The Hennessy Partnership Limited

The Hennessy Partnership's Living Well Street, Poppy Walk & Tom Wroe

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service caring?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
The Hennessy Partnership's Living Well Street, Poppy Walk & Tom Wroe is a care home providing personal care to 22 people aged 18 and over at the time of the inspection. The service can support up to 32 people. There are three separate services across three floors of The Hennessy Partnership's Living Well Street, Poppy Walk & Tom Wroe and two service managers. The services are known as Living Well Street, Tom Wroe and Poppy Walk. Each floor has separate bathrooms, toilets and communal areas.

People's experience of using this service and what we found
The passenger lift from the ground floor to the first floor Living Well Street service had not worked for a considerable length of time. After the inspection, a stair lift had been installed as an interim measure.

We have made a recommendation about maintenance management.

Medication administration was observed to be safe. However, improvement was required for the safe storage and recording of medication stock levels.

We have made a recommendation about the management of medicines.

People felt safe living at the home. Risks were well managed. The provider was in the process of recruiting care staff and was utilising agency staff to help ensure safe staffing levels were maintained. Safeguarding concerns were processed appropriately.

Staff interacted with people in a caring manner. People seemed relaxed and comfortable in the company of staff. Staff and managers knew people well and showed an understanding for the people who lived at the home. Care plans recorded people's preferences and life histories. Relatives had a mixed response regarding the ease of contacting people during the pandemic lockdown restrictions.

Relatives were mainly positive regarding the new management team. Staff were positive about the nominated individual and the way the service was organised and run. The service used an electronic care planning system as part of their support and care planning process which included risk assessments and quality checks. The electronic quality assurance records we saw demonstrated the nominated individual maintained good oversight of the service.

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

Rating at last inspection and update
The last rating for this service was requires improvement (published 15 November 2019).

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 15 November 2019. Two breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve dignity and respect, and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions Safe, Caring and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has improved to good. This is based on the findings at this inspection.

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 coronavirus and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Hennessy Partnership's Living Well Street, Poppy Walk & Tom Wroe on our website at www.cqc.org.uk.

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.

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.

Details are in our safe findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

The Hennessy Partnership's Living Well Street, Poppy Walk & Tom Wroe

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 Care Act 2014.

Inspection team
The inspection was carried out by an inspector, assistant inspector and 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.

Service and service type
The Hennessy Partnership's Living Well Street, Poppy Walk & Tom Wroe is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. This meant the provider were 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 before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who worked with the service.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection
We spoke with two people who used the service and 14 relatives about their experience of the care provided. We spoke with 11 members of staff including the nominated individual, service managers, team leaders, support workers, domestic and maintenance staff. We also spoke with a healthcare professional.

We reviewed a range of electronic and paper records. This included six people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to review evidence and additional information relating to inspection provided by the nominated individual. We looked at training data and electronic quality assurance records.

Good

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 requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- The passenger lift from the main hall ground floor to the first floor was not in working order and had not been routinely working since before our previous inspection. We were aware remedial work to repair the lift had been attempted throughout the year, however, these repairs were unsuccessful. After the inspection, the nominated individual told us there had been a further delay in the repair of the lift due the impact of the pandemic and circumstances outside of their control. They also told us a stair-lift from the ground to the first floor had been recently installed as an interim measure.

We recommend the provider consider seeks advice from a reputable source regarding maintenance management and take action to update their practice accordingly.

- Systems were in place to protect people in the event of an emergency.
- Assessments were carried out to identify any risks to people's health and well-being. Electronic records showed risk assessments had been regularly reviewed and updated when people's needs changed.
- Health and safety checks in the home had been carried out. Maintenance checks for electrical, gas safety and water temperature checks were up to date.

