

Hilbre Care Limited

Hilbre Manor EMI Residential Care Home

Inspection report

68 Bidston Road
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15 October 2018

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection was carried out on 11 and 15 October 2018. The first day of the inspection was unannounced.

Hilbre Manor EMI has accommodation for people over four floors. It provides accommodation and support for up to 15 older people who live with dementia. The house has a large garden and a passenger lift. It is on a main road in Prenton and has good access to public transport and other community facilities. At the time of inspection, the home had 14 people living there.

A registered manager is a person who has registered with the Care Quality Commission 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. At the time of inspection the service had a manager in post who was going through the registration process with the Care Quality Commission.

Hilbre Manor EMI is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

We last inspected this home in July 2017. During this inspection we found the service was in breach of regulations 12, 18 and 17 of the health and social care Act 2008 (Regulated Activities) Regulations 2014.

Following this inspection the registered provider sent us an action plan which described how they were going to meet these breaches and we checked this during this inspection.

At this inspection, we found that significant improvements had been made, and the registered provider was no longer in breach of regulations 12 and 18. However the registered provider remained in breach of Regulation 17 as there were continued concerns around consistency of paperwork and quality assurance systems and processes.

Despite some improvements being made to the audit and checking systems that were in place, there were still some inconsistencies in the recording of information which had not been highlighted by the current checking regime. We did feed this back during our inspection process and the manager accepted and took our feedback on board.

The registered provider had ensured regular checks were carried out and the premises were safely maintained. We also saw that risk assessments for people were completed and risks were adequately assessed. We did highlight some recording issues which were rectified during our inspection.

The registered provider had enrolled all staff on training which was appropriate to their roles. This

information was recorded in the training matrix and we saw evidence this had taken place by looking at certificates in staff files. Staff had also engaged in regular supervisions.

We checked records in relation to the Mental Capacity Act 2005 and whether people were being lawfully deprived of their liberty following a capacity assessment. We saw that Deprivation of Liberty (DoLs) were suitably applied for and people's capacity was assessed. We did see however that some of the information in relation to people's capacity required further clarification. We made a recommendation regarding this.

There was information recorded in people's care plans which specified how they required their support to be delivered. There was also detailed information regarding people's likes, dislikes and backgrounds. We did see however, that the level of this information differed from care plan to care plan, and some more information would have been beneficial.

Everyone was complimentary about the home and the staff. People told us they felt safe and well supported.

Medication was managed well and stored correctly. Medication was only administered by staff who had the correct training to do so.

Staff recruitment was safe. Appropriate checks had been carried out on staff before they started working at the home, and most staff had been working at the home for a long time. We did see some missing records from staff files, however these were made available to us before the end of our inspection.

The home was clean and tidy and there was Personal Protective Equipment available for staff to utilise when they supported people with their personal care needs.

People were complimentary concerning the food. We observed lunchtime and people were offered a choice of main meal and dessert. The food looked appetising and we observed people were enjoying the food.

The decor was pleasant and reflected a dementia friendly environment. There was directional signage around the home to help people living with dementia orientate their way around.

Observations and conversations with people who lived at the home, visitors and relatives indicated that staff were kind and caring in their approach. We saw staff interacting with people in a kind and familiar way, and staff enjoyed caring for the people at Hilbre Manor.

Complaints were well documented and addressed in line with the registered providers complaints procedure. People we spoke with told us they knew how to complain.

People were supported to remain at the home if this was their choice during the final days of their life. Staff were trained to offer sensitive and compassionate support to people and their families.

People spoke positively about the manager and the registered provider. Team meetings took place often and the registered provider often attended these meetings. Staff said the manager and registered provider were a good source of support to them and felt they could raise any issues and they would be addressed.

The ratings for the last inspection were displayed in the communal area of the home.

You can see what action we have told the registered provider to take at the back of this report.

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.

People received their medications on time.

Risk assessments were in place and were regularly reviewed and updated.

People said they felt safe living at the home.

Is the service effective?

Requires Improvement ●

The service was not always effective.

There was some further clarification needed around the principles of the MCA. We have made a recommendation regarding this.

Staff were appropriately trained and supervised in accordance with their roles and responsibilities.

People spoke positively about the food, and said they enjoyed the food they were served.

Is the service caring?

Good ●

The service was caring.

We observed kind and caring relationships between staff and people who lived at the home.

Staff spoke to people with dignity and respect and supported them discreetly with sensitive care needs.

Staff described the people they supported in a compassionate way, and it was clear staff had good relationships with people.

Is the service responsive?

Good ●

The service was responsive.

