience of the care provided. We spoke with the nominated individual, the registered manager, 2 senior rehabilitation officers and 7 members of staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 7 people's care records and a range of medicine records. We looked at 2 staff files in relation to recruitment and supervision. We reviewed a variety of records relating to the management of the service. We also received information from a healthcare professional who visited the service.

# 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.

Assessing risk, safety monitoring and management; Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were at increased risk of harm. The provider did not have an appropriate system in place to record, manage and respond to concerns about risks, safety and incidents.
- Staff were not always aware of people's risks and how to manage them. People who were at risk of wandering did not have care plans or risk assessments in place to support staff and ensure people's safety.
- The provider did not have service level policies, systems and processes in place to manage safeguarding concerns.
- There was limited oversight of all safeguarding concerns raised and investigations were not always thorough, or improvements made when things went wrong.

We found no evidence people had been harmed, however, information was not always up-to-date and accurate to manage the risks and safety of people using the service. This is a breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff received safeguarding training and were clear about their responsibility to respond to and report any safeguarding concerns.

Staffing and recruitment

- Staffing levels were safe. Staff provided support and engaged with people in a meaningful way. A relative said, "The carers are always about on site and looking in on them, we feel reassured."
- Safe recruitment and selection processes were followed.

Using medicines safely

- Medicines were managed safely. The provider has a system in place to ensure people received their medicines as prescribed.
- Staff received training in administering medicines and their competencies were checked.

Preventing and controlling infection

- Preventing the spread of infection was managed well. Staff were aware of their responsibilities to protect people from the spread of infection.

# 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 requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff training had not always been tailored around the support needs of people who used the service. For example, staff were supporting people who were diabetic, however they had not received training in diabetes management. A relative said, "The staff don't seem to have any training around the physical side of caring."

We recommend the provider supports staff to keep up-to-date with best practice and have the knowledge and skills to support the needs of people who use the service.

- Staff received supervision and appraisals to support them in their role. Staff felt supported. Comments included "It is a very family friendly service" and, "The managers are very good if we have any issues, we know we will be listened to and supported."
- Staff completed an induction before starting at the service and felt supported to work unsupervised. Staff told us it was a very good induction and it provided everything they needed to start working in the service.

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

- Care plans did not reflect the specific changing needs over time of someone living with dementia. However, the service had produced some good news stories of how staff had improved the quality of life for someone living with dementia at Myos House.
- Systems were not always in place to ensure people's assessed needs were care planned to guide staff on how best to support them. Relatives said, "Staff do not seem to understand dementia" and "The staff only receive basic training and I am worried when their dementia gets worse it will be seen as anti-social behaviour and they will be asked to leave."

We recommend the provider ensures care and support is delivered in line with current evidence-based guidance and best practice and updates their practice accordingly.

- People's likes and dislikes around how they wanted to be supported with their daily activities had been captured and included in their care files.

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

- People were supported to access healthcare services such as doctors and district nurses. One relative

said, "They [staff] contacted the GP and then rang me to tell me what was happening."

- People's needs were assessed before receiving care and support from the service. We saw evidence in people's records of involvement of other agencies.

#### 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.

- Staff understood the principles of the MCA and people consented to day to day aspects of their care.
- Where people lacked capacity to make specific decisions, appropriate people were involved in making decisions in their best interests.

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

- People were involved in planning their meals and preparing these where possible. This encouraged and supported people to maintain their independence in this area.
- People chose what they wanted to eat and drink. Staff supported people's preferences. One person said, "They [staff] are very good, they always make sure I have got a nice drink."

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

- People received kind and compassionate care. We observed warm interactions between people and staff. People and their relatives told us staff were kind and caring. One person said, "They [staff] are absolutely first class, all of them."
- People were complimentary about the care they received. Comments included, "Staff are wonderful, they always greet me if I see them in the corridor" and, "They are very respectful when they visit me."
- Staff supported people to make decisions about their care; and knew when people wanted help and support from their relatives. One person said, "If I don't know, they [staff] will ring my daughter and ask her, they are very good like that."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. One staff member said, "It would be done as they wish, it is about knowing what is important to people."
- People were treated with kindness and were positive about staff's caring attitude. One relative said, "You could not wish for better carers, sometimes they just sit and have a chat with [Person's name] and they are so understanding."
- People were encouraged to be independent with tasks as much as possible. One relative said, "[Person's name] is doing more than they ever would, they have been out on trips with staff, been to garden centres and they have more friends now than they ever had."

# 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

- People's care files detailed their health needs and conditions, but did not always have information about the action staff needed to take to keep people fit and well.

We recommend the provider has health action plans within people's care files to support staff to identify deterioration's in people's physical and mental health.

- Care plans were personalised and recorded details of how each person liked to be supported. However; these were not always updated to capture people's assessed needs.

End of life care and support

- An end of life champion was in place to support staff and people with end of life care. The provider had implemented, 'My future care plans', which explored people's end of life wishes if appropriate.
- Staff received end of life training to support them in developing end of life plans.
- At the time of our inspection, no people were receiving end of life care.

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.

- Staff provided information in a way people could understand and in their preferred way.
- People and their relatives were involved in decisions about how different types of technology could be used to communicate effectively with people.

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

- A programme of activities was in place to meet people's interests. Events were arranged such as dine and dance, elf day and knit and natter. External agencies were supported to facilitate activities within the service, such as the local football club.
- Staff supported people to maintain relationships that were important to them, such as family, community and other social links. One relative said, "They encourage [Person's name] to go out on organised events

otherwise they would never go out."

Improving care quality in response to complaints or concerns

- People's concerns and complaints were recorded, investigated and responded to appropriately.
- People were provided with information about how to make a complaint. People told us they would make a complaint if needed and were confident it would be dealt with appropriately.

# 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; Continuous learning and improving care; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider's governance systems were not always effective. There were limited systems and processes in place to ensure regular audits with action plans were taking place to improve the quality and safety within the service.
- People's care records were not fully completed or up to date. A professional person who visits the service told us, people were at different stages of dementia with differing risks and their care plans and risk assessments should reflect this.
- The registered manager was not able to establish how lessons had been learnt from all incidents and how investigations had been used to drive quality and improve outcomes for people.
- The provider did not have service level policies and procedures in place to guide and support staff. Managers and staff were unclear about their responsibilities for people in communal areas. Staff told us they would always try and support people, however; it could be the responsibility of the housing association.
- Mixed messages were received from relatives about the service. Comments included "She [registered manager] is doing a good job but is met with issues outside of her control."

Systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at the risk of harm. This was a breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had not always submitted notification about incidents as they are required to do by law.

Failure to notify CQC as required is a breach of Regulation 18 (2) of the Care Quality Commission (Registration) Regulations 2009. This is being followed-up outside of the inspection process and we will report on any action once it is complete.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider engaged with people receiving care, their relatives and staff. There were regular tenants' meetings and monthly newsletters providing good information.
- Staff had regular team meetings and told us they could discuss issues that were important to them and

felt listened to. Daily handover meetings were recorded and communicated to staff in the service.

- The service regularly worked in partnership with other health and social care professionals to ensure people received good care.

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 responsibility in relation to the duty of candour and the need to be open and transparent when mistakes were made.

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
Personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents  Failure to notify CQC as required
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems and processes did not assess, monitor and improve the quality of the service or mitigate the health, safety and welfare of the people who use the service.