

Hometrust Care Limited

Silver Howe

Inspection report

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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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This unannounced comprehensive inspection took place on 7 and 15 December 2016. The last comprehensive inspection of Silver Howe was in June 2016 when we rated the service as inadequate and the home was placed in special measures. At that inspection we found nine breaches of Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Since that inspection the provider has made improvements to the safety and quality of the home with the support of the local commissioners of the service and employment of a consultancy agency.

During this inspection we saw that significant work had taken place since our last inspection to improve the safety and quality of the service and found no breaches of the Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. However we did find some areas still required to improve and be sustained to ensure a consistent delivery of safe care and treatment.

Silver Howe is a residential care home that provides personal care and accommodation for up to a total of 30 people. On the day of the inspection there were 18 people residing at Silver Howe. Accommodation is provided over two floors and there is a separate unit with six beds for caring for people living with dementia (Bluebell unit). Silver Howe is located close to the town centre of Kendal. There are gardens and seating areas for people living there to use and car parking.

There was a recently registered manager in post who had been appointed as the acting manager in the home since the last inspection in June 2016. A registered manager is a person who has registered with the (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Medicines were being administered and recorded appropriately. However we found supporting information or 'protocols' were not always in place to guide staff to administer medicines which were prescribed to be given PRN (as or when required). Clear guidance is required to help ensure people are given these medicines safely and consistently for such things as pain relief. We also found the cupboard in which controlled drugs were kept did not meet legal requirements.

We have made a recommendation that the provider completes written individual care plans to manage PRN medications and ensure the storage of controlled drugs met with legal requirements.

There had been a high number of new staff appointed since the last inspection and we saw they had been recruited using a more systematic process to ensure all checks of suitability had been completed before commencing employment. However we found that for some people recruited the process had not been completed in full and there had been no oversight by the registered manager on the new process at the time of the inspection.

We have made a recommendation that the provider follows their own policy and procedures when employing people. This was to ensure that all the checks of suitability made were robust. In addition the registered manager completes checks or audits to ensure the recruitment process has been completed in a robust way.

We saw that all staff had completed a programme of induction training and that improvements to how the ongoing training of staff was managed had been made. Staff told us how they felt supported through supervision and training to fulfil their roles.

The level of staffing on the day of the inspection was sufficient to ensure that the current number of people living in the home had their needs met in a more timely manner. The numbers of staff on shift during the day and night were seen to be consistent.

Since the last inspection the provider had been responsive and proactive in improving the systems used in the recording of information about people's needs and the planning of their care. However we found that some areas still needed to show consistency such as obtaining consent to care and treatment and recording information when changes in the needs of people had occurred.

We saw a range of staff had been actively involved in supporting people with activities that had been arranged. We also saw that a variety of meaningful activities had been planned for the Christmas period.

We observed staff displayed caring and meaningful interactions with people and they treated them with respect. People living and visiting the home spoke highly of the registered manager and staff team and told us they were happy with the care and treatment at Silver Howe.

Following the last inspection in June 2016 we took action to ensure the breaches of the regulations were addressed. Following the improvements made the overall rating for Silver Howe is now Requires Improvement and therefore in line with our guidance the service is now removed from special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Guidance for medications given PRN was not in place for all of the people who required them and the storage of controlled drugs needed to be improved.

Not all of the checks of suitability of staff being employed had been completed in a robust manner.

There was sufficient and suitably qualified staff available at the time of the inspection for the number of people living in the home.

People told us they felt safe and well cared for in this home.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Consent to care and treatment had not always been obtained from the appropriate person who had the authority to make decisions for those who lacked capacity.

Staff had received training to enable them to deliver safe care.

Assessments and management of nutritional requirements had been made.

Is the service caring?

Good ●

The service was caring.

People told us that they were being well cared for and we saw that the staff were respectful and caring in their approaches.

We saw that staff promoted people's personal dignity and privacy.

Care planning for people when at the end of their life had been improved and made relevant to individual people.

Is the service responsive?

The service was not always responsive.

Care plans had been improved but we saw that some information was not always consistently reviewed to ensure information was current.

Care plans had been improved in detailing individual care needs making the delivery of care more person centred.

There were varied and meaningful activities identified for the month of December.

The provider had been responsive in making improvements since the last inspection.

Requires Improvement ●

Is the service well-led?

The service had new leadership which was still developing.

New systems implemented needed to show consistency and effectiveness in the safety and quality monitoring of the service provision.

Staff told us they felt supported and listened to by the registered manager.

People living and visiting the home told us they could approach the manager about anything.

Overall significant improvements in the safety and quality of the home had been made by the registered provider and registered manager.