Using medicines safely

- Medicines were not always stored safely. In the Poppy Walk service, we found the medicine room door closed but not locked, keys left in a locked position in the controlled drugs cabinet and the controlled drugs book left in an open position.
- Medication administration records (MARs) were completed and running totals maintained. However, on the Living Well Street service records of medicine stock levels were not always completed accurately. One person's prescribed medicine had not been booked in correctly and the stock level was inaccurate. We raised these concerns with the nominated individual who told us a review would take place.

We recommend the provider consider current guidance on medicine management and take action to update their practice accordingly.

- People received medicines safely. Medicines were administered by staff who had been trained and assessed as competent. A relative told us, "Staff gives [person] their medication. No concerns here. [Person] would let me know."
- PRN protocols were in place for 'as required' medication such as pain medication. Staff told us they would offer this type of medication if they felt a person might be in pain.

Preventing and controlling infection

● We were assured staff wore personal protective equipment when providing care and support to people.
● We were assured the provider was accessing testing for people who used the service and staff.
● We were assured the provider's infection prevention and control policy was up to date.

Staffing and recruitment

● The provider used agency staff. The nominated individual told us the service's reliance on agency staff had been significantly reduced throughout the year and would be further reduced due to a recent successful recruitment drive.
● We asked relatives and staff whether they felt there were enough staff and received a mixed response. Relatives comments included, "I don't think there is enough staff" and "There are always a lot of staff about." Staff comments included, "Staffing has massively improved" and "Staffing levels are good, we do have agency here, they are regular workers."
● Staff were recruited safely. Recruitment practices were of good quality and suitable people were employed. The service involved people in the recruitment process and used a 'buddy' system to support new staff. A healthcare professional said, "Staff are friendly and helpful."

Systems and processes to safeguard people from the risk of abuse

● People were protected from the risk of abuse. Relatives mainly told us they felt people were happy and safe at the home. They said, "It is a wonderful place, absolutely brilliant and the care [person] receives, nothing is too much trouble" and "At first I didn't think [person] was safe but now I do."
● Staff received regular training in safeguarding vulnerable adults. They were aware of the different types of abuse and understood their responsibilities in reporting any concerns they may have. The service used a reflective practice governance workbook to review safeguarding information and track the events to ensure process had been followed through and lessons learnt.
● The service had appointed safeguarding champions who had received additional training. Systems and processes included the re-examination of safeguarding incidents to review actions taken and any lessons learnt.
● The service used an electronic 'on call' system which enabled staff to receive immediate safeguarding advice and guidance from the on-call senior staff. The system also enabled senior staff to access whole organisation data via their portable handheld devices.

Learning lessons when things go wrong

● The provider used an electronic system to record and investigate accidents and incidents. Lessons learnt reviews included staff debriefs, reflective practices and where appropriate, staff supervisions to enable improvements to be made across all services. Potential themes and trends were identified, reviewed and rectified.

Good

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 requires improvement. At this inspection this key question has improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

At our last inspection we found the provider had failed to ensure people were treated with dignity and respect. This was a breach of Regulation 10 (1)(2)(a) (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found enough improvement had been made and the provider was no longer in breach of Regulation 10.

Respecting and promoting people's privacy, dignity and independence

- People seemed relaxed and comfortable in the company of staff. We observed staff interacted with people in a kind and sensitive manner. We saw one person had dirty fingernails. We raised this with a staff member who immediately acted to rectify our concern.
- Relatives mainly told us they thought people were supported in a respectful and dignified manner. Comments from relatives included, "I have always thought staff were respectful of all the residents" and "I've always found staff to be very respectful and caring. Just in their manner and how they speak to [person] and myself." However, one relative told us, "[Staff] are not informed enough to cope with [person]."

Ensuring people are well treated and supported; respecting equality and diversity

- Care records on the electronic care planning system documented people's preferences and information about their backgrounds. Detailed information recorded what people considered important and how best staff could support them. A relative told us, "The staff know what [person] likes doing for the first time in 30 years or more, [person] is happy" and "Staff seem to recognise when behaviour is changing and adapt accordingly."
- Confidentiality was considered and people's care records were kept securely.
- Staff demonstrated caring values and a desire to provide people with high quality personalised care. A relative told us, "They decorated [person's] room with sparkly silver wallpaper on one wall once they knew this was what [person] liked. One member of staff said, "Residents are our priority. I will speak to management and they act fast."

