

Alliance Care (Dales Homes) Limited

Houndswood House Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Houndswood House Care Home is a residential care home providing personal and nursing care to up to 50 people. The service provides support to older people, some of whom may be living with dementia. At the time of our inspection there were 34 people using the service.

Houndswood House Care Home accommodates people across 2 units, each of which has separate adapted facilities and adjoining communal areas.

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

Risks to people's safety were assessed and monitored and there were systems to safeguard people from the risk of abuse. The service's infection prevention control measures were effective. People were supported by trained staff to take their medicines. However, we found covert medicines were not managed well; we have made a recommendation related to this.

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. We have made a recommendation related to this.

Whilst the home was well maintained, the décor was not dementia friendly. We have made a recommendation related to this.

Staff received an induction when starting in their role. Staff were knowledgeable about people's nutrition/hydration needs and preferences and majority of feedback from people and families was positive about the food.

People and their families felt involved in people's care.

People's end of life care plans did not include people's preferences or religious/spiritual needs. We have made a recommendation related to this. People were supported with activities, and we received positive feedback from people and families on this.

People and relatives spoke positively about the leadership of the service and the care people received from staff. People, relatives and staff felt comfortable raising any concerns and giving feedback. Staff felt supported by their managers and colleagues. The provider had systems to monitor the quality and safety of the service and staff worked effectively with other health professionals to support people's health and wellbeing.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 8 November 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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

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

Recommendations

We have made recommendations in relation to covert medicines, mental capacity assessments and best interest decisions, dementia-friendly décor and end of life care at this inspection.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Houndswood House Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 2 inspectors 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.

Service and service type

Houndswood House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under 1 contractual agreement dependent on their registration with us. Houndswood House is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

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

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

Notice of inspection

This inspection was unannounced.

Inspection activity started on 5 September 2023 and ended on 19 September 2023. We visited the location's service on 5 September 2023 and 19 September 2023.

What we did before inspection

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

During the inspection

We spoke with 3 people who used the service and 11 relatives about their experience of the care provided. We spoke with 8 members of staff including the registered manager, regional support manager, care staff, activity, and catering staff. We reviewed 4 people's care files and 3 staff personnel files. We also reviewed records relating to managing the service.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good: This meant people were safe and protected from avoidable harm.

Using medicines safely

- Staff did not always manage covert medicines well. At our first visit, we found 1 person had been administered medicines covertly without approval from a pharmacist; at our second visit, the pharmacy had been contacted for approval. We found another example whereby approval had been gained from the pharmacist but the information in the person's care plan differed from the pharmacist guidance. The registered manager told us they would contact the pharmacy to ensure it was acceptable to administer medicines as described in the care plan.

We recommend the provider ensures they are following national guidance for the management and administration of covert medicines.

- People received their medicines as prescribed. A relative told us, "[Person's] medication is given on time, and it is under control."
- Staff had completed training and managers assessed their competency to ensure they understood how to support people safely. Staff were able to describe action they would take if a person refused their medicines, or if an error had been made.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider's systems were not effective in identifying potential safeguarding concerns and ensuring prompt action was taken and recorded. This 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.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- The registered manager was aware of their responsibility to raise safeguarding concerns to the local authority. They made referrals as required and there were no open safeguardings at the time of the inspection.
- Staff were able to describe types of abuse and told us they would report any concerns to their manager. There were posters throughout the building with guidance for both staff and visitors to report concerns.
- People and their relatives told us they felt safe. A person said, "I enjoy it here, and yes I feel safe." A relative told us, "They are doing everything they can to make sure [person] is well looked after and safe."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection systems were not robust enough to demonstrate safety was effectively managed. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Staff were aware of risks to people and able to describe how these were managed. For example, they told us pressure care was managed by re-positioning people regularly, monitoring sore areas and reporting to the nurse as required. A member of staff told us, "We have a place to write everything, re-positioning, everything is documented. We check people regularly."
- People's records gave detailed guidance for staff. These included information about how to support with personal care, continence and oral health as well as risks such as falls and choking. There was a summary with the most important information; allergies, medical conditions and mobility needs for example.
- The registered manager told us learning from incidents was shared at daily handover meetings and weekly clinical meetings. Staff were unable to give examples of recent incidents but told us they would be informed at handover if something had happened or if there was a change in a person's needs. We saw the handover documentation at our second visit and noted information shared included updates on medicines, dressing changes, any infections and a fall from bed.
- Staff were able to describe the incident reporting process. A member of staff said, "We report what time, how it happened and inform nurse and/or manager." Another member of staff told us, "There is a book. We read it in the morning and discuss at handover. We are made aware if someone's weight has changed or if anyone is on antibiotics etc."