Requires Improvement ●

Silver Howe

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection took place on 7 and 15 December 2016. The inspection team consisted of two adult social care inspectors, a pharmacy inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we looked at the information we held about the service including information from the general public, staff, community nurses and the local commissioners of the service. We had also received regular updates on the actions taken by the provider and registered manager on areas they had completed to make improvements in the safety and quality of the home.

During the inspection we spoke with the registered manager, eight staff members, six people who used the service and two relatives. Several people had communication difficulties or dementia and were not able to communicate with us easily. We observed care and interactions with three of those residents, who were not able to communicate with us fully. We observed care and interactions in the communal lounges and dining areas on both units of Silver Howe.

We looked at all eighteen medication administration records (MARs) belonging to people living in the home and the whole records of care for four people. We looked at the staff files for all staff recruited since our last visit. These included details of recruitment, induction, training and personal development. We were given copies of the training records for the whole staff team.

We also looked at records of maintenance and repair, the fire safety records and quality monitoring documents.

Is the service safe?

Our findings

People we spoke with who lived at Silver Howe told us they felt safe living there. One person said, "I feel safe here staff are very kind and do anything for you. I don't have to wait long for my buzzer to be answered, and they come and tell me if they are busy". Another person said, "I'm happy living here. It's my home".

One person told us, "Staff look after me well". Other comments included; "Staff help me choose my own clothes" and "I like it here, I get well looked after staff are so supportive".

People we spoke with who lived at Silver Howe also told us they thought there were enough staff to deal with their needs. A relative told us they thought there was enough staff to meet the needs of their family member. She said, "What a change in my relative, he is well cared for, and not just with eating and drinking, it's how they reach out and go that extra mile" she also told us, "I feel he is safe in here all his needs are met, in fact more than met".

At the inspection in June 2016 this domain was rated as inadequate. We found during that inspection there was a breach of Regulation 12 safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. That was because risks were not being managed or mitigated where possible. There was a breach of Regulation 18 Staffing of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. That was because staffing levels were inadequate and unsafe. There was a breach of regulation 13 Safeguarding service users from abuse and improper treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because people had not been protected from harm or the risk of harm. We also found a continuing breach of Regulation 19 Fit and proper persons employed of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. That was because not all the suitability checks required by law to ensure that the persons being employed were of good character had been made.

At this inspection we found that significant work had taken place to demonstrate compliance with these regulations.

Our pharmacist looked at the way medicines were managed and watched people being given their lunchtime medicines. We saw that the senior carer administered medicines safely and at the right times.

We looked at all eighteen medication administration records (MARs) belonging to people living in the home. There were no unexplained gaps in the records of administration and the amount of medicine in stock corresponded with the records for the medicines we checked. Some medicines were handwritten onto people's MARs. This is sometimes necessary and it is good practice for the entry to be checked and signed by a second member of staff. This reduces the chance of a mistake. The handwritten MARs we saw were all signed by two people.

Carers signed a different chart when they applied a person's cream. We looked at three people's cream charts and the records showed that their creams were applied in the way prescribed. This indicated that

people's skin was being cared for properly.

Some people were prescribed medicines such as pain-killers and laxatives, to be taken PRN 'as or when required'. Information in people's records was not always detailed enough for staff to know when to give these medicines. However, the home was aware of this risk and had started to write protocols for each person's 'when required' medicines, with guidance on how the medicine should be used.

Medicines were kept safely and at the right temperature, storage facilities were clean and tidy. The home had a medicine policy describing how medicines should be used in the home. The policy had been reviewed in June 2016. The deputy manager carried out monthly and random medicine audits to check that staff were handling medicines safely.

Medicines that are controlled drugs (drugs subject to tighter legal controls because of the risk of misuse) were checked and recorded in the right way. The stock balances of the three controlled drugs we checked were correct. However, the cupboard in which controlled drugs were kept did not meet legal requirements.

We recommend that the provider completed written individual care plans to manage PRN medications and ensure the storage of controlled drugs met with legal requirements.

Since the last inspection in June 2016 the provider had recruited a large number of new staff. We saw they had been recruited using a more systematic process to ensure all checks of suitability had been completed before commencing employment. However we found that for some people recruited the process had not been completed in full and there had been no oversight by the registered manager on the new process at the time of the inspection.

We recommend that the provider follows their own policy and procedures when employing people to ensure that all the checks of suitability they made were robust. In addition the registered manager completes checks or audits to ensure the recruitment process has been completed in a robust way.

We saw the level of staffing on the day of the inspection was sufficient to ensure that the current number of people living in the home had their needs met in a timelier manner. The numbers of staff on shift during the day and night were seen to be consistent on the rotas. We discussed with the registered manager the need for ongoing recruitment of staff. This was in order to ensure that there were sufficient numbers of suitable staff to meet people's needs and promote people's safety should the number of people living in the home increase.

