

Howson Care Centre Limited

Howson Care Centre

Inspection report

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Tel: 01427788283

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: Howson Care Centre 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. It provides accommodation for people living with a learning disability and/or with mental health conditions or dementia. The home can accommodate up to 83 people. The home is divided into six units. The units are, The Court, The Main House, The Wing, The Laurels, The Flat and The Bungalow. At the time of our inspection there were 79 people living in the home.

People's experience of using this service:

There was a system in place to support managers to carry out quality checks. The acting manager had started to carry these out on a regular basis, however these checks had not been in place long enough to understand the impact these would have on the service.

Medicines were managed safely. Arrangements were in place to monitor and manage medicines safely.

Staff told us that there was usually sufficient staff but that some units had more difficulty than others in ensuring there was sufficient staff.

People enjoyed the meals and their dietary needs had been catered for. This information was detailed in people's care plans.

Staff followed guidance provided to manage people's nutrition and pressure care.

The care plans had been reviewed and contained information about people and their care needs.

Staff had not consistently received training to support their role, however plans were now in place to address this.

Staff had started to receive regular supervision and plans were in place to ensure people received this on a regular basis.

People had good health care support from professionals. When people were unwell, staff had raised the concern and taken action with health professionals to address their health care needs. The provider and staff worked in partnership with health and care professionals.

Staff were aware of people's life history and preferences and they used this information to develop positive relationships and deliver person centred care. People felt well cared for by staff who treated them with respect and dignity.

There was a range of activities on offer. The acting manager was looking at how they could develop this area further.

The environment in the Court was not adapted to support people living with dementia. However, a refurbishment plan was in place to address this.

The provider had displayed the latest rating at the home and on their website. When required notifications had been completed to inform us of events and incidents.

More information is in the detailed findings below.

Rating at last inspection: Requires Improvement (Report Published 30 July 2018). At our previous inspection in May 2018 the service was rated overall requires improvement. We found continued breaches of Regulation 17 and 12 HSCA 2008 (Regulated Activities) Regulations 2010 and a breach of Regulation 18 Registration Regulations 2009, the provider had failed to inform us of accidents and incidents.

At this inspection we found the regulations were being met. There were improvements in the management of medicines and quality monitoring systems. However, these improvements had not fully taken effect because they had only recently been introduced. We have taken this into account in determining the rating.

Why we inspected: This was a scheduled inspection based on the previous rating.

Follow up: Arrangements are already in place for the provider to provide regular monitoring reports. We will continue to receive these and continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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?

The service was not always safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective

Details are in our Effective findings below

Requires Improvement ●

Is the service caring?

The service was caring

Details are in our Caring findings below

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below

Good ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below

Requires Improvement ●

Howson Care Centre

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 was carried out by two inspectors, a medicines inspector and a specialist advisor (SPA). The SPA had expertise in nursing care.

Service and service type:

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. However, the registered manager was absent from their post and an acting manager was overseeing the service.

Notice of inspection:

This was a comprehensive service inspection and was unannounced. We inspected the service on 30 January 2019.

What we did:

Prior to the inspection we examined information we held about the service. This included notifications of incidents that the registered persons had sent us since our last inspection. These are events that happened in the service that the registered persons are required to tell us about.

The provider had completed a Provider Information Return. 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. We took this into account when we inspected the service and made the judgements in this report

During the inspection we spoke with five people who lived at the service, one relative, four members of care staff, two nurses, the provider, the acting deputy manager and the acting manager. We also looked at six care records in detail and records that related to how the service was managed including staffing, training, medicines and quality assurance.

Is the service safe?

