Hoylake Cottage

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Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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 of Hoylake Cottage took place on 24 and 25 January and was announced on the first day.

During our last inspection of the service we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because people's medicines were not always managed safely. During this inspection we found that improvements had been made to the management of medication but there was room for further improvement.

Hoylake Cottage 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. Hoylake Cottage provides accommodation with nursing or personal care for up to 62 people in a purpose built facility.

The 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. 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. The home had a registered manager who was supported by a clinical nurse manager.

All of the people we spoke with said they felt safe at Hoylake Cottage. We observed that the premises were clean and people had spacious and well-appointed bedrooms with en-suite toilet and shower. Maintenance contracts were in place for premises and equipment and some regular safety checks were carried out, however there remained room for improvement in this area.

There were enough staff to meet people's needs and the staff we spoke with were friendly and helpful. We looked at the personnel files of three staff. All files had appropriate application forms with references and appropriate criminal record checks. This meant that the provider had ensured staff were safe and suitable to work with people at risk of abuse or neglect prior to employment. The files also showed that new staff had a robust programme of induction training. The service had an in-house trainer and an annual programme of staff training and development was in place.

Everyone said they got enough to eat and drink, and people were satisfied with the quality of the food. People received the support they needed to maintain their nutrition and hydration.

The service complied with the requirements of the Mental Capacity Act 2005 to ensure that people were protected when their capacity to make decisions was impaired.

People told us they could make choices about their daily routines and that their privacy and dignity were respected at all times. Everyone was very complimentary about the attitude of the staff and about the care provided. Visitors were made welcome at any time. A programme of stimulating social activities was in

place.

The home's complaints procedure was displayed in the entrance area and records showed that complaints were responded to appropriately and constructively. The management style was open and inclusive and significant progress had been made in taking the service forward. The quality of the service was monitored continuously by means of quality audits, satisfaction questionnaires, and regular meetings of various groups.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was mainly safe.

Improvements had been made to the management of people's medication, but there was scope for further improvement.

Premises safety checks were not always effective.

People who used the service were protected from abuse.

There were enough staff to provide care and support for people.

The home was clean in all areas.

Is the service effective?

Good

The service was effective.

A comprehensive programme of staff training was in place.

The home complied with the requirements of the Mental Capacity Act 2005.

People received enough to eat and drink.

People enjoyed a comfortable and stimulating environment.

Is the service caring?

Good

The service was caring.

People who lived at the home, and their relatives, were very happy with the staff team and described them as kind and caring.

We observed positive and respectful interactions between staff and the people who used the service and their relatives.

Is the service responsive?

Good

The service was responsive.

People were able to exercise choices in daily living.

Care plans described people's care and support needs in a person-centred style.

A variety of stimulating social activities was provided.

Information about how to make a complaint was available for people and complaints were investigated and responded to.

Is the service well-led?

Good

The service was well led.

The home had a manager who was registered with CQC.

The management team had made significant progress in taking the service forward.

The management style was open and inclusive.

A programme of quality audits was implemented and used to identify areas for continuous improvement.

Hoylake Cottage

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 checked 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 24 and 25 January 2018 and was unannounced on the first day. The inspection team consisted of an Adult Social Care inspector, a pharmacist, and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we looked at any information CQC had received about Hoylake Cottage since our last inspection. The manager had completed a 'Provider Information Return'. 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.

During the inspection we spoke with 12 people who used the service, nine relatives and ten members of staff who held various roles in the service. We observed a range of social activities and interactions between staff and the people who used the service.

We looked at the care records of four people who used the service. We looked at staff records, health and safety records and management records. The pharmacist inspected all aspects of medicines management.

Requires Improvement

Is the service safe?

Our findings

People we spoke with reported that they felt safe at Hoylake Cottage. Their comments included "The staff are so marvellous – there is always someone about."; "If I want anything I just ask. I have no worries." and "They are always about and we are looked after well." A relative told us "The staff ratio is very good. He is comfortable and it's bright and secure." People told us that if they used their buzzer staff came quickly.

One person told us "If you have anything you want to raise, you can. One of the carers had a bad attitude so I had a word with the nurse and she spoke to her and she has a better attitude now and is nice."

