

Age Concern Liverpool & Sefton

The Hamlets

Inspection report

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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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

The Hamlets is a residential care and nursing home in Liverpool, providing personal and nursing care to people who may or may not be living with dementia and people with mental health needs. The service can support up to 30 people and there were 27 people living at the home at the time of our inspection.

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

Governance and quality assurance systems had improved since our last inspection and there were more robust auditing systems in place.

People were no longer exposed to risk of harm because their risk assessments and records were reflective of their current needs and contained sufficient detail to help guide staff with how to support them safely. Medications were given in line with best practice guidance. Accident and Incident logs had improved since the last inspection; and were regularly being checked for patterns and trends.

Some bedrooms still required decoration, however there was no broken furniture in rooms. There had been an agreed refurbishment programme for communal areas which was due to take place soon. Infection control prevention was improved, and the home looked and smelled cleaner. There were enough suitably qualified staff to support people.

People's privacy was respected. People told us they liked the staff and they felt safe at the home. Relatives told us they felt the home had improved since our last inspection.

Staff liked the registered manager felt they had made good progress in the home.

The registered manager understood their duty to share information in an open and honest manner. Safeguarding systems and policies were in place and staff could describe the action they would take if they felt people were at risk of abuse.

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 and update

The last rating for this service was Inadequate (published 17 January 2023).

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

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider had made improvements and were no longer in breach of regulations.

This service has been in Special Measures since 11 November 2022. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective, Responsive and Well-led which contain those requirements.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from Inadequate to Requires Improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Hamlets on our website at www.cqc.org.uk.

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 not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

The Hamlets

Detailed findings

Background to this 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 2 inspectors.

Service and service type

The Hamlets is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under 1 contractual agreement dependent on their registration with us. The Hamlets is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make. We used the information we had about the service to formulate our 'planning tool' and plan our inspection.

During the inspection

During our inspection we spoke with 1 person who lived at the home and 4 relatives by telephone, the operations manager, registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included 6 people's care records and multiple medication records. We looked at 3 staff files in relation to recruitment and 5 agency profiles. 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. The provider and registered manager sent us evidence of how they had mitigated risk, and details of the action they would take going forward.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question Inadequate. At this inspection the rating for this key question has changed to 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; Learning lessons when things go wrong

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found improvements were evident, enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- There were risk assessments in place which described how to support people who were at risk of falling and with other aspects of their daily life, such as weight loss and mobility.
- Some people had been assessed as requiring specialised diets to help them with swallowing. Their food charts showed they were being given food prepared to the correct consistency, therefore mitigating the risk of choking.
- The environment had improved there was no broken furniture in people's rooms. Most sluice room doors were locked, except 1, which we highlighted, and the provider took action.
- The provider had used the last inspection findings to implement new governance systems in the home.

Using medicines safely

At our last inspection the provider had failed to ensure medication was managed safely. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found improvements were evident, enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Medication was being managed safely.
- 'When required' medicines, often referred to as PRN were being given in accordance with best practice guidance. We saw people were prescribed PRN medications to help manage periods of emotional distress, care plans contained sufficient information to guide staff on what measures should be tried first to avoid overuse of medicines.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to safeguard people from the risk of abuse. This was a breach of regulation 13 (1) (3) (regulations) 2008. of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found improvements were evident, enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13

- Safeguarding concerns were recorded and acted upon appropriately. This included referrals to relevant health and social care professionals.
- Staff had received safeguarding training and knew how to respond to incidents of concern.
- There was incident and accident analysis in place as part of the governance arrangements at the home this had started to pick up when action was required.

Staffing and recruitment

- There were enough staff on the units to support people safely.
- Staffing levels had been increased to accommodate some people's changing needs and 1-1 time.
- People we spoke with and staff told us there was enough of them and this had improved since the last inspection. Our observations showed staff were present and available to support people with care tasks and to answer call bells.
- People were recruited and selected safely. References, employment history and Disclosure and Barring service checks were completed before staff started working at the home. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- The home was clean and tidy. There were no strong odours and there was enough cleaning equipment and products available to ensure a high standard of infection control was maintained.
- Areas such as people's bedrooms and bathrooms were clean and tidy.
- The provider was facilitating visits for people living in the home in accordance with the current guidance.

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.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to 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

At our last inspection the service was in breach of regulation 18 (2) (a) of the health and social care act 2008 regulated activities (regulations) 2014. This was because staff did not always have the correct skills and training to complete their roles. At this inspection this had improved, and the provider was no longer in breach of regulation.

