

All About Care Limited

The Hailey Residential Care Home

Inspection report

7-8 The Downs
Beacon Hill
Herne Bay
Kent
CT6 6AU

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Tel: 01227742366

Website: www.all-about-care.co.uk

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

The Hailey Residential Care Home is a care home providing accommodation and personal care to up to 40 people who require support with their mental health. At the time of our inspection there were 36 people using the service, 17 of whom received the regulated activity of personal care.

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

Risks to people's health, safety and welfare were not consistently managed. Risk assessments, to provide staff with guidance on how to minimise risks, were not completed in some cases.

People received their medicines as prescribed. However, we identified an area for improvement around the recording of application of prescribed creams.

Recruitment processes had not been consistently followed and we identified this as an area for improvement.

Checks on the safety and quality of the service were not consistently effective or robust. When feedback had been received from people or staff, this had not been analysed. There was not an effective system to ensure feedback was followed up to ensure improvements were made.

People were supported by enough regular staff who knew them well. People were supported to go out for activities and appointments. Staff understood how to protect people from the risks of abuse and knew how to report any concerns.

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 spoke positively about the service, and it was clear staff knew people well. Staff felt valued and supported by the registered manager.

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

Rating at last inspection

The last rating for this service was good (published 4 December 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all

care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this report.

You can see what action we have asked the provider to take at the end of this full report.

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

Enforcement and Recommendations

We have identified breaches in relation to risk management and governance.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

The Hailey Residential Care Home

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

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

Inspection team

The inspection was carried out by 2 inspectors.

Service and service type

The Hailey Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Hailey Residential Care Home is a care home without nursing care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received from the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 7 people about their experience of the care provided. We spoke with 7 staff, including care staff, the deputy manager and the registered manager. We reviewed a range of records. This included 5 people's care records and associated risk assessments and multiple medicines records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies, audits and training records were also reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risks to people's health, safety and welfare were not consistently assessed and managed. For example, some people became upset and distressed and may display behaviours which could place themselves or others at risk. There was no guidance for staff about how to manage these situations safely and consistently. Whilst permanent staff were able to tell us how they managed these situations safely, there was a risk new staff or agency staff would not know how to support the person in a way that suited them best. During the inspection, staff dealt with situations sensitively and safely.
- When a person had a catheter to help drain urine from their bladder, there was a risk assessment to guide staff on how to support the person with the catheter. However, there was no information about what action to take if the catheter was not working properly or the signs to observe which may show a developing infection.
- Some people's prescribed creams were emollients and contained petroleum. There was an increased risk of fire when these creams were used. They required safe storage and management. Emollients are easily transferred from skin on to clothing and bedding. Many people living at the service smoked and kept lighters on their person. There was an increased risk of fire from these creams as they were not stored correctly. There were risk assessments in place on how to safely manage the fire risks from creams, but these had not been adhered to.

The provider failed to assess the risks to the health and safety of service users and to do all that is reasonably practicable to mitigate risks. This is a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities Regulations) 2014.

- Risks, such as risks of falling or developing pressure areas, were assessed and there was guidance for staff on how to mitigate these risks.
- Checks on the environment, such as hot water, electrical and gas safety checks, were completed to make sure people lived in a safe environment. Fire equipment was checked, and fire exits were accessible and free from obstacles. This made sure people could evacuate the service safely in an emergency.

Using medicines safely

- Medicines were not always safely managed. When people needed prescribed creams, to help keep their skin healthy, body maps were not used consistently to show staff where to apply the creams. Staff had not always recorded when these creams had been applied. Records did not show if the creams had been effective. Some people were prescribed topical creams for pain. There was no guidance on why or where the cream needed to be applied. There was a risk the cream would not be applied to the correct part of the

person's body. This was an area for improvement.

- The staff were in the process of transferring medicine records on to a new electronic system, which would improve medicine administration and reduce the risks of errors. Records showed people received their oral medicine on time and correctly, as prescribed by their doctor. Oral medicines were stored safely and at the right temperature.
- People told us they received their medicines on time and when they needed them. Special medicines that require specific storage were managed appropriately. Where people had medicines prescribed 'as and when necessary' information was available for staff. The guidance included why the medicine was prescribed and when the person may need to take it.

