

Countrywide Care Homes Limited

Howgate House

Inspection report

Howgate
Idle
Bradford
West Yorkshire
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Tel: 01274350278

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Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Inadequate 

Is the service caring?

Requires Improvement 

Is the service responsive?

Inadequate 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service: Howgate House is a care home which provides personal and nursing care to people, mainly older people and people living with dementia. At the time of our inspection there were 47 people using the service.

People's experience of using this service:

There were not always enough suitable qualified staff on duty. There were times when people were left for long periods of time with little or no social interactions. A relative told us they thought the service was short staffed.

Staff were kind and caring however some lacked awareness of people's cultural needs.

Risks to people's safety and welfare were not always managed properly.

People's medicines, particularly cream and lotions were not always well managed.

Staff understood how to recognise and report abuse. The required checks were done before new staff started work and this helped to protect people from the risk of harm.

People were offered a choice of food and drink. However, people who were at risk of poor nutrition did not always get the right support to meet their dietary needs.

Staff received training and told us they felt supported by the new manager and deputy manager.

People's care records were not always up to date and accurate. This created a risk people would not receive the right care and support.

Decisions made in people's best interests were not always clearly recorded.

The service worked with other health care professionals. However, we found some people may have benefitted from more involvement by external health care professionals.

The new manager was clearly committed to making improvements to the service. They had started to carry out audits and checks. They had identified and started work on areas which needed improvement.

The provider was not able to demonstrate they learned lessons when things went wrong. Similarly, they were not able to demonstrate they acted on people's feedback to make improvements to the service.

Rating at last inspection: The rating at the last inspection was 'requires improvement.' The report was

published on 8 September 2018. In September 2017 the service was rated 'requires improvement' overall. Prior to that the service was rated 'inadequate' in March 2017 and 'good' in July 2015.

Why we inspected: The inspection was brought forward because we received information of concern about the standards of care, leadership and management and staffing.

Enforcement: At the last inspection we found the provider was in breach of three regulations of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection we found the provider remained in breach of these regulations and we identified a further three breaches of regulations. Full information about CQC's regulatory response to the more serious concerns found in inspections and appeals is added to reports after any representations and appeals have been concluded.

Follow up: The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

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?

Inadequate ●

The service was not safe

Details are in our Safe findings below.

Is the service effective?

Inadequate ●

The service was not effective.

Details are in our Effective findings below.

Is the service caring?

Requires Improvement ●

The service was not always caring.

Details are in our Caring findings below.

Is the service responsive?

Inadequate ●

The service was not responsive.

Details are in our Responsive findings below.

Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our Well-Led findings below.

Howgate House

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:

The inspection team consisted of three adult social care inspectors.

Service and service type:

Howgate House 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. The home accommodates 63 people in one building on three floors. At the time of our inspection 47 people were using the service.

The service should have 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. There was no registered manager in place at the time of our inspection.

Notice of inspection:

The inspection was unannounced.

What we did:

We reviewed information we had received about the service since the last inspection in July 2018. This included details about incidents the provider must notify us about and information from the local authority commissioning and safeguarding teams. We used this information to plan our inspection.

Many of the people using the service at Howgate House were not able to fully share their experiences of using the service. Therefore, we spent time observing staff with people in communal areas. We spoke with one person who used the service, one relative, one visiting health care professional, three care assistants,

one care practitioner, the assistant chef, the deputy manager and the manager.

We reviewed a range of records. These included seven people's care records, medication records and records relating to the management of the home such as maintenance records and meeting notes. We looked around the communal areas and a selection of people's bedrooms.

On this occasion we did not ask the provider to complete a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Is the service safe?

Our findings

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

People were not safe and were at risk of avoidable harm. Some regulations were not met.

At the last inspection which took place on 17 and 26 July 2018 this domain was rated 'requires improvement'. Improvements were needed in relation to the deployment of staff. During this inspection we found improvements were still needed in relation to staffing. We also found improvements were needed to the management of risks to people's safety and welfare and to the management of medicines. The rating for this domain has deteriorated to 'inadequate'.