Our findings

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

Using medicines safely

- At our previous inspection in May 2018 we identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2010, relating to the safe handling of medicines. At this inspection we found medicines were managed safely. Medicines were stored securely and access was restricted to authorised staff.
- There were appropriate arrangements in place for the of medicines that require extra checks. Staff regularly carried out balance checks of controlled drugs.
- Room temperatures where medicines were stored were recorded daily and were within recommended limits. We checked medicines which required cold storage and found they were stored appropriately in accordance with national guidance.
- Medicine administration records (MAR) contained photographs of service users to reduce the risk of medicines being given to the wrong person. All records clearly stated if the person had any allergies. This reduces the chance of someone receiving a medicine they are allergic to. Documentation was available to give people their medicines according to their preferences.
- We checked the stock balances of medicines for nine people and found all balances to be correct. This meant that medicines had been given as signed by staff.
- Written guidance was in place to enable staff to safely administer medicines which were prescribed to be given only as and when people required them, known as 'when required' (PRN). Some pain relief medicines were prescribed with a variable dose i.e. one or two tablets to be given when required at regular intervals. We saw that the quantity and exact time of administration was recorded, meaning that records accurately reflected the treatment people had received.
- Instructions for medicines which should be given at specific times were written on the MAR and additional reminders were used. This reduces the risk of people experiencing adverse effects from medicines, or the medicine not working as intended.
- Regular medicines checks had been introduced since our last inspection to ensure medicines were managed in the right way.

Systems and processes to safeguard people from the risk of abuse

- We spoke with staff on the laurels about the protection of vulnerable people. Two staff members did not fully know the procedures to follow if they suspected bad practise or observed altercations with people who used the service. They told us would tell one of the team leaders or one of the managers but were unable to clarify what they would do if they needed to report an incident to an external agency such as the local authority. Records showed that care staff had not all completed training. When we spoke with the acting manager they told us they had identified this following supervision with staff, as a gap in knowledge. As a

consequence safeguarding training was planned and this was included on the training plan.

- Where incidents had occurred the registered manager, acting manager and staff had followed local safeguarding processes and notified us of the action they had taken. Staff told us they thought people were treated with kindness and they had not seen anyone being placed at risk of harm.
- We also noted that the provider had established transparent systems to assist those people who wanted help to manage their personal spending money to protect people from the risk of financial mistreatment.

Staffing and recruitment

- Staffing arrangements varied across the units. In some areas staff told us they felt there were insufficient staff. For example, on the day of inspection, we observed one member of staff had been moved from the Laurels to another unit on the morning of the inspection. Staff told us that on occasions this did happen and they felt this affected what activities people could participate in. However, during our inspection, we did not see any incidences when people's needs were not met.
- A dependency tool was used to assess the needs of people to determine their care needs, however this was not used to decide on the amount of staff required to support people safely. The system for ensuring there were sufficient staff was not clear which meant there was a risk there were insufficient staff on duty according to the needs of people.
- The registered persons had undertaken the necessary employment checks. These measures are important to establish the previous good conduct of the applicants and to ensure that they were suitable people to be employed in the service. The registered persons had carried out checks with the Disclosure and Barring Service to show that the applicants did not have relevant criminal convictions and had not been guilty of professional misconduct.

Assessing risk, safety monitoring and management

- We found that risks to people's safety had been assessed'. People's plans included risk assessments. These told the staff about the risks for each person and how to manage and minimise these risks.
- People's needs had been assessed and their care given in a way that suited their needs, without placing unnecessary restrictions on them. For example, where people were identified as being at risk when going out in the community had up to date risk assessments in place and plans to support them when accessing the community.
- Care records included personal evacuation plans to guide staff on actions they would also need to take to support people who needed assistance.
- Where people utilised specific equipment to assist them with their care appropriate checks were made regularly to ensure it was safe.

Preventing and controlling infection

- Some areas of the home required a better system of monitoring infection standards to avoid them being missed. For example, we looked at the kitchen area on the Laurels and found it was dirty. The oven needed a deep clean and the flooring had not been effectively cleaned. Two knife blocks were dirty and the electric fly killers in both the kitchen and the outer area were both not working. The work surfaces were badly stained and the laminate in one of the cupboards had peeled off showing the chip board beneath. There was a risk this was a reservoir for infection because it was difficult to wipe clean.
- In some communal areas we observed areas requiring redecoration which presented an infection risk for example, peeling paint and chipped plaster in bathroom areas which meant it was difficult to wipe these surfaces clean.