There was person centred information recorded in most care

plans which described people's backgrounds, likes, dislikes and how they required their care to be carried out. We did see however this differed in some of the records we viewed.

There was a complaints process in place, and people told us they knew how to complain if they needed to.

People were supported to remain at the home in their final days if this was something they wished to happen.

Is the service well-led?

The service was not always well-led.

Governance systems and record keeping were not always effective. The service remains in breach of these regulations.

There were some governance checks taking place which were effective and these were accompanied by relevant action plans when issues were found.

Everyone knew the provider and the manager.

Team meetings took place regularly, and we saw minutes of these.

Requires Improvement 

Hilbre Manor EMI Residential Care Home

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 11 and 15 October 2018. The inspection was unannounced and was conducted by two adult social care inspectors on day one of our inspection and an adult social care inspector and an inspection manager on day two of our inspection. .

Before our inspection we reviewed the information we held about the service. This included the statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. There had also been a change in manager at the home since our last inspection.

We also contacted the commissioners of the service to ask for feedback about the performance of the home. We received some information back in relation to recent safeguarding incidents which had been investigated and closed.

We used all of this information to populate our planning tool. This is a document which helps us plan how the inspection should be conducted.

During the inspection we spoke with the manager, the maintenance person, the chef, four members of the care staff, two visitors, two activity volunteers and three people who lived at the home.

We looked at the care files of five people receiving support from the service, four staff recruitment files, medicine administration charts and other records relevant to the quality monitoring of the service.

We also observed the delivery of care at various points 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.

Is the service safe?

Our findings

During our last inspection in July 2017 we found that the service was in breach of Regulation 12 in relation to safe care and treatment. This was because checks on the environment were not always completed to ensure the home was safe. In addition, risk assessments which affected the health and well being of the people who lived at the home were not always in place. The safe domain was rated as requires improvement. Following this inspection, the registered provider sent us an action plan which described the course action they were going to take to ensure this breach was met in time for our next inspection. We checked this during this inspection. The registered provider was no longer in breach of regulation.

Risk assessments were in place and risks were well documented and assessed to minimise the risk of harm. We saw that risk assessments covered a variety of areas such as falls, pressure area care, mobility, personal care and behaviour. For example, we saw risk assessments which clearly instructed staff how to interact with someone when their behaviour became anxious and upset. This included information such as 'staff are to sit and chat with (person) about the past, this helps them relax.' Also, we saw for someone else there was a mobility risk assessment which instructed the staff on how to help the person stand. This included standing close to the person and making sure their mobility equipment was within easy reach.

We also saw one person had a risk assessment in place for hydration. The risk assessment gave staff specific information such as how much fluid the person was required to consume within a 24 hour period. This meant that staff were able to meet this person's hydration requirements and keep them safe.

We did see however, that there were some discrepancies in records with regards to risk assessments. We saw this in two out of the five records we looked at. One person was doubly incontinent, however, information in their care plan described the person as continent, which affected their overall Waterlow scoring chart. A Waterlow score is a tool used to determine how at risk a person is of developing pressure ulcers. The overall risk bracket, such as high, low or medium risk was not affected, so this did not impact the person. Additionally, another risk assessment was unclear as to whether a person had a DNAR in place in or not, as it was not recorded in the person's risk assessment. We raised these recording errors with the manager at time of our inspection, who took action and corrected this.

We viewed records to ensure that checks on the environment were taking place regularly. We saw that fire checks, checks on the water, gas electricity and fire fighting equipment were regularly taking place. A fire risk assessment had recently been completed, and the service last conducted a full fire evacuation drill in April 2018. We checked maintenance logs and saw that any repairs or concerns had been promptly reported and actioned by the maintenance person. The service was no longer in breach regulations in relation to safe care and treatment.

People told us they felt safe living at the home. Comments from visitors included, "It is a really nice place, we have been coming here for a while now, it just has a nice feel." One person who lived at the home told us, "It's a nice place to live. It's very nice." Someone else who lived at the home told us they liked living there. One visiting family said "It's lovely."

We spoke with staff and asked them about safeguarding and how they would ensure people were kept safe from potential harm or abuse. This was because we wanted to ensure staff had a good understanding of their roles and responsibilities with regard to keeping people safe. Everyone we spoke with told us they would not hesitate to report any concerns to their manager.

Additionally, staff also stated that they would whistleblow to external organisations such as CQC, the local authority, or the police. There was a safeguarding and whistleblowing policy in place, and staffs roles were clearly set out within the policy.