Staffing and recruitment

- There were not always enough staff deployed to ensure people experienced consistently good outcomes.
- The manager told us the provider had reduced the night staffing numbers to one nurse and four care assistants. Following the inspection, the provider told us this was because there had been a reduction in the dependency needs of people who used the service.
- There was a twilight shift between 8am and 11pm but this was only covered three nights a week throughout January 2019. When the twilight shift was not covered there was no senior care worker on duty to support the nurse, for example with the administration of medicines.
- Agency staff were used regularly to cover absence. There were no records of induction training for agency staff.
- The policy on providing a staff escort in the event of someone needing to go into hospital overnight was not clear. There was no procedure for staff to follow in these circumstances.
- The duty rotas for the month of January 2019 showed the staffing levels were typically eight care assistants, one care practitioner and one nurse between 8am and 2pm. This reduced to seven care assistants between 2pm and 8pm. On five days a hostess worked between 8am and 2pm helping people with their meals. However, these hours were not covered on the other two days or when the hostess was absent.
- During the inspection we observed staff were busy and people spent long periods of time with no meaningful activity or stimulation. Relatives told us they were concerned there were not always enough staff on duty.
- This demonstrates a continued breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Assessing risk, safety monitoring and management

- Risk to people's safety and welfare were not always managed safely.
- Some records showed risks to people's health and safety were being assessed and plans put in place to assist staff in keeping them safe. However, this was not consistently the case. For example, in the records of three people who were at risk of poor nutrition their nutritional risk assessments had not been calculated correctly. The risk assessments underestimated the level of risk.
- In another example, one person's records showed a best interest decision had been made involving their relatives detailing the need for bed rails to keep them safe. However, the person had recently been moved

to a different bedroom and the bed rails were no longer in place. There was no further assessment of the risk or explanation as to why the bed rails had not been moved with the person. This was discussed with the manager and following the inspection they confirmed it had been dealt with.

This demonstrates a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Equipment such as hoists and slide sheets were available to aid staff in safe handling techniques and staff had received training in how to use the equipment. However, people did not have their own individual slings which is recommended good practice. The manager told us they had already identified this and requested additional slings.
- At the last inspection we found there had been no fire drills for night staff. During this inspection we found this had been addressed.
- The environment and equipment were well maintained.

Using medicines safely

- The management of medicines was not consistently in line with good practice guidelines.
- Topical medicines were not always managed properly. For example, one person was prescribed a cream to help treat a pressure sore. This was not included on the medication administration record (MAR) and there was no record of administration. This was dealt with by the deputy manager during our inspection.
- Protocols to guide staff on the use of "as required" medicines were not always in place.
- Records had not been completed correctly resulting in discrepancies between the records and stock balances.
- One person was taking over the counter medicines which they kept in their room. There was no care plan or risk assessment to address how these might interact with their prescribed medicines.
- Hand written MARs were not always signed by two members of staff.

This demonstrates a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Learning lessons when things go wrong

- Information relating to accidents and incident had been archived and therefore the provider was unable to demonstrate lessons were learned when things went wrong.
- Emergency plans (PEEPs) were in place to ensure people were supported in the event of a fire. The summary sheet had been updated on 1 February 2019. However, some of the PEEPs had not been updated for several years. We had identified this as an issue which needed to be addressed at the last inspection.

This demonstrates a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Systems and processes to safeguard people from the risk of abuse

- Staff had been recruited safely and all the required checks had been done to make sure they were suitable to work with vulnerable people.
- We saw evidence safeguarding incidents were recorded, investigated and reported to the local authority and CQC.
- Staff had been trained and were aware of how to report concerns about people's safety and welfare.

Preventing and controlling infection

- The home was clean and free of unpleasant odours.

- At the last inspection we saw staff using a sink in the upstairs dining room to hand wash crockery and cutlery. This was not good infection control practice. During this inspection we found this had been addressed.
- We observed staff using aprons and gloves appropriately.

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

There were widespread and significant shortfalls in people's care, support and outcomes. Some regulations were not met.

At the last inspection which took place on 17 and 26 July 2018 this domain was rated 'requires improvement'. Improvements were needed in relation to staff training and in relation to the recording of decisions made in people's best interests. During this inspection we found improvements had been made in relation to staff training. However, improvements were still needed in relation to the recording of best interest decisions. In addition, improvements were needed to the way people were supported to meet their nutritional needs. The rating for this domain remains has deteriorated to 'inadequate'.

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

- People's nutritional risks were not always managed effectively.
- For example, two people had been losing weight for several months. Their nutritional care plans did not offer any additional strategies to help combat this weight loss. There was no evidence it had been flagged with health professionals.
- Food and fluid charts were maintained for those deemed at risk of poor nutrition and/or hydration. However fluid intake was not totalled and there was a lack of review of people's nutritional input. Records did not always fully detail what people had eaten for example "½ meal."
- The kitchen did not have information about people's weights and the staff we spoke with was unable to tell us if anyone was losing weight and needed additional calorific input.

This demonstrates a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- People were offered a choice of food and drinks and snacks were served during the morning and afternoon.
- One person told us they could have whatever they wanted to eat and drink. They said they liked to have jam sandwiches for breakfast.
- The manager told us they had already identified improvements were needed to support people to meet their nutritional needs. They told us about some of their plans to address this which included having nutrition and hydration champions.

