

Age Concern Liverpool & Sefton

The Hamlets

Inspection report

99 Mill Street
Liverpool
Merseyside
L8 5XW

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

The inspection took place on the 30 September and was unannounced.

The Hamlets in Mersey Parks provides nursing care and accommodation to older people living with a functional mental illness. It is registered to support up to 30 people and at the time of the inspection there were 30 people living at the service.

There was a manager at the service who had been registered with the Care Quality Commission (CQC) since July 2016. A registered manager is a person who has registered with the CQC 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.

People were protected from the risk of abuse. Staff had received training in safeguarding vulnerable people and were aware of how to report their concerns, both inside and outside the organisation. The registered provider had a safeguarding policy in place which was up-to-date and available to staff.

Risk assessments were in place to protect people from harm. Care records contained clear and detailed information for staff about how to support people with managing risks. A record of accidents and incidents was maintained, and appropriate action was taken to mitigate the risk of issues arising again in the future.

Staff had received the training necessary for them to carry out their role effectively. For example moving and handling, fire safety and first aid. Staff had also completed training in the Mental Capacity Act 2005 (MCA) and were aware of their roles and responsibilities in relation to the Act. This helped ensure that people's rights and liberties were protected.

People received their medicines as prescribed by staff who had received appropriate training. Medicines were stored securely and measures were in place to ensure that these were kept in accordance with manufacturer guidelines.

People were supported to meet their dietary needs. Details of all nutritional requirements were documented in individual care records, for example some people required thickened fluids, or soft foods due to swallowing issues. There were some issues with the contractor who provided meals, however the registered manager and registered provider had both been proactive in dealing with this.

Staff were kind and caring towards people. Good relationships had developed between people and staff and there was a lot of laughter throughout the service. People made positive comments about staff, using words such as "lovely" to describe them. Staff promoted people's dignity and respect, and people commented that they felt safe and well supported.

People were protected from the risk of social isolation. There was an activities co-ordinator in post that organised quizzes and games with people. Other activities included nail care and resident meetings. People were able to spend time in the garden area which was tidy and well kept, communal areas or in their rooms.

There was a complaints process in place which was on display within the service. People had been provided with a service user guide that contained details of how to make a complaint to the registered provider. It also included the contact details for the local authority and the CQC in case people wanted to take their concerns to an external agency. Complaints were dealt with thoroughly and in a timely manner, in accordance with the registered provider's own policy. This demonstrated that people's concerns were taken seriously.

The service was well-led. Staff told us that they found the registered manager to be approachable, and that they would not hesitate to raise any concerns with him. The registered manager was knowledgeable about the people using the service and had appropriately shared any concerns with the local authority and the CQC as required.

An annual survey was completed by the registered provider to ascertain people's satisfaction. This showed that overall people and their relatives were happy with the service being provided. Residents meetings were also held during which people had the opportunity to discuss what areas of the service were working well, or anything they would like doing differently.

There were audit systems in place to monitor the quality of the service being provided. These looked at areas such as care records and medication. Where issues were identified action was taken to address these. Subsequent audits revisited issues identified in previous audits to ensure that these had been rectified.

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.

Staff had received training in safeguarding vulnerable people, and knew how to report their concerns.

People were supported to take their medicines as prescribed, and these were stored safely and securely.

Risk assessments were in place to help protect people from harm, and this information was accessible to staff.

Is the service effective?

Good ●

The service was effective.

Staff had completed training in areas required to support them with carrying out their role effectively.

Staff had completed training in the Mental Capacity Act 2005, and were aware of their roles and responsibilities in relation to the Act. People's rights and liberties were maintained in accordance with the law.

People's dietary needs were met, and clear information was available to staff about people's individual requirements.

Is the service caring?

Good ●

The service was caring.

Positive relationships had been developed between people and the staff who supported them.

Staff were respectful towards people and worked to maintain their dignity and privacy.

People's confidentiality was maintained. Records that contained personal information were stored securely.

Is the service responsive?

Good ●

The service was responsive.

Care records contained personalised information around individual likes and dislikes, which enabled staff to get to know the people they supported.

There were activities available for people to join in if they wanted to, which ensured that people were protected from the risk of social isolation.

There was a complaints policy in place. Complaints had been dealt with in a timely and efficient manner in accordance with the registered provider's own policy.

Is the service well-led?

The service was well-led.

People and staff spoke positively about the registered manager. The registered manager was knowledgeable about the service and the people being supported.

Systems were in place to monitor the quality of the service being provided. Where issues were identified action had been taken to make the required improvements.

The registered provider had notified the CQC of specific events which occurred within the service as required by law.