- We observed suitable measures were in place for managing hospital acquired infections. Staff had access to protective clothing and we observed staff used these appropriately, for example, when serving meals.

Learning lessons when things go wrong

- Records showed that arrangements were in place to record accidents and near misses, and arrangement to analyse these so that they could establish how and why they had occurred, were also in place. Positive improvements had been realised as a consequence in some areas, for example the reduction of falls. Learning from any incidents or events was shared with staff so they could work together to minimise risk.

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- We saw staff had not had access to regular updates on issues such as first aid and moving and handling. There was a risk staff did not have the up to date skills to ensure they were able to provide safe care. However, plans were in place to provide updates for staff and to support them to access the appropriate training over the forthcoming year.
- Staff we spoke with were knowledgeable about their roles and responsibilities around the caring and supporting of people who lived at the home. However, they told us that they had not completed all the required training, for example, training in safeguarding and NAPPI (non-abusive psychological and physical intervention) training had not been completed. Staff told us that some people displayed behaviours that may challenge others and altercations had occurred on the Laurels unit. Staff did not feel they always had the right skills and competencies to manage situations that had been challenging.
- Supervision and appraisals had not previously taken place on a regular basis. These are important because they provide staff with the opportunity to review their performance and training needs. We saw these had commenced and a programme to ensure staff received these regularly was in place.
- At the previous inspection we found introductory training had not previously been provided consistently. However, we saw this was now place in line with the National Care Certificate for new staff. The National Care Certificate sets out common induction standards for social care staff.
- Staff told us since the last inspection they now felt supported in their roles. People told us they thought staff knew what they were doing and had their best interests at heart.

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

- The environment was not adapted to assist those people who were confused or had difficulty with orientation around the home. This was particularly important in the Court where there were people living with dementia and adaptations would assist people with daily living such as orientating themselves around the building. The provider had carried out an audit of this area to determine how it could be best altered in order to meet people's needs. We saw plans were in place to refurbish this area.
- Where people required specific equipment to assist them with their care this was in place.
- We saw there were a range of areas which required redecoration. The provider had a refurbishment plan and this included some of the areas identified.

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

- The management of people's care records had improved since our last inspection. Care plans were regularly reviewed and reflected people's changing needs and wishes. People said they had been involved in

discussions about their care plans.

- Assessments of people's needs were in place, expected outcomes were identified and care and support was reviewed when required.

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

- We observed lunchtime in three areas. Staff were familiar with people's needs and likes and dislikes and where people required adapted cutlery and plates these were available.
- A range of meal options were available to people and we observed where people did not want their original choice alternatives were offered. Care records detailed people's meal preferences. For example, a record stated a person had a sweet tooth and if they did not eat all their main meal they should always be offered a dessert. We observed at lunchtime staff offered the person alternatives to their main meal. The lunchtime experience was relaxed and people accessed lunch in their own time.
- We observed drinks were provided throughout the day and if people asked for additional drinks or snacks these were provided. Fluid charts were fully completed and detailed an optimum target for people. This helped to ensure people received the appropriate hydration.
- Where people had specific dietary requirements, we saw these were detailed in care records and staff were aware of these.

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

- We saw from looking at people's care records that there was evidence that all the people who lived at the service had access to health professionals, to ensure that their on-going health and well-being. Records showed that staff were proactive in their approach and made referrals to health professionals in a timely manner.
- We saw a grab sheet had been developed in case people needed emergency hospital treatment.

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

- Records confirmed that people had received the help they needed to see their doctor and other healthcare professionals such as specialist nurses, dentists, opticians and dieticians.
- Where people had specific health needs for example diabetes, care plans reflected this and detailed how to meet these needs.

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

- We found that staff had a good understanding of MCA and DoLS and had made appropriate referrals to the

Local Authority. People's capacity to make day to day to day decisions had been assessed and documented which ensured they received appropriate support. Staff demonstrated an awareness of these assessments and what areas people needed more support in making some more complex decisions.