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. The manager told us no one living at the home had an authorised DoLS in place. They said they had contacted the local authority DoLS team to follow up applications which had been submitted before they took up their post.
- There was some evidence in care records that best interest processes had been followed where people lacked capacity. However, this was not consistently the case. We saw one person had moved bedrooms. The manager told us this was, so they could accommodate the needs of another person who they had swapped with. However, there was no record of a discussion stating whether this was in their best interests.

This demonstrates a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People's needs were assessed before they moved into the home. The information was used to develop plans of care. However, in the case of one person who had moved into the home recently information recorded in the pre-admission assessment had not been included in their care plans. This created a risk they would not receive care which reflected their preferences.

This demonstrates a continued breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's healthcare needs were assessed, and the service worked with a range of professionals. However, we identified some people may have benefited from additional input. For example, one person had been identified at risk of choking and was provided with a soft diet. However, there was no evidence why this decision had been made and whether healthcare professionals had been involved in the decision. Another person had mental health needs and displayed distressed behaviour. There was a lack of evidence of the involvement of mental health professionals in their care and support planning.
- A visiting health care professional told us they had seen a big improvement since the appointment of the new manager and deputy manager. They said communication had improved and staff were now following their care instructions.

Staff support: induction, training, skills and experience

- At the last inspection we found there was a lack of training and support for staff. During this inspection staff told us they had good access to training and felt well supported by the new manager.
- The manager confirmed training on safe working practices was up to date. They told us they were developing a training plan for the coming year which would reflect the needs of people who used the service. As both the manager and deputy manager were new in post they were starting again with a new programme of staff supervisions and appraisals.
- The manager told us they were in the process of appointing champions in areas such as dementia care to support staff in keeping up to date with current best practice.

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

- The corridors were well lit and spacious to aid visibility and accessibility.
- There was a lack of good signage to help people find their way around.
- People had access to a well-designed outside space which with a seated decking area.
- The quiet lounge had been decorated in the style of a tea room and the manager told us people enjoyed using the room for social events.

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

People did not always feel well-supported, cared for or treated with dignity and respect.

At the last inspection which took place on 17 and 26 July 2018 this domain was rated 'requires improvement'. People were not always given the right support to enable them to make decisions about their care and treatment. During this inspection we found improvements were still needed. The rating for this domain remains 'requires improvement.'

Ensuring people are well treated and supported; equality and diversity

- People told us staff treated them well. One person said, "Yes, they are nice to me, they are alright, all like friends."
- A relative told us they were happy with the care and support provided.
- Basic information was recorded about people's cultural needs. However, one person's care records recorded contradictory information about their nationality which showed a lack of respect for the person.

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

- Evidence of involvement by people and their relatives was inconsistent.
- A relative told us they were kept well informed. However, they added they felt this was because they were proactive in asking about their relative's care.
- There were no pictorial menus to help people choose their meals.
- Despite the fact there had been significant changes to the management of the home no meetings had been held for people who used the service or their relatives since October 2018.

Respecting and promoting people's privacy, dignity and independence

- We observed staff interacting with people in a positive way. Staff were kind and patient. For example, they asked people if they were happy with their meals. One person said their meal was too big and staff changed it giving the person a smaller portion on a smaller plate.
- Staff were caring and treated people with dignity and respect. For example, greeting people warmly and complimenting them about their appearance when they arrived in the dining room for breakfast.
- We observed a person who lived at the home preparing food service trays. They were setting them out with place mats, cutlery etc. to be used at tea time for people who had their meals served in their bedrooms. The person appeared to enjoy doing this and went about their task locating items from around the dining room which showed us this was something they did regularly.
- Confidential information about people's care and treatment was managed safely.

Is the service responsive?

Our findings

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

Services were not planned or delivered in ways that met people's needs. Some regulations were not met.

At the last inspection which took place on 17 and 26 July 2018 this domain was rated 'requires improvement'. People were at risk of not always receiving care and support that met their needs and preferences. During this inspection we found improvements were still needed in this area. We also found the provider did not have effective systems in place to deal with complaints and concerns. The rating for this domain has deteriorated to 'inadequate.'

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

- Care was not always planned and delivered to meet people's needs.
- People had a range of care plans which showed their basic needs had been assessed.
- One person's care plan stated they should be sat on a pressure relieving cushion. During the inspection they were sat in the lounge and were not on a cushion.
- Another person lived with diabetes which was controlled by insulin. Their care plan did not have information about their usual blood sugar levels or what action staff should take if their blood sugar levels changed.
- Another person's nutrition care plan had not been updated to reflect a change in the way they were being supported to meet their dietary needs.
- Oral health screening tools were in place but there was a lack of clear oral health care plans in line with recognised guidance (NICE) to demonstrate the needs of each person.