We asked people about the cleanliness of the home and they told us "It's very nice, clean and comfortable."; "It's spotless – my room is good and the bedding is changed often."; "It's spotless, all the rooms and his bedroom. I can't fault anything and I've been coming here for three years."; "Cleaners are brilliant and so friendly." and "It always looks in good order."

Policies and procedures were in place for safeguarding people at risk of abuse or neglect. Information about safeguarding was posted in the corridors giving phone numbers for people to call with any concerns. A safeguarding file contained details of all issues that had been reported including the outcome and any actions or recommendations. Staff received training, and regular updates of training, about safeguarding and staff we spoke with were able to tell us how to recognise potential abuse and what actions they would take. Staff working at the home did not handle anybody's money.

Daily staff allocation sheets showed that on the ground floor there was a nurse and five care staff on duty throughout the day. On the first floor there was a nurse and four care staff in the day, and on the second floor care unit where people living with dementia were supported, there was a nurse and six care staff. There were two nurses and nine care staff on duty at night to cover the three units. The registered manager and the clinical nurse manager were supernumerary to the staff rota. Both were registered nurses so could provide nurse cover if needed. The manager told us she was able to bring in extra staff if needed to ensure people received the care and support they needed. During the time we spent at the home there were enough staff and we saw no evidence that people had to wait for attention.

We looked at three staff personnel files. All files had completed application forms with references and appropriate criminal record checks to confirm that they were suitable to work with vulnerable people. There was some use of agency care staff at night but this had reduced significantly which meant that there was more continuity for the people who lived at the home. The agency staff used were all from the same organisation which provided details of their background and training.

During our visit we found all parts of the building were clean and smelled fresh. We noticed that equipment such as wheelchairs, walking aids and hoists all looked clean. A housekeeper was on duty on each of the three floors. Gloves and aprons were provided for staff to use when providing personal care. Hand-washing facilities were available in people's bedrooms and in clinical areas and were well stocked with liquid soap and paper towels. The kitchen had a five star food hygiene rating.

The service employed three caretakers. A communication book was used to report any safety or maintenance issues, and we were told that this was checked daily by the caretakers. They also carried out some safety checks of the environment and equipment, for example wheelchairs had all been numbered and were checked monthly. Bedrails and hoists were also checked monthly. The pro-forma used for recording weekly safety checks was not suited to a nursing home environment and appeared to be designed for use in an industrial setting. We discussed this with the registered manager and she arranged for the checklist to be reviewed and revised by the home's health and safety advisor.

Display cabinets with glass doors had been installed in the ground and first floor dining rooms. These were not attached to a wall and were a potential safety hazard should anyone have stumbled against them or pulled them over. The manager arranged for them to be removed immediately and on day two of the inspection they were safely fixed to the wall. However, it was of concern that this risk had not been identified. Following the inspection, the manager confirmed to us that further health and safety training for the caretakers had been sourced.

Records showed that testing, servicing and maintenance of utilities and equipment was carried out as required by external contractors.

A fire risk assessment and plan was in place and was reviewed regularly by the home's health and safety advisor. Personal emergency plans were in place to advise how people should be evacuated safely in the event of an emergency situation and these were updated regularly by a member of the administration staff.

Where people were identified as being at risk of harm, risk assessments were in place and action had been taken to mitigate the risks. We saw that accident records were completed in full and were summarised monthly and action taken as needed. When people were identified as being at high risk of falls, timely referrals were made to the falls prevention team. The manager told us that she had ordered motion sensor alarms for the bedrooms of two people who were at high risk.

All of the people we spoke with said they got their medicines on time and got pain relief medication if requested. Since our last inspection, processes had been put in place to try to ensure safe administration of medication. We observed a patient and caring attitude to people during drug administration and an organised, methodical process. Daily and weekly audits were in place but we found a number of inconsistencies where records stated that all signatures were in place on the medication administration records (MARs), but then other checks showed that they weren't. We saw that MARs were signed in most cases with few gaps.

There remained areas for improvement, for example a lack of appropriate protocols for the administration of as required medication such as Lorazepam and pain relief for people who lacked capacity to make, or to communicate, decisions regarding medication. There were no body maps to record where transdermal patches had been applied. One person appeared to have missed two items of medication during the course of the month and this had not been noticed. Controlled drugs were stored safely and records were generally clear and accurate, however the pharmacist special advisor recommended that use of a different type of controlled drug register might be considered to make it easier for the nurses to record the actual amount of the drug given. The current set-up of having medication in individual bedrooms had disadvantages in some parts of the home where people were mobile and ways of managing this were being explored.

