

Age Concern Liverpool & Sefton

The Hamlets

Inspection report

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Ratings

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|---------------------------------|--------|
| 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 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.

People's experience of using this service:

There was a strong person-centred culture. Staff knew the needs and preferences of people living in the home extremely well. Staff had developed very positive relationships with people and were seen to display kindness as well as compassionate support.

People received personalised care and support which was in line with their care plan. People's privacy and dignity was respected, and independence promoted. Staff were committed to improving the quality of life and opportunities available for people. It worked with health and social care professionals to deliver improved outcomes and experiences for people.

The home was clean and tidy, there was a plan to redecorate throughout and the lounge had recently been decorated. The home was well maintained.

Staff showed a good understanding of their roles and responsibilities for keeping people safe from harm.

Medicines were managed safely, and people received their prescribed medicines at the right time. Health needs were understood and met.

There were sufficient numbers safely recruited and suitably qualified and skilled staff in place to meet people's individual needs. Staff received a range of training and support appropriate to their role

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.

People knew how to make a complaint and they were confident about complaining should they need to.

The registered manager was described as supportive and approachable. They demonstrated a good understanding of their roles and responsibilities as a registered person. They worked in partnership with other agencies to ensure people received care and support that was consistent with their assessed needs.

Rating at last inspection: Good (Date published 25 November 2016)

Why we inspected: This was a planned inspection based upon the ratings at the last inspection.

Follow up: We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

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 remains safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service remains effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service remains caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service remains responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service remains well-led

Details are in our Well-Led findings below.

Good ●

The Hamlets

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

One inspector and a pharmacy inspector carried out this inspection.

Service and service type

The Hamlets is a care home with nursing. People in this care home receive accommodation and personal care. CQC regulates both the premises and the care provided, and both were looked at on this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We reviewed statutory notifications that had been received from and about the home and contacted the commissioners who help arrange and monitor the care of people living at the home. We used this information to populate our planning tool. This helps us to plan how the inspection needs to be carried out.

During the inspection we spoke with five people who used the service and one relative. We spoke with the registered manager, five care staff and the lead nurse.

We looked at a range of documents and records related to people's care and the management of the service. We viewed three people's care records, six people's medication records, four staff recruitment records, induction and training files and a selection of records used to monitor the quality and safety of the service.

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 to us. We also spoke to people living at the home.

We received information requested after inspection that included; Staff training and development, an the up to date Statement of Purpose and Service User Guide and a collation of satisfaction surveys' carried out in 2018 to May 2019.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant that people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- The service managed risks safely. Risk assessments were written specifically with the needs of each person. Risk assessments included medication, mobility, eating and drinking, supporting behaviours that could be described as 'challenging'. Staff were aware of the risks people presented and how to manage these safely.
- Risk assessments were reviewed regularly and held up-to-date information for staff to follow and staff told us they felt involved in the development and review of risk assessments.
- There was a process in place to record and monitor incidents and accidents.
- There were robust checks on the environment that were completed by the registered manager and the landlord.
- People living at the home had Personal Emergency Evacuation plans in place (PEEPS).

Systems and processes to safeguard people from the risk of abuse

- A relatives of a person living at the home felt people were safe, they told us "[their relative] has the best care and staff understand how to ensure they were safe".
- There was a policy in place to ensure that people who lived at The Hamlets were protected from the risk of harm and abuse.
- Staff completed training in safeguarding, demonstrated a good awareness and understood the actions they must take if they felt someone was being harmed or abused.
- Staff were also aware of the whistleblowing process and stated that they would feel confident to raise concerns.

Using medicines safely

- Medication was managed safely. We observed staff administer medication to people and found the appropriate practices were carried out.
- Medications were stored securely, and records were clear and complete. Where people required medication to be given as and when required, often referred to as PRN medication, they had a separate protocol in place for this.
- Medication was only administered by staff who had the correct training to do so.

Staffing and recruitment

- Recruitment procedures were safe. Pre-employment checks were carried out on all staff before they were offered a job.
- Rotas showed there were enough staff, staff told us they felt there were enough staff on shifts.

- A Relative told us there were sufficient staff on duty when they visited.

Preventing and controlling infection

- People were protected from the risk from infections. There were suitable storage facilities for cleaning products and the home was visibly clean and tidy.
- Throughout the inspection, we saw staff using personal protective equipment (PPE) such as gloves and aprons appropriately.
- Hand cleaning audits had not been initiated in a while but the registered manager informed us they would undertake. We saw hand gel dispensers around the building that staff were seen to use.

Learning lessons when things go wrong

- Staff demonstrated that they understood how to record, manage and report incidents and accidents safely.
- There was a robust system in place to monitor and review accidents and incidents. Accidents and incidents were reviewed on a monthly basis by the registered manager for analysis and trends.

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed when they moved into the home. This information was used to develop the care and support plans and risk assessments.
- People, relatives and healthcare professionals were involved in the assessment and planning of people's care.

Staff support: induction, training, skills and experience

- Training records evidenced that the staff received the necessary training and we observed that staff were skilled and knowledgeable when supporting the people.
- New staff were supported to complete an induction process which was aligned to the principles of the care certificate, which is a nationally recognised health and social care induction.
- Staff received an appropriate level of support for their role through regular supervision and professional development reviews.