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

- People were supported to participate in the running of the service via home meetings and their key worker meetings. We received mixed feedback from relatives, dependant on which of the three services people lived on regarding being kept updated about their family member due to visiting restrictions. Comments from relatives included, "I can speak to [person] if [person] wants to" and "Sometimes I call in the evening and there is no answer."
- Advocacy services information was available should people require their guidance and support. This

ensured their interests would be represented and they could access appropriate services outside the home to act on their behalf if needed.

Good

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 requires improvement. At this inspection this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection we found provider had failed to robustly and effectively assess, monitor and improve the quality and safety of the service provided to people. This was a breach of Regulation 17 (1)(2) (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, enough improvement had been made and the provider was no longer in breach of Regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The nominated individual, since joining the organisation in April 2020 had implemented positive change within the home. There had been a number of significant senior management changes since the last inspection. The Hennessy Partnership's Living Well Street, Poppy Walk & Tom Wroe had not had a registered manager in post since March 2020. Two new service managers were responsible for the three services supported by the nominated individual. After the inspection, the nominated individual told us a service manager had applied to be a registered manager.
- We found there were good systems of quality assurance checks and audits. These fed into the wider monitoring and overview electronic management system. We saw evidence where issues were found, action was taken to ensure improvements were made.
- The service had a national guardian 'freedom to speak up' staff member and a dedicated staff whistleblowing line and email facility. Details of which were displayed by posters positioned throughout the services.
- Accidents and incidents were electronically recorded and regularly reviewed at provider level to enable patterns or trends to be quickly identified. We saw these were reviewed to ensure correct action had been taken and to identify lessons learnt.
- It is a requirement the provider displays the rating from the last CQC inspection. We saw the rating was displayed in the home and on the provider's website.

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

- Relatives spoke mainly positively regarding the service managers and about how the three services were run and organised. However, feedback was more positive for the Living Well Street service than the Tom Wroe service and Poppy Walk service. Relatives said of the service managers; "I do know the manager. [Service manager] is very approachable" and "[Person] knows the new manager and chats regularly with them." However, one relative told us, "I don't know who the manager is. I do know they have had a lot of

changes in the last 18 months." A staff member told us, "The management are brilliant, and they listen."
● Staff spoke positively regarding working for the provider. One member of staff told us, "The values of the service had changed. The emphasis is on making a difference to people's lives and putting people at the heart of everything they do."
● The nominated individual and service managers had an 'open door' management approach which meant they were easily available to people, relatives and staff.

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 nominated individual understood their requirements to notify CQC of all incidents of concern, including serious injuries, deaths and safeguarding alerts.
● The service managers had notified CQC of significant events such as safeguarding concerns.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● Relatives had been unable to physically attend meetings at the service due to the Covid-19 pandemic and restrictions on visiting. However, we saw specific relative meetings were held electronically enabling relatives to be involved, where appropriate, with the care planning for their loved ones.
● Some relatives of people who lived on Tom Wroe or Poppy Walk services told us they experienced problems trying to speak to their relatives during the pandemic and felt staff did not facilitate these calls effectively. We fed back these concerns to the nominated individual to take remedial action.
● Staff told us there were regular staff meetings and they felt involved in the changes happening within the service. Staff survey results from June 2020 reviewed what staff felt was working and not working as well and action taken as a result of feedback.

Continuous learning and improving care; Working in partnership with others
● The provider had a service improvement plan, details of which were also shared with staff. We were able to see improvements were ongoing across the three services. The nominated individual was very responsive during the inspection process and took immediate action to address any concerns we had.
● The service managers and staff worked in partnership with other health care professionals to ensure people received appropriate care interventions.
● Links with the local community had been put on hold due to the pandemic and local and national lockdowns.