Good ●

The Hamlets

Detailed findings

Background to this inspection

We carried out this 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 is 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.

The inspection took place on the 30 September 2016 and was unannounced. The inspection was carried out by one adult social care inspector.

Before the inspection, the registered provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information in the PIR prior to the inspection. We also contacted the local authority who did not have any concerns about the service.

During the inspection 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 also spoke with two people who used the service and spoke with four members of staff as well as the registered manager and area manager. We looked at three people's care records and three staff recruitment records. We also made observations on the internal and external environment, and looked at the records relating to the day-to-day management of the service.

Is the service safe?

Our findings

People told us that they felt safe using the service. Their comments included, "I feel safe" and "I'm as safe here as anywhere I'll be" and "I don't feel discriminated against here. They understand mental health".

People were supported to take their medication as prescribed by appropriately trained staff. There was an air conditioning unit in the medication room to ensure the room remained cool when the weather was warm. This prevents medicines from spoiling and helps them to maintain their efficacy. Those medicines that needed to be kept cool were stored in a designated fridge. The temperature of the room and fridge were monitored on a daily basis.

Medication administration records (MARs) were in place and signed by staff each time people were given their medicines. A description of each medicine was printed on the MAR to help staff identify that the correct medicine was given. Staff did not always make a note of when medicines were opened, which meant that they could not be certain of their use by date. We raised this with the registered manager who told us he would reiterate this to all staff.

Staff had completed training in safeguarding vulnerable people and were able to recognise the signs of abuse. Staff knew how to report any concerns they may have. The registered provider had a safeguarding policy in place which outlined the process for managing safeguarding concerns. The registered manager ensured appropriate action was taken in response to concerns, and had reported these to the local authority. This helped to ensure people were protected from the risk of abuse.

The registered provider had a whistleblowing policy in place which staff were familiar with. The registered manager showed us an example where staff had previously raised concerns to keep people safe. Whistleblowing is where staff can raise concerns inside or outside the organisation without fear of reprisals.

Risk assessments were in place which clearly outlined the risks associated with people's needs. For example one person had a risk assessment in place around the risk of choking. As a result of this they had been supported to have an assessment from a speech and language specialist who had recommended a specialist diet to reduce this risk. In another example one person at risk of developing pressure sores had a pressure relieving mattress in place to support with managing this. A person who experienced episodes of challenging behaviour had a risk assessment in place outlining how staff should respond during these occasions. Risk assessments were reviewed on a monthly basis to ensure they remained accurate and up-to-date.

Staff responded appropriately and efficiently to emergency situations. During the inspection one person had a fall in the lounge area. Staff responded quickly to check that they were unharmed, and a member of nursing staff was present to support with determining whether further medical attention was required. Staff kept a close eye on this person following the incident.

A record of accidents and incidents was maintained by the registered manager. Following an incident staff

completed an incident form which outlined what had happened. Action was taken in response to incidents to ensure that people's safety was maintained. For example assistive technology such as bed sensors were used where there was a risk that someone may get up during the night without the support of staff. This alerted staff in such instances so that they could give people the support they needed. The registered manager was also in the process of researching the benefits of hip protectors for another person who was at high risk of falls.

Recruitment processes were robust and ensured that staff were of suitable character to work with vulnerable people. New staff were required to provide a written application outlining their previous experience and qualifications. They also provided two references, one of which was from their most recent employer. A check by the disclosure and barring service (DBS) had also been carried out. The DBS check informs employers about whether potential staff have a criminal record and helps them to make an informed decision about their employability. This helped to maintain people's safety.

There were sufficient numbers of staff in place to meet the needs of people using the service. People commented that they felt there were enough staff in place. Staffing rotas showed that there were consistent numbers of staff in place. The registered provider had their own bank staff that they could use if there was a shortage of regular staff.

The environment was clean and there was personal protective equipment (PPE) available to staff to minimise the risk of infection. PPE includes disposable gloves and aprons, which staff can use when assisting people with their personal care. The registered provider had a contract with another agency who supported with maintaining and ensuring the safety of the environment. For example a legionella check had been completed to ensure that the water system remained free of bacteria. Checks and servicing were carried out on all equipment such as hoists and electrically operated beds to ensure that they were in working order. There were also personal emergency evacuation procedures (PEEPs) in place which outlined to staff how they should support people in the event of an emergency.

Is the service effective?

Our findings

People told us that staff were good at their jobs and were skilled. People's comments included, "Yes staff are skilled at what they do. I see them helping people with all sorts of needs" and "Staff know how to help me with managing my anxiety".