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

- Staff were aware of nutritional needs and how to encourage a healthy diet. Input had been sought from the dietician for people who required special diets and menus had been developed with people as a result.
- Most people told us that the food was good. One person living at the home told us that they didn't like anything, however we observed the lunch meal where the individual ate all their lunch in the dining room.

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

- People living at the home were happy to show us their bedrooms and most had been personalised. One person described how they had chosen their own belongings and how the room had been decorated.

Staff working with other agencies to provide consistent, effective, timely care

- The registered manager worked consistently with other agencies. For example, we saw dietician, doctor, nursing, chiropody, domiciliary eye specialists and psychologist guidance reflected in care files.

Supporting people to live healthier lives, access healthcare services and support

- Staff arranged specialist health referrals when required and any advice was clearly reflected in care plans. We saw records of all health appointments and detailed notes of any treatment and outcomes.
- A relative confirmed they were kept informed if a person was ill or needed to seek medical advice.

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 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 to receive care and treatment with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- During the inspection we observed staff asking people for consent before they delivered care.
- People's care records contained assessments of their mental capacity to make decisions. Where people were assessed to lack capacity, best interest decisions were made and recorded in their care plan. Capacity assessments were decision specific, in accordance with the principles of the MCA.
- The registered manager had made appropriate applications for DoLS authorisations. Where a DoLS had been authorised, these were reflected in care plans.
- Staff received training in the MCA and DoLS.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were 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

- There was a positive person centred culture at the home and people were involved in planning their activities and relevant support was provided. One relative commented ; "Wouldn't change it for anything [my relative] is looked after so well. Staff make you feel at home when you visit and the best place [relative] lived in".
- The registered manager told us; "The main focus is the quality of life that the people living here have". The manager also told us; "People's needs are tailored, and person centred. We recognise each person is different".
- Staff knew people well and people were relaxed in their company. We observed kind and respectful interactions where people were given time to express themselves fully. For example, we observed staff supporting a person who was distressed. Staff remained with the person throughout, they made sure that the environment was calm and communicated through their preferred method to resolve their distress.
- Peoples personal histories and experiences were recorded in their care plans, staff were aware of these and we heard conversations taking place about subjects the people were interested in.
- The rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination.
- An Equality and Diversity policy was in place which had been reviewed to reflect current legislation and staff had received training.

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

- Staff had a good understanding of how people communicated. Not all people communicated verbally, and staff communicated in a manner that the person understood. Staff explained how they could recognise how people were feeling based upon body language and actions. This enabled staff to adapt their approach in an appropriate way which had been successful in reducing the person's anxieties and any challenging situations.
- Care plans demonstrated that people were involved in making decisions about their care and the review of any personal outcomes.
- Where people were unable to express their views, we saw that families had been involved when appropriate.
- People had access to advocacy services and specific involvement was clearly documented in care plans.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected. Staff were also knowledgeable around confidentiality and ensured that personal information was securely stored.

- People were supported to maintain their independence. One staff described of their role; "Our job isn't just to do for people, it's to care, support and encourage people to do things for themselves as much as they can".
- People were supported to maintain relationships with their families and we were told by the registered manager and a visitor that this was encouraged.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans were person centred and detailed, capturing personal preferences, hobbies and interests as well as the choices and decisions that people could make for themselves.
- Care plans were reviewed monthly and amended where needed.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service provided information in different formats for people using the service including the complaints procedure, the service users guide and statement of purpose.

Improving care quality in response to complaints or concerns

- A Relative confirmed that they were aware of the complaints process and were confident that any concerns would be listened to. They told us; "Nothing is any trouble and [the registered manager] is open to any suggestions".
- There were two recorded complaints from October 2018 to date that had been actioned appropriately. There was a complaints procedure clearly visible at the home and as well as several ways people could express their views including resident meetings and satisfaction questionnaires. The registered manager was also in contact with relatives, so they can share feedback and raise concerns.

End of life care and support

- The service was not currently supporting anyone with end of life care. However there was documentation in care files for people to record any important information where people were able to communicate this.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager was clear about the vision and direction for the service and was committed to improving the quality of care as well as the living environment for people living at the home.
- Staff and a relative told us that the manager was very approachable and listened if there were any concerns.
- The registered manager was aware of the statutory Duty of Candour which aims to ensure that providers are open, honest and transparent with people and others in relation to care and support. The Duty of Candour is to be open and honest when untoward events occur.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The service had an effective system of governance. The registered manager regularly completed audits including health and safety, infection control, care plans and medication. These had identified areas of improvement and actions had been taken as a result. These were complimented by audits that were also completed by the provider.
- The registered manager understood their legal responsibility for notifying the Care Quality Commission of deaths, incidents and injuries that occurred or affected people who used the service.

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

- Staff said they felt supported by the registered manager and that their views were encouraged and welcomed. Regular meetings and supervisions took place. The provider also conducted a bi-annual staff survey to gather the views of staff.

Working in partnership with others

- The registered manager worked in partnership with a range of different health services and other health and social care professionals to help make sure people received the right support.