Staffing and recruitment

- The service's recruitment process included completing Disclosure and Barring Service (DBS) checks which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. We reviewed 3 staff files and found 1 did not include a full employment history. We fed this back to the registered manager who said they would follow this up with the member of staff.
- The service had enough staff to meet people's needs. A dependency tool was used to calculate numbers needed with extra staff added to the rota to allow for the layout of the building. Recent recruitment meant the use of agency staff had reduced; previously they had been reliant on agency nurses, but this was monitored closely and only used for holiday cover.
- People's relatives gave mixed feedback regarding staffing levels. Some said their relatives had to wait for support and described issues with agency staff. However, we were also told this had improved recently. A relative said, "The only problem is the agency staff. They have had an influx of permanent staff recently and they are fully staffed now." Another relative told us, "I see the same staff; they are getting a strong staff team together."
- Staff confirmed there were enough of them to provide safe care and told us they did not feel stretched. When agency staff were used, they worked alongside staff familiar with the home. We were told, "We show them what to do, how to care for the residents. They have a brief overview and work with someone who knows that floor." Another member of staff said, "We have enough staff. If we need extra staff, they provide it."

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- The service supported visits from people's relatives and professionals in line with current guidance.

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.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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 appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People who lacked capacity to make certain decisions did not always have the appropriate documentation completed. We found a person had been administered medicines covertly without an MCA or best interest decision recorded. Following our visit, this was reviewed, and the person's circumstances changed, meaning it was no longer applicable.
- Staff did not always give people enough support to understand the decision being made. MCA documentation we reviewed did not always include how people had been supported to understand or how they had responded. Following our visit, we were told additional training had been arranged for staff.

We recommend the provider ensures capacity assessments and best interest decisions are completed for any restrictions and reviewed regularly.

- Staff were able to describe where consent was required. A member of staff told us, "If you want to put on a bed rail, they have to give consent first." A professional said, "During my visits to the home, I have witnessed the staff explaining to the residents and asking them consent, the residents always look happy and well cared for."
- The registered manager had applied for DoLS as required. The system generated an alert to follow up if

they had not been approved after 6 months.

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

- The service was well decorated and maintained. However, the patterns in some of the décor meant it may not be suitable for people living with dementia. Managers were aware of this and considered the suitability of people when admitting them to the service. However, for people already living in the service this remained an issue.

We recommend the provider considers best practice relating to the décor of the service.

- People's relatives spoke positively about the environment of the home. Comments included: "Their room is nice, warm, the gardens are nice and well maintained", "We are happy, the accommodation is very good, the grounds are lovely, we are not unhappy with any aspect." And, "Cleanliness and décor of the home is very good."

Staff support: induction, training, skills and experience

- Staff had not received regular supervision. The registered manager was aware these were behind and had reminded department heads to complete them; we saw an increase in the number of supervisions held in the month of the inspection.
- Staff completed an induction to the service. This included training and shadowing other staff where they were given guidance on how to support people. Staff told us they found the induction helpful. A member of staff said, "So far everything is good, I'm still learning but enjoying it."
- Managers completed staff competency assessments. We reviewed some examples and new staff confirmed they had been observed using hoists.

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

- The registered manager completed the initial assessment with people and their families. We saw this was detailed and included the person's physical and mental health needs. The registered manager was confident it was a robust process to ensure suitable people were admitted to the service. They told us, "We are mindful of the environment and other residents so need to be quite specific who we take."
- People's protected characteristics under the Equalities Act 2010, such as age, disability, gender, religion, and ethnicity were identified as part of the assessment.

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

- People gave positive feedback about food at the service. A person told us, "[Staff] go out of their way sometimes to make me a backup sandwich, if [staff] think I might not like the evening options." A relative told us, "[Person] seems to eat well, I have no complaints about the food, they have variety."
- Staff were aware of people's needs and preferences. The chef manager met with people when they were admitted to the service to find out what they like and told us there was always plenty of choice. They said, "The menu is only a guideline, people are asked what they would like. There are set times for lunch, afternoon snacks, supper etc but people can have something in between times if they want to. There is always someone around who can prepare something for them."
- People's weights were monitored, and food and fluid charts completed where required. A relative told us, "There is always cake in the hall and a bowl of crisps. They replenish [person's] water regularly and keep them hydrated." Another relative said, "They are feeding [person] now and they are eating much better."