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 so that they can receive care and treatment when this is 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 conditions on authorisations to deprive a person of their liberty were being met and found that they were. The registered manager had an in-depth knowledge of their responsibilities in relation to the MCA and people who required a DoLS had one in place, or were waiting to be assessed. This meant that people's rights and liberties were being upheld in line with the law.

Staff had received training in the MCA and were aware of their roles and responsibilities in relation to the Act. Staff told us that they would offer people choice and control over their care. People were not unduly restricted and we observed people walking around the building and garden areas. Staff asked people's preferences and respected people's preferred routines. This demonstrated that people's rights and liberties were being maintained on a day-to-day basis.

Staff had received the training they needed to carry out their role effectively. This included training in areas such as fire safety, first aid and moving and handling. Staff completed refresher training routinely to ensure their knowledge and skills remained up-to-date. Staff had also been supported to complete nationally recognised qualifications in health and social care.

There was an induction process in place for new members of staff which included a period of shadowing experienced members of staff. This incorporated the standards outlined by the care certificate. The care certificate is a national set of standards that care staff are expected to achieve.

Staff received supervision on a regular basis and an annual appraisal. This allowed them the opportunity to discuss training opportunities or any other issues. It also allowed the manager to raise and discuss any performance related issues and implement supportive strategies. This helped ensure that staff remained accountable for their actions.

People's care records contained information regarding any dietary needs they may have. They also

contained details about their food preferences. Throughout the day people were offered a choice of tea, coffee, juice or water. Meals were provided by an external contractor. The meals that were delivered regularly did not reflect the choices available on the menus, and on some occasions not enough food had been delivered. The registered provider and registered manager had been proactive on raising these issues with the contractor. Where not enough food was delivered the registered manager told us that they would ensure alternatives were provided. On one occasion staff had been to the local fish and chip shop to ensure that people were provided with a proper meal. This ensured that people's nutritional needs were being met despite these issues.

People's health and wellbeing was maintained. Where people needed help with accessing the input from health professionals, staff had supported them to do so. Care records showed that people had been seen by their GP or other professionals such as the occupational therapist or optician.

Is the service caring?

Our findings

People told us that staff were kind and caring. We overheard one person telling a member of staff that they "brighten" their day up, whilst another person told a member of staff that they were "lovely". Another person commented to us that staff were "kind" and "thoughtful" in their approach. Staff spoke respectfully towards people and listened to what they had to say.

Positive relationships had developed between people and staff. Staff spoke positively and with warmth about the people they supported. They demonstrated a good understanding of people's needs, their strengths and those things that they enjoyed doing. For example one person was sat in the communal area reading a book. Staff had set up a reading aid to help this person read independently. There was a lot of laughter between staff and the people they supported and we saw two examples where staff and people were singing together which helped to create a pleasant atmosphere.

People told us that staff were respectful of their privacy and helped them to maintain their dignity. One person commented, "Oh yes staff are always respectful. They're nice" whilst another person told us, "I have a lot of admiration for the staff here. They're always respectful of my privacy". Staff ensured that bathroom doors remained closed whilst supporting people with their personal care, and were discreet when supporting people to access the toilet.

Staff had completed training in equality & diversity and also dementia awareness. Staff demonstrated an understanding of anti-discriminatory practice, and we did not see any examples of poor practice. Staff gave appropriate examples of how they would maintain people's dignity during personal care tasks, for example ensuring they remained covered up and giving people the freedom to do things independently. This ensured that people were not discriminated against.

Staff made efforts to relieve people's distress when they needed support. Staff acted quickly to support one person who had fallen over, and in another example staff offered reassurance to a person who was becoming anxious. In these examples staff were caring and positive in their interactions. One person told us that staff understood their mental health needs and acted appropriately to reduce their anxiety. They also told us that the service created a space where they did not have to fear being discriminated against because of their mental health needs, and they felt safe.

People had been asked about their likes, dislikes and preferences, and this information had been included in their care records. People had been given the opportunity to discuss any arrangements they would like putting in place at the end of their life, and had also discussed their religious and spiritual needs. People had accessed advocacy services, and the registered manager and staff both demonstrated a good understanding of when these should be used. An advocate's role is to ensure that a person's wishes and views are taken into consideration when decisions need to be made about their care needs. This demonstrated that people had been involved in the development of how their care was delivered.

People's confidentiality was maintained. Care records containing personal information were kept in a locked office. Staff had undertaken training in data protection, and electronic systems were password

protected.

Is the service responsive?

Our findings

People told us that they received the care that was important to them. One person commented that staff were on hand if they needed their support, and that they knew how to support them with managing their anxiety. People throughout the service looked clean, smart and comfortable. One person showed us that staff had helped them to paint their nails in their favourite colour.