Staffing and recruitment

- People were not supported by staff who had been safely recruited. Two of the 3 staff files reviewed did not evidence a full employment history. Gaps in employment had not been explored and recorded. This was an area for improvement.
- References were obtained and criminal record checks with the Disclosure and Barring Service (DBS) were completed. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People were supported by a regular staff team who knew people well. There were enough staff to provide people with the support they needed when they needed it. This included one-to-one support for people to take part in activities and attend appointments. There was a friendly and relaxed atmosphere. Staff spent time with people, chatting and laughing. A person said, "There is always someone around if I need anything."
- The service used agency staff and they worked alongside permanent staff. A member of staff told us, "We work together as a team. There is always someone with people to keep them safe."

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risks of abuse, harm and discrimination by staff who were able to recognise potential signs of abuse. Staff completed regular training about how to keep people safe. Staff understood how to report concerns and knew who to take concerns to, outside the organisation, if needed. A member of staff said, "Any concerns are raised straight away with the management. I am confident they will take any necessary action."
- People told us they felt comfortable raising any concerns with the registered manager and deputy manager. They told us they were listened to and taken seriously.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- When people were not able to make an important decision for themselves, the registered manager and staff knew they needed to involve relatives and health care professionals to make sure decisions were made

in the person's best interest.

- The registered manager and staff understood their responsibilities under the MCA. Training about MCA and DoLS was completed to keep staff knowledge up to date. DoLS applications had been made, when required, in line with guidance.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- There were no visiting restrictions at the time of the inspection and the registered manager kept up to date with Government guidance regarding visiting care homes.

Learning lessons when things go wrong

- There was a system to record any accidents and incidents. The registered manager reported concerns, when needed, to the Care Quality Commission and local authority safeguarding team.
- The registered manager checked accident and incident records to ensure people were referred to health care professionals if needed.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Checks and audits were not consistently robust. Some of the shortfalls found during the inspection had not been identified by the registered manager and staff team. Senior staff completed regular checks on medicines and infection control, however the registered manager had no action plan to monitor and follow up on any shortfalls identified.
- Feedback systems were not consistently effective. People and staff were encouraged to provide feedback through surveys. Client surveys did not have an action plan to show what actions were needed to improve the service and to demonstrate people had been listened to. Staff surveys contained negative comments, for example about communication. These had not been analysed to celebrate areas of good practice or to drive improvements where needed. There were no systems in place to show how feedback had led to improving the quality of service.
- Residents meetings and staff meetings were not held regularly. The registered manager met with a senior member of staff for one-to-one supervision to discuss their performance and development. However, support had not been provided when required to ensure they received the additional guidance they requested.

The provider failed to assess, monitor and improve the quality and safety of the service and failed to seek and act on feedback from relevant persons. This is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities Regulations) 2014.

- Staff met with a senior member of staff for one-to-one supervision, Staff were supported with their personal development.
- People told us they were involved in their care and support.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager and staff promoted equality and diversity and people were supported to achieve goals which enhanced their lives. A person told us, "I go to [a day centre] and staff always support me to go."
- Staff told us they felt valued and worked closely as a team to provide people with a good level of support. A member of staff said, "The registered manager has improved how staff work together. Everyone is more positive now. There is a good rapport amongst the staff team."

- Staff, including the registered manager and nominated individual, knew people well. Throughout the inspection, people chatted with the registered manager and staff team.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibilities to be open and transparent in accordance with duty of candour guidelines. Notifications of reportable incidents were submitted to the Care Quality Commission in line with guidance.

Working in partnership with others

- People were supported to see health care professionals, such as the community mental health team or speech and language therapists, as needed. When people's mental health was showing signs of a decline, mental health services were contacted for reviews or advice.

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 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to assess the risks to the health and safety of service users and to do all that is reasonably practicable to mitigate risks.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to assess, monitor and improve the quality and safety of the service and failed to seek and act on feedback from relevant persons.