We discussed the pharmacist's findings with the manager and the clinical nurse manager and they responded in a positive way to suggestions for improvement.

Good

Is the service effective?

Our findings

People told us they enjoyed their meals. They said "I don't have a big appetite but they are well cooked, well served by friendly staff."; "You can't go wrong, and there is a choice." and "I have fruit for breakfast which they keep in the kitchen and peel and slice it for me."

The expert by experience ate lunch with people living on the first floor on both days and reported "The tables were set with table cloths, cutlery and paper serviettes. There were condiments and sauces on the table. Food was served from a small kitchenette. There was a choice of lunches and the menu was placed on each table and written on a large board. Cold drinks were readily available. The meals were served efficiently but nobody was rushed. Help was given if needed and a designated carer sat with a person who needed support with their meal. Kitchen staff were present to help plate the meals. The temperature of the food was checked before being served. People chatted companionably during the lunch and appeared to enjoy their meals."

Tea and coffee were available in the morning and afternoon. Juice and water were available during lunch and people were encouraged to drink. Everyone had fresh water or juice in jugs in their rooms. Several people had their own fridge in their room in which they kept cold drinks. We spoke with the head chef. She told us she had a catering qualification and all the kitchen staff had level 2 food hygiene training. They also attended additional training, for example about dementia, to help them understand more about the people who lived at the home. The chef showed us how she ensured that a low salt and sugar diet was provided and people's special dietary requirements were met. People's care files contained nutrition risk assessments and plans. Care staff maintained detailed records of diet and fluid intake for people who were identified as being at risk.

We asked people about the skills of the staff and they told us "They seem well trained and they know all the residents' needs."; "There are a few young ones who are learning the job and they are so keen to get it right." and "I like the way the older ones help the young ones and show them things."

We saw evidence that new staff had a full induction programme known as "support essentials" to ensure they knew how to work safely. Topics covered were moving and handling, dementia, food hygiene, safeguarding, health and safety, mental capacity, and infection control. The training courses were followed up with questions to check learning, and a course evaluation. Following completion, staff were enrolled onto the Care Certificate. Records showed that the essential training was updated periodically for all staff. The manager told us that a supporter of the service had offered to fund a number of staff for courses at a local college including 'Health Care Apprenticeships' and 'Care Leadership and Management' for some senior staff.

We spoke to the home's training coordinator. She supported staff with on-line training; delivered training; and acted as a mentor and shadowed new starters. A training and development programme was in place for the forthcoming year and included both internal and external training covering a wide range of subjects. Moving and handling training was provided by one of the nurses employed at the home. Records showed

that staff had regular supervision and appraisal.

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 decisions made on their behalf must be in their best interests and be 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. 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 or authorisations to deprive a person of their liberty were being met and found that they were.

A white-board in the staff office on each of the units showed which people had a DoLS in place and the expiry date; also which people had a 'do not resuscitate' order in place and the date of expiry. We saw mental capacity assessments recorded in people's care plans. The manager had written to relatives to request details of any Power of Attorney arrangements that were in place.

People we spoke with considered they were asked for consent before care was provided. They told us "They don't do things of their own volition – they ask first." and "They always knock and say 'would you mind or would you like me to'. People's care plans were being developed to give staff more information about people's preferences and their capacity to consent in various situations.

We looked all around the building and saw that everyone had a spacious bedroom with en suite shower and toilet. Some bedrooms were personalised with many of people's own belongings. Everyone was provided with a fully adjustable bed, and pressure relieving mattresses and cushions were in use for people at risk of tissue damage. The bathrooms were clean and tidy and had been made less clinical. Some unused bathrooms had been converted into much needed storerooms for equipment. Exit doors were controlled by a fob system which was unobtrusive and less institutional in appearance than key pads. Outside there was a spacious, well-tended and secure garden.

A considerable amount of work had taken place to provide a light, bright and stimulating environment for people living with dementia. There was space for people to walk around and various places where they could sit down.

Good

Is the service caring?