Prior to entering the service people received an initial assessment to ensure that the service was right for them, and their needs could be met. This included information around any social or health related issues that may have impacted upon their wellbeing, as well as information regarding their mobility, nutrition and night-time needs. This information was then used to inform an in-depth assessment of their needs which included explicit information for staff around how people needed to be supported. For example one person's care records stated that they were at high risk of falls and required two staff to support them with their mobility, whilst another stated that they required thickened fluids and a soft diet. This ensured that appropriate information was available to staff about meeting people's individual needs.

Care records were personalised and contained relevant information. These contained a 'pen portrait' of the person, outlining things that were important to them, and any pertinent issues relating to their care needs. For example one person's pen portrait outlined that they were prone to bouts of depression, and included information on the impact this had upon them, such as having difficulty socialising. Other information included people's life history and family relationships. Staff were aware of information contained within care records, and demonstrated a good understanding of people's care needs and what they needed to do to support them.

Care records were reviewed on a regular basis to ensure that they were kept up-to-date and remained accurate. Staff completed daily notes which outlined what support had been given to people, and any important developments in people's care. A professional's log was also maintained which outlined input from other professionals. Handover meetings were held at the beginning and end of each shift, to discuss and share information or issues that had arisen. This ensured that staff had access to relevant information needed to meet people's needs.

People were protected from the risk of social isolation. There was an activities co-ordinator in place who completed activities with people using the service. During the inspection people were doing a quiz. An activities rota outlined the activities for the week ahead. This included, card games, chair based exercises, nail care, music and a meeting for people using the service. People were able to spend their time in the garden which was well-maintained, whilst other people preferred to spend their time in other communal areas or their rooms.

The registered provider had a complaints process in place which outlined what people should do if they had any concerns. Information about how to complain to external agencies such as the local authority or the CQC was also included in this. This information was contained in the service user guide and was also displayed on a notice board within the service. A service user guide contains information around what

people should expect from the service.

A record of complaints was maintained by the registered manager. The registered provider had received two complaints over the past 12 months, and appropriate action had been taken to respond in each case within the timescales outlined by the registered provider's policy. An investigation had been completed into each concern and the findings of this had been communicated to the complainant. This showed that the complaints process was transparent and robust.

Is the service well-led?

Our findings

The service had a manager in post who had been registered with the CQC since July 2016. The registered manager had a good knowledge of all the people being supported and interacted positively with them. The registered manager was a well-respected member of the team, and staff told us that they felt he had a beneficial impact upon the service since coming into post. Staff told us that they felt well supported by the registered manager, describing him as "approachable". The service received regular visits from the area manager, and the registered manager told us that he felt he had a good level of support from the registered provider.

Staff meetings were held on a regular basis, during which information was passed onto staff by the registered manager. For example where people presented with complex behavioural needs which may pose a risk to staff, all staff were made aware and what to do in the event of such a situation. Team meetings also gave staff the opportunity to raise any concerns, or make suggestions around changes to people's care needs. This ensured that staff remained up-to-date on developments within the service.

The registered manager completed audits of the service to ensure that quality was maintained. This included audits of care records, accidents and incidents and medicines audits. Where areas of improvement were identified this was documented on the audit and followed up with staff to ensure these were addressed. Issues from previous audits were checked in following audits to ensure the issues had been addressed. This demonstrated a clear audit trail and a commitment to continual improvements within the service.

Information from audits was collated and sent to the registered provider. The registered provider met with the registered manager on a quarterly basis to discuss this information. For example at a meeting in August it was identified by the registered provider that some staff had not completed refresher training in moving and handling. This had been addressed by the time of the inspection. Other areas such as complaints and concerns were also discussed to ensure they were being followed up appropriately. The service was also visited by the area manager who did a general audit which included staff interactions and care records.

Resident, relative and staff surveys were completed on an annual basis by the registered provider, and aimed to determine how people felt about the service. These showed that overall people were satisfied with the service being provided. People also had the opportunity to give their views on how the service was running during regular residents meetings, for example alternative activities.

A disciplinary policy and procedure was in place to ensure that standards of care were maintained and that staff were accountable for their actions. There were examples where appropriate action had been taken in line with the policy to ensure that issues identified were raised with staff. This helped prevent issues from occurring again in the future, and helped to maintain people's safety.

The registered provider is required by law to notify the CQC of specific events which occur within the service. Prior to carrying out the inspection we found that this was being done appropriately. The registered

manager had a good understanding of their role and responsibilities, and had a liaised with the local authority on a regular basis to ensure that they were made aware of any issues. This meant that action could be taken to ensure people's wellbeing was maintained.