- Staff had completed all training the provider had deemed mandatory for their roles as well as additional training to support people with other medical conditions. Agency staff had also completed this training.
- Staff had undergone supervisions and all staff had received an annual appraisal.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

During our last inspection the provider was in breach of regulation 11 (1) of the health and social care act 2008 regulated activities (regulations) 2008. This was because people were not lawfully being deprived of their liberty. During this inspection, however, this had improved, and the provider was no longer in breach of regulation.

- DoLS were appropriately in place for people. The registered manager kept a clear and up to date DoLS tracker and knew when DoLS required reviewing and reapplying for.

- DNACPR (do not attempt cardiopulmonary resuscitation) had been appropriately discussed with people, or where needed their families in their best interests.
- People who were subject to covert medications had records of best interest meetings being held to discuss if the approach was the best for that person, along with advice and instructions from the GP and pharmacy.

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

- People we spoke with said they enjoyed the food, and they had a lot of choice. One person said, "The food is okay."
- Staff were offering people hot and cold drinks and snacks throughout the day.

Adapting service, design, decoration to meet people's needs

- The provider had recently arranged for a refurbishment programme to take place in the home. This was because some parts of the home required redecoration. We highlighted this at our last inspection.
- The home was kept clean and tidy and there were cleaning schedules in place.

Supporting people to live healthier lives, access healthcare services and support; Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- Staff had made referrals for some people in line with their needs, and these had been recorded in people's care plans. For example, we saw one person had a change of need following a hospital admission. We saw their care plan contained multi-disciplinary involvement (MDT) to ensure the best outcomes for this person.
- People's care plans now contained evidence that advocacy had been considered to represent them if they did not have family or next of kin.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

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

At our last inspection the provider was in breach of regulation 9 of the health and social care act 2008 regulated activities (regulations) 2014. This was because people were not always getting care which was personalised to their needs and choices. At this inspection the provider had made improvements and was no longer in breach of regulation.

- People received care that was completed in a way that was meaningful for them. One person required support to mobilise, and we saw staff communicating appropriately with the person to help them with this task.
- Another person's care plans we viewed, had been re-written and organised in a way which explained how the person likes their routines and choices to be carried out. Such as what time they got up of a morning, what they liked to do, and their cultural heritage and what this means for them.
- People had air flow mattresses and turn charts in place to help them manage their skin integrity. We did see one person who required their food intake monitoring due to having diet controlled diabetes, they did not have a food chart. This was rectified straight away.

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.

- Some people had communication charts in place, and information in their care plans as to how the staff should communicate with them if they could not communicate verbally, or if English was not their first language.

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

- People were supported to undertake activities which were meaningful for them, and we observed kind and caring interactions between staff and people who lived at the home.

Improving care quality in response to complaints or concerns

- There was a process in place for people and visitors to follow, if they wanted to make a formal complaint

to the registered manager or provider.

- There was a system to log and track complaints. We looked at a recent complaint and saw it had been appropriately responded to.
- People we spoke with told us they knew how to complain.

End of life care and support

- End of life care and support preferences were documented in a way which was respectful and meaningful for people.
- Staff had completed training on end of life care and support.

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 our last inspection we rated this key question inadequate. At this inspection the rating has changed to 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

At our last inspection the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 Regulated Activities (Regulations) 2014. This was because there was a failure to deliver adequate governance systems.

During this inspection, the provider had started to imbed some new process and there were some better systems in place and the provider was no longer in breach of regulation.

- There had been positive changes in the home, such as the refurbishment of the communal floors, with further plans in place to replace other items.
- There was a governance system which had started to be implemented across the home, and there were new learning patterns identified from internal audits.
- People and staff were complimentary about the registered manager and knew them by name. Staff said they felt the home had improved in last few months, relatives also said they felt the home had improved since our last inspection.

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 was aware of their legal responsibility to be open and transparent when things went wrong. Information from recent audits and statistics were now displayed in the communal areas for people to see.
- CQC had been notified of significant events which had occurred, in line with the provider's legal obligations.

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

- Regular meetings had begun to be held with people and family members to enable them to share their views about the service. We saw evidence during our inspection that feedback was listened to and acted upon by the registered manager.
- Staff were kept regularly informed and updated about any important changes to the service and people's needs through handovers and other meetings which took place in the home.