End of life care and support

- There was an inconsistent approach to supporting people to plan for their end of life care.
- Two of the care plans we reviewed had no information about people's end of life care wishes. The records of one person who had started using the service in April 2018 stated their relative should be asked about end of life care when they next visited. There was no date on this record and no evidence to show whether or not this had been done.

This demonstrates a continued breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager told us they had already identified this and had put a plan in place to have all the care plans rewritten.
- Staff told us there were enough activities and social opportunities for people in the home. However, we saw there were times, for example in the morning in the lounge areas when people were provided with little or no social interaction, with all interactions task based.

Improving care quality in response to complaints or concerns

- The provider did not have effective systems in place to improve the service in response to feedback from people.
- In one person's care records we saw a complaint had been made by a health professional. However, this had not been formally recorded as a complaint or incident and it was unclear what action had been taken to address it.
- There was only one complaint recorded in the complaints file. The manager confirmed this had been dealt with by the previous manager through the providers disciplinary procedures. However, there was no record of the actions taken.

This demonstrates a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

There were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care. Some regulations were not met.

At the last inspection which took place on 17 and 26 July 2018 this domain was rated 'requires improvement'. The service was rated 'requires improvement' overall. During this inspection we found improvements were still needed in all the five domains. We found the provider remained in breach of three regulations and identified three further breaches of regulations. Therefore, the rating for this domain and the overall rating for the service has deteriorated to 'inadequate'.

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

- The peripatetic manager who was in post at the time of the last inspection left the service in December 2018. The new manager started working at the home in January 2019. They told us the plan was that they would remain at Howgate House until a permanent manager has been appointed.
- The provider did not inform us about these management changes. We were told about them by the local authority commissioning team following a visit they carried out at the home in December 2018.

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

- We saw systems to assess, monitor and improve the service had been put in place by the new manager. This included incident analysis, care plan audits and medicine audits. We looked at recent audits which demonstrated the manager had identified many areas for improvement including equipment.
- However, we were told all documentation from prior to January 2019 had been archived. This made it difficult to audit trends and performance over a longer period of time.
- As records were unavailable or incomplete the provider was unable to demonstrate how people's feedback had been used to improve the service.
- Following the inspection, the registered provider sent information to the Commission which showed audits had been undertaken in 2018. However, this information did not provide us with assurance the registered provider had effective quality monitoring systems in place.

This demonstrates a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff praised the new manager and said she was improving the service and involving them in the process. One staff member said, "I like her, she is very approachable, things have got better."
- We found the new manager had high standards. For example, they had recognised the need for better quality bedding for people and put measures in place to improve people's mealtime experiences. They were

working through care plans to review them and ensure they were up-to-date. They had allocated additional resources to these to help ensure the quality and content of care plans was improved.

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

- Meetings were held for staff, people who used the service and their relatives to gain their feedback.

Continuous learning and improving care; Working in partnership with others

- A visiting health care professional told us the new manager and deputy manager were working with them to make sure people received the right care and support.
- The manager had plans in place to make sure staff were supported to follow good practice. This included putting champions in place for areas such as nutrition, hydration, dementia and infection control.
- The manager told us they had been reading about a 'ketogenic' diet. The high fat, adequate protein and low carbohydrate diet had been shown to slow the symptoms of memory loss and cognitive impairment throughout all the dementia stages. They were looking at implementing this at Howgate House.

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 9 HSCA RA Regulations 2014 Person-centred care
Treatment of disease, disorder or injury	Service users were at risk of not receiving care which was appropriate and met their needs because their care records were not always detailed and up to date. 9(1)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Medicines were not always managed safely. Regulation 12(2)(g) Risks to the health and safety of service users were not always managed safely. 12(2)(a)(b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs
Treatment of disease, disorder or injury	The nutrition and hydration needs of service users were not always met. 14(1)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints
Treatment of disease, disorder or injury	Systems to deal with complaints were not operated effectively. 16(2)

Regulated activity	Regulation
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Accommodation for persons who require nursing or personal care

Treatment of disease, disorder or injury

Regulation 18 HSCA RA Regulations 2014 Staffing

Sufficient numbers of suitably qualified staff were not always deployed. 18(1)

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Systems and processes for assessing, monitoring and improving the quality and safety of the services provided were not operated effectively. 17(1)(2)(a) Accurate and up to date records in respect of each person who used the service were not always maintained. 17(1)(2)(c)

The enforcement action we took:

Warning Notice