We discussed the most recent safeguarding concerns which had been raised with the manager, as we wanted to be sure the manager had followed recommendations from the local authority safeguarding investigation team to ensure that improvements had been made to service provision to help keep people safe and minimise the risk of reoccurrence. We saw that recommendations had been taken on board and implemented into service provision.

We saw that there was a process in place to analyse accidents and incidents. This included a detailed description of the incident on the incident form. We saw for one incident, there was not much detail recorded on the form, however when we raised this with the manager we saw evidence that they had conducted an internal investigation. The actions generated from the incident included retraining for the staff. We saw that this had been actioned. Additionally, we saw when another person had been involved in a fall and had injured themselves, this had been incorporated into their monthly evaluation of their care plan to ensure staff were aware of this.

We checked the procedures for storing and administering medication. We saw that medication was kept in a locked trolley in a locked dedicated room when not in use. Medication was only administered by staff who had been appropriately trained to do so. The temperature of the medication room and trolley where the medication was kept was taken twice daily. This is important because if medications are not stored within the correct temperature range it can affect their ability to work properly. For people who had controlled drugs (CDs `) these were stored in line with relevant best practice guidance. Controlled drugs are medications with additional safeguards placed on them under the misuse of drugs act.

We checked the process in place for administering as and when required medications, often referred to as PRN medications. We saw that there was a separate list of each medication for each person, and when the medication had been administered. We discussed at the time that the PRN process would benefit from having additional details recorded, such as when to use the medication how the person communicates when they need the medication. Due to the staff being consistent and regular, the staff knew the people they supported well, so this did not impact people, however, we discussed it with the manager, and when we returned for day two of our inspection we saw this had been implemented and our suggestion had been taken on board.

There was a Medication Administration Record in place for each person, (MAR) which was complete with a photograph, large enough to identify the person. All allergies were documented on the front of the MAR. Medications were pre packaged into individual containers, which is often referred to as a blister pack. Loose medications and liquids were clearly labelled when opened and stock was checked each day. A surplus of stock was stored appropriately and returned to the pharmacy when not used. People we spoke with told us they received their medications on time.

Staff rotas and our conversations with staff evidenced that there was enough staff employed to work at the service and on shift to support people appropriately. Some staff had worked at the home for a number of

years, and there was no agency cover utilised at the home. This meant that people had the same consistent staff who knew them well.

In general, people were recruited safely. There were DBS checks conducted on new staff before they started work. A DBS is a check carried out to ensure potential employees are safe to work with vulnerable adults. There was some information which was not stored or recorded in staff files, however we made a request for this information to be emailed to us. We received this information the day after our inspection.

The home was clean and tidy. There was hand washing facilities around the home and hand sanitizer. Personal protective equipment (PPE) was available and we saw staff using this when they served people's food.

Is the service effective?

Our findings

At our last inspection in July 2017, we found the service was in breach of Regulation 18 in relation to staffing. This was because staff did not have sufficient training or supervision to assist them in their roles. After our inspection the registered provider sent us an action plan which described the course of action they proposed to take to ensure this was addressed. We checked this at this inspection.

Staff training courses mostly consisted of e-learning for some topics however, there was classroom based training in place for moving and handling and medication. Other training courses consisted of safeguarding, Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS), first aid and dementia. We also saw that new staff were required to complete an induction which was aligned to the principles of the care certificate. The care certificate is a nationally recognised induction programme for staff who are new to health and social care and covers a range of areas staff should be aware of within their first 12 weeks of employment.

The training matrix was populated with recently attended courses, and staff we spoke with all confirmed they had attended these courses. We spot checked some of the certificates in staff files and saw that they matched the dates recorded on the training matrix.

We spoke with staff, who all confirmed they engaged in regular supervision with the manager. One staff member said, "We meet every few weeks and discuss how I am and my role in the home." We saw a supervision schedule in place which confirmed that supervisions took place every other month. For staff that had been in post for longer than 12 months there was a record of appraisals which had taken place. The registered provider was no longer in breach of this regulation.

We checked whether the registered provider was meeting the principles of the Mental Capacity Act 2005, (MCA) and whether people being deprived of their liberty had undergone the correct assessment and decision making process. We saw that DoLS were correctly in place for people who required them, and the manager was clear with regards to the process to follow if they felt someone lacked capacity to make a particular decision. We saw in general people were being deprived of their liberty in accordance with the principles of the act. We did however, identify some practice which required further improvement.