People's care records had improved to show that risks associated with their care were current and accurate. Staff managed the risks related to people's care well. Each care record had detailed information about the risks associated with people's care and how staff should support the person to minimise the risks.

People who lived at Silver Howe seemed relaxed and comfortable in the company of staff. One staff member told us they were happy working at Silver Howe and had never seen anything that was a concern regarding safeguarding. Another member of staff told us what to do in the event of safeguarding and that they had received training in safeguarding. Staff we spoke to were aware of the whistleblowing policy and who to whom they should report any signs of abuse.

Is the service effective?

Our findings

People we spoke with who lived at Silver Howe and relatives told us they thought staff were trained to be able to meet their needs or their family members' needs. One person said, "They seem to know what they're doing. I think they do get training". Another said, "They meet the needs of my relative really well as he can be a bit difficult but they are really patient with him and he's always clean and well dressed".

A new member of staff we spoke with said, "I get supervision regularly every six weeks and I also get a lot of support from my mentor". Another member of staff told us, "I get lots of training. I have done dementia care, medication awareness, DOLS training and I am down to do some more soon". Another staff member said, "The manager is great, we get lots of support".

At the inspection in June 2016 this domain was rated as inadequate. We found during that inspection there was a breach of Regulation 18(2a) Staffing of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. That was because we could not be certain that people who used the service were being supported by staff with the necessary skills and knowledge to deliver safe and effective care. There was also a breach of Regulation 11 Need for consent of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because we could not be sure that people had agreed to their care and treatment and to make certain it would meet their requirements.

We looked at the staff training records which showed what training had been done since our last inspection in June 2016 this also included a whole new induction training programme that had been completed by all staff. We were told by the registered manager that since the last inspection the training provision had been increased to include specific topic area and access to training was ongoing. This was confirmed by the staff we spoke with.

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found since the last inspection that where people had their liberties restricted the appropriate applications to the authorising body had been made.

Best interest meetings had been held to assist people who were not always able to make important decisions for themselves and where relevant independent advocacy could be arranged. However we saw that the process of obtaining consent was not always consistent in identifying the appropriate people who

had the legal authority to be involved had been. We discussed this with registered manager and we were told that this was being addressed with relatives. This was through residents meetings where the home had invited a local service into the home to share information about consenting on behalf of those who could not.

We observed a meal time experience and saw every person who wanted a meal had been invited to take their lunch in a place of their choice. This included the formal dining room, the lounge or in their own rooms. We saw appropriate assistance was given to those who required it. The meal time was a pleasant and enjoyable experience; people were offered choices of meals and drinks of their choice. One person living at Silver Howe said, "I never go hungry I always get enough", another said "It's shepherd's pie, that's my favourite, and they give me a small portion so I can eat it all, if I need any more I just ask and they bring it".

People we spoke with told us the meals were good and there was always plenty to eat and drink. We noted that people were given a choice of meals at lunch time. The lunch time food was home cooked and looked appetising. People seemed to enjoy their meals and were allowed time to eat at their own pace. We saw that regular hot and cold drinks were served during the day.

Is the service caring?

Our findings

People who lived at Silver Howe that we spoke with said they were well cared for. Comments included: "The staff here are all very good, you're looked after well". "I think they're very kind". "I appreciate their kindness and I'm grateful that they are always polite". A relative told us, "I think the standard of care here is very good. My relative wouldn't be here if it wasn't". A relative said, "My daughter gets involved with my relatives care and they talk to her about their care plan, any changes and she gets to know, they are really good like that. When I ask my relative if they are happy they says yes I am".

At the last inspection in June 2016 we found a breach of Regulation 13 (4)(c)(d) Safeguarding service users from abuse and improper treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because people's needs were not being met and they were subjected to degrading care and treatment.

During this inspection we observed improved and safer practises and saw that staff had time to care for people in a much more person centred way. We observed care interactions that were kind, patient and sensitive. We observed one care staff speaking kindly and sensitively with a person they were supporting to eat their meal in their bedroom. The person was unable to speak, but their facial expression showed recognition and affection when the care staff spoke.

We observed appropriate moving and handling interactions when care staff were assisting people to move to the dining room area on Bluebell unit. We also observed people who wanted to mobilise independently, but slowly, being allowed to do so and have freedom to move around the home.

People we spoke with told us that staff were polite, respectful and protected their privacy. One person said, "They (care staff) always knock on my door and ask if they can come in. That's showing respect". We observed polite and respectful interactions. One relative told us, "The staff are all very friendly, but they're also very courteous to everyone". Another relative told us, "They (care staff) always have time to listen to any concerns and the manager always has time for us".

We saw that people's treatment wishes had been made clear in their records about what their end of life preferences were. The care records contained information about the care people would like to receive at the end of their lives and who they would like to be involved in their care.