Our findings

We observed staff supporting people around, accessing toilets, giving medication and drinks and snacks. Care was given kindly and promptly and staff interaction with people indicated familiar and mutually respectful relationships. People we spoke with were very positive in their comments. They told us "They are polite and kind and chat to me. I have a good relationship with them all."; "If you ask them for anything it's no trouble. They never make you feel you are a nuisance – they say 'it's a pleasure'."; "They are patient and kind. I am really happy."

We observed staff to be respectful in their dealings with the people who lived at the home and their families. Personal care was provided discretely which protected people's dignity. People who were being looked after in bed appeared clean, comfortable and well cared for. People said "They're marvellous, they know what I like."; "It's like family, I can talk to the girls like friends." and "We can discuss anything, they are very adaptable." We asked people if they had a choice of carers and one person commented "We have a choice, but the male workers have been trained like the girls. They are all lovely."

One person arrived at the home with a relative during our inspection. They told us they had left Hoylake Cottage a few weeks ago to live in the community, but had chosen to come back to the home. Both said they could not fault the care and were delighted to receive such a warm welcome back from all the staff.

Some relatives visited almost every day and stayed for large parts of the day. They could have lunch in the dining room and were encouraged to take part in activities. One of these people told us about the care and support that they received from the home's staff. They said "The staff know everybody's circumstances and are very supportive to residents and their families. They gave me a surprise birthday party for my seventieth with a big buffet. They invited my friends and neighbours." and another commented "They are fabulous with all the patients – really kind to patients and relatives." One person told us that their family lived a long distance away and said how much they appreciated a member of staff doing personal shopping for them.

Two relatives came to speak to the expert by experience to say how impressed they were with the care that was given and how happy they were with the home. One of these people commented "It is outstanding." They both asked for this to be fed back to the CQC.

On each floor there was a noticeboard with photographs and names of the staff team to help people identify individual members of staff. The manager had put together a new information folder for people who lived at the home and their families.

We noticed that there was some personal information on show in people's bedrooms and that packs of continence products were clearly visible in people's rooms. The manager took action immediately to address this.

Good

Is the service responsive?

Our findings

We asked people if they were able have choices in daily living. They told us "I decide what to wear. I wake up about 6.30am but don't get up till 8am. Sometimes the night staff will make me a drink."; "They get my clothes out but ask me and make sure I'm dressed properly."; "If you want to get up a bit later you can." and "Sometimes I don't get up until eleven and have my breakfast in bed."

Relatives were happy with the way that staff supported their loved ones. They told us "The care is wonderful, I just can't complain."; "The care couldn't be better, all the angels are not in heaven."; "Staff know everything about him, you only have to ask and they're there." and "I am completely satisfied with the care from staff, it's excellent."

People we spoke with said that they received medical attention from their doctor as and when needed. The home had a weekly visit from a GP as well as call outs for any more urgent concerns. From looking at care plans, we could see that people were referred to relevant healthcare professionals as and when needed.

Pre-admission assessments were carried out by senior nurses to make sure that Hoylake Cottage would be a suitable home for the individual. Records of these were available in people's care files. The care plans we looked at were based on risk assessments covering areas such as mobility, continence, nutrition, communication, mood, sleeping, and personal hygiene. Care plans recorded what people were able to do for themselves and identified areas where the person required support. The care plans provided staff with clear guidance to follow when giving support and care. Both the risk assessments and the care plans were reviewed monthly and revised to reflect any changes to people's needs. A 'one page profile' had been added in the front of the care files to give staff more personal social information about the individual and to support a more person-centred approach to care planning. Care files were fully accessible for the care staff to read and refer to.

The home followed the 'Six Steps' end of life care programme which aimed to ensure that people received high quality care at the end of their life. Both nurses and care staff had attended the Six Steps training.

Relatives we spoke with felt there were plenty of appropriate activities and most said they sometimes joined in, either in the lounge or cinema or accompanying their relative on outings in the minibus. Some said they contributed by bringing in CDs or DVDs and fundraising for future activities.

We spoke to the activity coordinator. She told us she usually had activities happening on each floor every day. Activities included art classes, singing, quizzes, Bingo, and a reading group. She coordinated some of the activities herself, brought in outside entertainers and teachers and had support from volunteers. Musicians came in on a regular basis. At Christmas there had been a Nativity Play with people who lived at the home and relatives sharing the roles. She had the use of a minibus with driver on several occasions each week and took people on trips to the beach or local beauty spots in fine weather and other places like garden centres in the winter.