For example, one person had bed rails in place. There was no documented best interest decision which supported the use of bedrails, although the person's care plan stated 'discussed with family'. The person was assessed as not having capacity to consent to care and treatment. We discussed with the manager at the time of our inspection whether it had been explored if bedrails was the best option for the person. Although the manager said this had been discussed, it was not documented anywhere. This meant we could not be sure why bedrails were being used.

Some of the mental capacity assessments lacked some specific detail, such as how the person communicated and whether they were involved in decision making by any other means. We highlighted this example by discussing one person who was assessed as having no capacity to consent to care and

treatment. However, when we looked at their other care plans there was some information recorded which suggested they were able to make choices and communicated using facial expressions and limited choices, such as two options being available and they picked one. This meant that the person could make some decisions with regards to their care and treatment, such as what they wore and ate. Therefore the wording of the capacity assessment required improvement to ensure they were more decision specific and the decisions people could make independently were clearly recorded.

We recommend the provider implements further guidance in relation the mental capacity act and takes action accordingly.

Everyone we spoke with was complimentary regarding the food. Comments included, "The food is very nice." Someone else said "The food is very good. We get a good choice." We observed lunchtime and saw that food was fresh and plentiful. People were served individually by the chef, who displayed a vast knowledge of people's food preferences. Staff assisted those people who required support discreetly and chatted to people while they were having lunch. After lunch the chef served people with a choice of three deserts. Hot and cold drinks were also available for people before during and after their lunch. For people who were diabetic or required specialist diets the chef had knowledge of this, and adjustments were made in line with people's assessed needs.

We walked around the home, and with permission looked in some people's bedrooms. We found the home was decorated to a nice standard, and rooms were personalised in accordance with people's taste. The environment benefited from dementia friendly signage to support people to orientate their way around the home.

Is the service caring?

Our findings

We received the following comments from one visiting family member in relation to the caring nature of the staff. "It's a great place. I'd go as to say the staff here helped save her life. The staff took their time to give her a little bit of food following a serious illness. All the staff are great with her. She's got her appetite back. I've no concerns about the quality of the care and I'm here every day. I can't fault the place." Another family member said, "Staff approach them in a nice way. Staff are lovely. We're made to feel welcome. I've turned up at unusual times, but it's not caused a problem. The whole family are happy. Any concerns are addressed straight away."

Most care plans reviewed were written in way which took the person's choices and diversity into consideration. For example, how people liked to be dressed each morning, when they liked to get up, and how they wanted their personal care needs to be met. One care plan stated, 'Person must be given time to choose what they wear.' We also saw consideration was given to people's culture and spiritual needs, the staff team were included in this.

There was consideration given to staff who required specific things to be in place in accordance with their own religious beliefs. This was accommodated and respected at the home, and staff had a private space where they could do this.

Staff we spoke with described how they protected people's privacy during personal care. This included closing doors and windows and covering people up with towels and blankets. One staff member discussed the importance of not discussing people's personal information in communal areas, as it would be breaking their confidentiality.

We also observed staff talking to people discreetly, respectfully and offering help and reassurance. This was well received by people. Staff were kindly asking people if they required help standing or sitting. On day one of our inspection we observed staff engaging in activities with people which people enjoyed. There was clear evidence from our observations on both days of our inspection that staff who worked at the home had built up good relationships with people and knew them very well.

Everyone looked happy, clean and well cared for. People said their laundry smelt nice and their garments were well taken care off.

All of the staff we spoke with told us they enjoyed working at Hilbre and liked spending time with the people who lived there.

There was information provided for people with regards to the local advocacy agency. At the time of our inspection there was no one making use of this service.

There was some information made available in accessible formats in line with the accessible information standard, however, full consideration had not been given to different formats and communication methods

people may require. We discussed this with the manager, as we wanted to ensure that people had access to information which they could understand. We were informed this was a work in progress, and further consideration had been given to this requirement from the organisation.

Is the service responsive?

Our findings

We viewed five care plans for people who lived at the home. Majority of the care plans we viewed contained information which was person centred. Person centred means based around the needs of the person taking their preferences into account first, and not the needs of the service. We saw information recorded which was specific to each person's routines. For example, one care plan stated that the person needed to be kept well hydrated. The information in the plan was detailed and stated what drinks the person liked throughout the day and how much fluid the person needed to ensure they were hydrated. This was recorded in their daily notes. Another person had a care plan in place which described how they liked their personal care regime to be carried out. Information recorded stated 'only one person to assist (person) as overcrowding can cause (person) to become anxious.' We saw that someone else had information in place which detailed how they wanted to be supported when they felt anxious or pressured. The information stated, 'Please use my walk away technique to support me'. Our conversations with staff confirmed that they knew how to implement this technique and that it benefited the person. This meant that staff knew people's preferences and they were clearly recorded. Some of the care plans lacked detailed information about people, such as their hobbies, interests, or what soaps, shampoos and shower gels they liked to use. This detail would help ensure new staff had a record to refer to when getting to know someone's support needs and makes the care more individualised. There was not always a consistent approach to the recording of this information. For example, in one person's care plan, it stated that the person needed to consume enough fluid per day to stay hydrated, however, the amount the person required to sustain them was not recorded. Staff had knowledge of this and the person was not dehydrated, however we could not be sure from the record how much fluid they needed daily. We have reported on this in the Well-Led section of this report.