Information was available in the home about support agencies such as advocacy services that people could use. An advocate is a person who is independent of the home and who can come into the home to support a person to share their views and wishes if they want support.

Is the service responsive?

Our findings

All of the people we spoke with who lived at Silver Howe were happy that the staff knew what care they needed and did not feel they needed to be involved in their care planning or reviews. One relative told us that their daughter was involved in the care planning and review of her relative and told us it was a good experience. They said, "She (the daughter) talked things through and they (Silver Howe) all came up with a plan to help my relative". She also told us that her daughter had recently attended a care plan review for their family member. They thought it was very thorough and helped to meet their family member's changing needs.

None of the people we spoke with had made a complaint about their care, but they told us if they had a problem they would speak to a care worker or the registered manager. We saw that there was a compliant procedure made available to people and how it worked in practice. We saw that complaints had been addressed and where they could be they were resolved to people's satisfaction.

One relative we spoke with knew that relatives' meetings were held, but had not attended and told us, "It's because I've got no problems to discuss. If I did want to talk about anything, I'd go to the registered manager".

At the last inspection in June 2016 there was a breach of Regulation 9 Person-centred care of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because it was not possible to ensure that people received safe and appropriate person-centred care and treatment that was based upon their assessed needs.

During this inspection we found a significant amount of work had taken place in improving the information in people's care records. We saw that information made available to staff about how to support individuals was very detailed. We saw that people's health and support needs were clearly documented in their care plans along with personal information and histories. We could see that people's families had been involved in gathering background information and life stories. Staff had a good understanding of people's backgrounds and lives and this helped them to support them socially and be more aware of things that might cause them anxiety.

Care records showed that care planning was centred on people's individual views and preferences. We found that where care plans had been regularly reviewed to make sure they held up to date information for staff to refer to. However we found some inconsistencies in the recording of needs that had changed and on how to manage them for one person whose needs could change on a daily basis.

We saw that a variety of meaningful activities had been planned for the Christmas period including a number of local community groups visiting the home, such as carol singers. Care staff told us that activities were often personalised, rather than group activities and that care staff would create activities depending on individuals' wishes and inclination. Activities in the home included skittles, bingo, making cards and exercising. The registered manager told us for the future how the responsibilities of ensuring people could

access interests of their choice would be managed by the staff team rather than one individual person.

Is the service well-led?

Our findings

The home had a registered manager in place as required by their registration with the Care Quality Commission (CQC). A new acting manager had been appointed at the home since the inspection in June 2016 and was recently registered with us. People we spoke with told us they thought the home was well being managed and staff said that they enjoyed working in the home.

Relatives we spoke with and some of the people who lived at Silver Howe knew who the registered manager was and felt they could approach her with any problems they had. We saw that the registered manager interacted politely with people who lived at Silver Howe and people responded well to her. The registered manager knew the names of people and their relatives and was able to speak in some detail about them. Staff also spoke well of the registered manager and told us, "We have very good channels of communication".

At the last inspection there was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the registered provider did not have effective systems or processes implemented, for the purpose of the continuous monitoring of the service and the quality and safety of care that was being delivered. The systems that were in place failed to ensure that where corrective action was required, that this action was carried out and assessed.

At this inspection we saw that significant changes in the leadership and management of the home had taken place. This included the appointment of a new manager and care staff and the input of regular professional advice and guidance from a consultancy agency employed by the provider. We could see how the provider had been responsive and proactive in improving the systems used in the recording of information about people's needs and the planning of their care. However we found that some areas still needed to show consistency such as obtaining consent to care and treatment and recording information when changes in the needs of people had occurred.

We discussed in detail with the registered manager the level of improvements made in the home and how she would manage the sustainability and consistency of those improvements. This included a systematic approach to when and how new admissions to the home would take place. We were also told that the guidance and support employed by the provider from the consultancy agency would remain in place until June 2017.

We looked at the results for the recent customer satisfaction survey which showed there were still areas that the service could improve on such as communication between people using the service and the staff. We also saw that 50% of those who completed the survey were satisfied with the approach by staff to special events in the home such as people's birthdays, Christmas and open days.

There were new systems in place for reporting incidents and accidents in the home that affected the people living there. Where required CQC had been notified of any incidents and accidents and when safeguarding referrals had been made to the local authority.

Maintenance checks were being done regularly and we could see that any repairs or faults had been highlighted and acted upon. There was a cleaning schedule and records relating to premises and equipment checks to make sure they were clean and fit for the people living there.

As well as informal discussions with people and their relative's about the quality of the home, we also saw that resident and relatives meetings had taken place. These were used to share news and information about the progress of the home and to address any suggestions made that might improve the quality and safety of the service provision.