Consideration was also given to people's spiritual needs and they told us "The vicar does Communion and I enjoy going to that." and "I go to church on a Sunday morning and staff help me get ready."

Everyone we spoke with said they knew how to make a complaint. Relatives felt they could resolve any concerns and were confident the manager could sort it out. One relative reported making a verbal complaint and it was "sorted out straight away".

The home's complaints procedure was displayed in the entrance area. It gave the names and contact details of people within the organisation who people could contact if they wished to make a complaint or raise a concern, and contact details for external bodies that people could contact if they were not happy with the response they received. We saw detailed records of complaints, including from a complaint from a member of staff, and all had full details of how the complaint had been investigated, addressed and responded to. Complaints and comments forms were available in the reception area.

Good

Is the service well-led?

Our findings

Most people knew there was a manager and a head nurse and felt they were approachable. Relatives told us "The management are very good and I know some Board members and the good work they do."; "The manager is very good, informative and helpful." Two relatives reported liaising with the senior nurse and found her very approachable and helpful.

We asked people about the atmosphere of the home and they replied "It's marvellous, so relaxed and friendly."; "It's very good, not depressing in anyway and there's always something going on."; "I know it's a care home but it's like a family. I can't fault the place."; "There is an aura. It's very upbeat and positive. We have brought her to the right place." and "It's friendly and welcoming. I'm made to feel at home. It's very good for me."

We observed that members of the management team were approachable and knew people's relatives well. Throughout the day people stopped off at the manager's office for a chat and this included staff, visitors and people who lived at the home.

All relatives said they felt involved and some reported going to residents' meetings which were held regularly. They said they got minutes from the meetings and any issues raised seemed to be actioned.

A member of staff who had been working at Hoylake Cottage a few weeks said "I absolutely love it. Everyone has been brilliant in helping me settle in." All of the staff we spoke with said they would take any issues first to the unit manager but would also feel able and comfortable to speak with the manager, the clinical nurse manager or other senior staff. Two nurses said the management of the home had changed "massively" and they felt much more empowered.

Hoylake Cottage is a registered charity which provides daytime services and residential care. The registered manager was accountable to a Board of Trustees. There was Board meeting every two months and alternate months there was a management committee meeting. A senior member of staff who had left in 2017 was continuing to support the home in a voluntary capacity and told us they were very happy to still be involved in a service they loved. The manager also told us how much she appreciated having access to the expertise this person could bring to the home.

The home was divided into three units, one on each floor. Each of the units had a unit manager who was an experienced registered nurse, and a team of nurses and care staff. The unit managers were allocated two shifts a week for administration work, for example ensuring that care plans were up to date and supervising staff. Monthly team meetings had replaced some of the bigger staff meetings.

The manager had prepared a quality auditing plan for the year and this was discussed and reviewed at quarterly quality assurance meetings. Areas looked at included medication, record keeping, mealtimes and nutrition, safeguarding, premises, supervision and appraisal, and infection control. A detailed improvement and development plan was in place and included the names of the staff members responsible for

implementation and timescales for completion.

A satisfaction survey had been carried out in 2017 and a summary leaflet produced giving an outline of comments received and actions taken to address all areas where scoring had been lower than good. This showed that people's comments had been given consideration and acted upon. For example, a new complaints and comments form had been produced and copies were available on the reception desk; the evening meal time had been changed; a new information folder for people who lived at the home and their visitors had been produced.

In all aspects of the service we saw that the registered manager listened to people's views and responded positively and creatively to challenges and displayed a high level of commitment to the continuous improvement and development of Hoylake Cottage.

The registered provider is required by law to display their current CQC rating in a prominent place within the service. During the inspection we observed that this had been done.

The registered provider is required by law to notify the CQC of specific events that occur within the service. Prior to the inspection we reviewed those notifications that had been submitted by the registered manager and found that this was being done.

Hoylake Cottage had been visited by Healthwatch Wirral in 2017 and received a very positive report which identified a very well presented and clean environment, a happy atmosphere and management who were approachable and committed.