- We found that arrangements had been made to obtain consent to care and treatment in line with legislation and guidance. Staff supported people to make decisions for themselves whenever possible. Records showed that when people lacked mental capacity to make specific decisions a decision in people's best interests had been put in place.

- Where people could consent, documentation was included in the care records. Do not attempt cardiac pulmonary resuscitation orders (DNACPR) were in place where appropriate and had been reviewed, to ensure decisions remained in accordance with people's needs and wishes.

- We found where DoLS were in place conditions were being met.

- Where people were unable to consent, the provider had ensured records detailed where relatives had legal responsibility to make decisions on people's behalf, however, this was not consistently reflected in the consent documentation.

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 were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- We observed staff interacting positively with people who used the service throughout our inspection. They gave each person appropriate care and respect while taking into account what they wanted. We saw staff enabled them to be as independent as possible while providing support and assistance where required.
- We noted that staff understood the importance of promoting equality and diversity and people were treated as individuals when care was being provided. Furthermore, the provider recognised the importance of appropriately supporting people if they identified as gay, lesbian, bisexual and transgender.
- We observed a person regularly requested a drink and staff responded promptly to avoid any distress for them.

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

- We found that people had been supported to express their views and be involved in making decisions about their care and treatment as far as possible. For example, a care record stated about a person, that they preferred to have a wet shave.
- Where people were unable to communicate verbally arrangements had been put in place to support them. For example, a care record explained that staff needed to observe a person's facial expressions when providing care because they were unable to verbally express themselves.
- People were asked if they required support before staff provided it. Records reflected the need to ensure people were happy with being supported. For example, when supporting a person to have lunch staff asked them where they wanted to sit and said, "Would you like an apron on?"
- When supporting people to move staff explained what they were doing. A staff member said, "The chair is behind you, I am just going to pull you up to the table."
- Most people had family, friends or representatives who could support them to express their preferences. Furthermore, we noted that the provider had access to advocacy resources. Advocates are independent of the service and can support people to make decisions and communicate their wishes.

Respecting and promoting people's privacy, dignity and independence

- We found people's dignity was consistently respected. For example, people were called by their preferred names and this was documented in the care records.
- We observed staff knocked on people's bedroom doors and called them by their preferred name. People told us staff were respectful when supporting them with personal care and they had never felt undignified or embarrassed.

- We found that suitable arrangements had been maintained to ensure that private information was kept confidential. Computer records were password protected so that they could only be accessed by authorised members of staff.
- There were six shared bedrooms on the Court. These were screened to protect people's dignity and we observed people had been asked if they were happy to share a bedroom and consent signed.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

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

- People's files we looked at included assessments of their care and support needs and a plan of care. These gave information about the person's assessed and ongoing needs. They gave specific, clear information about how the person needed to be supported. The assessments outlined what people could do on their own and when they needed assistance. They provided information to guide staff on people's care and support needs. They also gave guidance to staff about how the risks to people should be managed. They included areas such as; supporting people with their personal care, eating and drinking, keeping the person healthy and safe, supporting the person with activities and their likes and dislikes. These had been kept under review.
- The plans were person centred and set out people's individual preferences. Their plans included descriptions of the ways they expressed their feelings and opinions. The staff knew people well and were respectful of their wishes and feelings. We saw that people were given practical opportunities to make choices, with time to think or to change their minds.
- Care plans and other documents were written in a user-friendly way in accordance with the Accessible Information Standard so that information was presented to people in an accessible manner. The Accessible Information Standard is a law which sets out the legal expectations to ensure people with a disability or sensory loss are given information they can understand, and the communication support they need.
- People's views on and experience of the activities provided in the home were varied. A relative we spoke with told us they were looking to find another service for their family member because they did not think they had enough to stimulate them throughout the day.
- A plan of activities was in place for people to access and this included a range of both internal and community activities such as visiting a craft workshop and accessing Health Walks.
- In the Main House we saw people enjoying a range of activities such as painting, games and crafts. In the afternoon of our inspection cooking was available and people from other units joined in. People living on the Laurels unit had access to activities both inside and in the community. For example, people joined in board games in the morning and played bingo in the afternoon. However, some people living in the Laurels said they would like to go out more.
- People were encouraged to suggest activities and events at the resident and relatives meeting. For example, at a recent meeting in the Laurels people had made a list of activities they would like to try including yoga.