Equality and diversity support needs were assessed from the outset. Protected characteristics (characteristics which are protected from discrimination) were considered at the initial assessment stage and included age, religion, gender and medical conditions/disabilities. This meant that the registered provider was assessing all areas of care which needed to be supported and established how such areas of care needed to be appropriately managed.

Activities were organised by the staff at the home, and consisted of painting, and other requested activities such as games, puzzles, cards and films. There was a mini bus which was utilised for trips out, however none of the staff, other than the registered provider were able to drive this. There was a chicken coop in the garden where the service was keeping chickens, who provided fresh eggs to the home. In addition, there was man made 'beach' which had been built in the garden by the manager complete with sand and deck chairs. The manager told us that due to the weather becoming colder they were not using this at present. We spoke to visiting volunteers who visited the home every two weeks to engage in group bible and discussion groups.

People we spoke with told us they knew how to complain, and we saw the complaints procedure was displayed in the main hallway of the home, as well as in the Service User Guide. There had been four complaints since July 2017. We tracked one of these complaints through to ensure the manager had followed the process, we saw that they had.

There was end of life program training for the staff to ensure that people were subject to a dignified and pain free death.

Is the service well-led?

Our findings

During our last inspection in July 2017, the registered provider was in breach of Regulation 17 associated to governance. This was because checks and audits were not in place to ensure the service ran smoothly. We checked this during this inspection.

We saw during this inspection that there was a clear goal on trying to improve the service provision. The manager had set themselves an action plan to address the breaches found at the last inspection and we found that they had made significant improvements and were no longer in breach of the regulations. However, there were still some concerns with regards to record keeping, and how the service were implementing the principles of the MCA which we discussed with the manager at the time of our inspection. We also found that some care records did not fully reflect peoples care needs and preferences. Audits were not robust enough to identify some of the recording issues within people's risk assessments. Additionally, the services approach to MCA and some of the missing information from staff recruitment files was not highlighted in any auditing tool. The manager was in the process of moving to a paperless system, and were in the transition phase, where information was stored in different ways. This sometimes meant some of the records were not always accessible with ease.

We found that the registered provider is still in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We did view some effective audits in relation to the environment, medication and the cleaning. We saw in these cases, action was clearly identified, recorded, and action planned. Audits were completed daily for the medication and monthly in other areas. We saw there was no audits completed at registered provider level. We spoke to people who said that the registered provider attended the home often, however, there was no audit completed by them to record the check on service provision. The manager said they would discuss this with the registered provider.

There was a manager in post who was in the process of becoming registered with CQC. The manager had been in post for over 12 months.

We asked the manger about lessons learned and if they had improved any practice since they had been in post. The manager had changed the approach to environment checks as a result of the last inspection, which shows that the manager is listening to and acting on feedback.

We spoke to a representative from the local authority's contracts team who shared a breakdown of the safeguarding incidents raised from the service. We saw these had been investigated and closed with recommendations from the local authority which had been incorporated into service provision.

Team meetings took place often, and we saw a sample of minutes from these and there were various items discussed such as staff training, supervisions, and staffing levels.

We saw there was no actual resident meetings being scheduled or taking place. One person told us that the staff have meetings but they 'were not invited'. We raised this with the manager at the time of our inspection who said they would arrange a residents and relatives meeting and make sure this was communicated to people. The manager also informed us that meetings took place with people which recorded people's feelings and their needs such as shopping and one to one activities.

The provider had policies and guidance for staff regarding safeguarding, whistle blowing, dignity, independence, respect, equality and safety. Staff were aware of these policies and their roles and responsibilities within them. This ensured there were clear processes for staff to account for their decisions, actions, behaviours and performance.

We saw that the Care Quality Commission had been notified appropriately of incidents and events which occur at the service, as legally required by law. The rating for the last inspection was displayed in the main hallway and on the providers webpage.

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
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Records were not always completed correctly and some auditing processes did not identify gaps in service provision.