Improving care quality in response to complaints or concerns

- There were arrangements to ensure that people's concerns and complaints were listened and responded

to, to improve the quality of care. Complaints had been responded to appropriately and resolved.

- A policy for dealing with complaints was in place.

End of life care and support

- At the time of our inspection there was no one who required end of life care. However, the provider had arrangements in place to support people at the end of their life if required. For example, where people chose, care plans included information of what they wanted to happen in the event of illness and subsequent death.
- At the time of this inspection the acting manager confirmed although they currently were not providing any specific care packages for people who were at the end of their life, they had arrangements in place should this be needed.
- Do not attempt resuscitation records(DNACPRs) were in place and had been reviewed to ensure they were still relevant for people.

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- At the previous inspection in May 2018 we found a continued breach of regulation 17. Quality checks had not consistently addressed the issues found at this and previous inspections. The systems in place to monitor the quality of care people received and to drive improvements were not adequate.
- At this inspection we found arrangements for checking the quality of the service had recently been put in place. However, they had not been in place sufficiently on a regular basis to evidence the service was able to maintain the improvements.
- Checks were in place for a variety of issues including falls, medicines and infection control. A computerised system was in place to analyse results so that trends could be identified to avoid incidents occurring again. For example, the tool identified times and areas of falls which helped the acting manager to consider where to deploy staff.
- Since our last inspection, there remained gaps in training of staff. However, arrangements had been made to address this, for example, a matrix had been produced and distributed to staff regarding their annual training. Staff also had a dedicated continuous professional development folder which linked the training requirements set out by the service with their own commitment to ensure they were knowledgeable and skilled.
- The previous inspection ratings poster was displayed in the office and on the provider's website.

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

- The provider had recently reviewed the management arrangements of the service and we observed these were having a positive effect on the management of the service.
- The management team had increased their observation and self-reflection of the service. They had increased their knowledge of the day-to-day functions of the service so that they could ensure a continuous quality improvement journey.
- Records showed that the registered persons had correctly told us about significant events that had occurred in the service, such as accidents, incidents and injuries. The provider had displayed the rating of their previous inspection according to CQC guidelines.
- To improve the service and resolve issues raised at the previous inspection the provider had engaged a number of external professional to provide advice and support to the acting manager. This included support with care records and medicines.

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

- We found that people who lived in the service, their relatives and members of staff had been engaged in the running of the service. For example, regular meetings were held with relatives and people who lived at the service so they could express their views on how the service was run..
- Residents meetings had commenced in the Laurels and The Flat. People had been consulted about how they could integrate the two units and have some shared activities. We observed this decision had been reviewed and was discussed on an ongoing basis.
- Staff had been asked about what training was required to assist them to care for people in each of the units. Consequently, arrangements had been made to provide British sign language (BSL). for some staff.
- We looked at minutes from a staff meeting and saw that issues staff were engaged in discussions about staffing and how to improve allocation of staff.

Continuous learning and improving care

- The provider had arrangements in place to ensure they were aware of national guidance and these were followed.
- A member of staff said, "I like the changes taking place but it is slow. "
- The provider had used recognised tools from specialist organisations in order to assist with improvements. For example, specialist dementia audits had been carried out to ascertain what changes and improvements were needed to be made to the environment in the Court.
- Following our previous inspection, the provider had put in place an electronic monitoring system to analyse accidents and incidents. The information allowed the registered manager and acting manager to have oversight of logged events on a monthly, quarterly and annual basis. This assisted with making changes to improve the quality of the service.

Working in partnership with others

- The service had liaised with the local authority to make improvements to the service. An action plan had been developed and we saw some actions had been completed. This was being monitored on a regular basis.
- The provider had engaged a number of external agencies to provide support and advice on the development of the service. This provided opportunities for them and staff to keep up to date with professional guidance.