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

- People's care plans contained information about who was involved in supporting their healthcare needs. We saw evidence of input from GPs, tissue viability nurses and occupational therapists.
- People were supported to access appropriate healthcare support when needed. A relative told us, "They initiated getting [person] to the memory clinic."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. At this inspection the rating has remained Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People received kind and compassionate care from staff. A relative told us, "Staff are friendly and caring. The home has a nice atmosphere." A professional told us, "The staff we deal with are very knowledgeable about the residents and we have witnessed care and kindness from the staff when interacting with the residents."
- Staff were aware of people's cultural needs. A person told us they had dietary preferences due to their religion which were accommodated. They said, "When I first came here [staff] sat with me and asked what I like, and I don't like. They took the time to do that – you wouldn't get that everywhere."

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

- People and their families were involved in their care. A relative told us, "Recently it has felt very positive, the staff feel like a team. Communication was very tricky when [person] first moved in. With the new manager things have turned around and we have felt a lot more involved." Another relative said, "The manager is very approachable and empathetic. They are open to suggestions from me."

Respecting and promoting people's privacy, dignity and independence

- People were well presented, and their privacy and dignity were well maintained. A relative told us, "[Person's] door is closed for personal care; they knock before they go in and treat the room as their personal space." Another relative said, "[Person] is always clean; they are washed every day and look well cared for."
- Staff promoted people's independence. A relative said, "When [person] eats they allow time but help if needed."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people's needs were met through good organisation and delivery.

End of life care and support

- People's care plans did not always include information about people's preferences at the end of their life. They included information about people's medical needs, but there was limited detail on religious/spiritual needs or who they would like to be with them in their last days.

We recommend the registered manager reviews end of life care planning to ensure they include people's personalised preferences as well as medical needs.

- A relative gave positive feedback relating to a person who received end of life care at the service. They told us, "[Person] died there, they were excellent, they handled it all so well, I have a lot of respect for them for that."

Meeting people's communication needs; Planning personalised care to ensure people have choice and control and to meet their needs and preferences

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered manager gathered information about people's interests, important people in their lives and any religious/culturally important details at the initial assessment. The activities staff created more detailed life histories when people moved in, involving their families where necessary.
- People and their families confirmed they were involved in care planning. A relative told us, "I was involved in the care plan when [person] first went in." Another relative said, "I have been sent a huge form to fill in about [person's] past."
- People's communication needs were gathered at the initial assessment. Care plans stated whether people were able to communicate verbally and any sensory needs, such as wearing hearing aids or glasses.
- Staff supported people to make choices. A member of staff said, "With personal care, we can bring out 4 blouses [for example] to choose from and show them."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged to take part in activities. A person told us they had been supported to continue with a hobby from home, which they hadn't expected to be possible. They said, "It is those personal touches

that really make a difference. They make you feel cared for, respected." Another relative told us, "Everyone always looks like they are having a good time. The activity staff try and engage with [person], and they are getting a bit better, they have tried doing some art."

- Staff ensured people were involved in activities. They had an electronic system to monitor this and follow up if someone had not participated in any. They managed their activities schedule to ensure there was 1-1 time for people who did not join the group activities.
- People spoke highly of the activities staff. A relative said, "They have made fascinators for a Day at the Races event, soap and candle making, beach baseball, they had a spa day where they dimmed the lights, put on relaxing music, infusers so it smelt lovely, offered hand massages, face masks, the residents loved it. They also visit residents in their rooms and take activities to them if they want, so everyone is included."

Improving care quality in response to complaints or concerns

- People and their relatives felt able to raise concerns. A person said, "[Staff member] is really good, they pay attention to what we say." A relative told us, "If you have any issues you can speak to anyone, management, staff, admin, and it's dealt with."
- At the time of our inspection, there had been 4 complaints. We reviewed some and saw they had been investigated; the registered manager was able to describe action taken for each.

Is the service well-led?

Our findings

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

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

At our last inspection, the auditing of the service had not always been effective. The failure to effectively monitor and improve the service was a breach of Regulation 17 (Good governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some improvement had been made at this inspection and the provider was no longer in breach of regulation 17. However, there remained room for improvement with the audit process; although audits were completed, no actions were identified in those we reviewed.

- The registered manager had detailed knowledge of people's needs and any incidents or ongoing issues. Weekly clinical risk meetings were held; previously clinical governance arrangements had not been in place. The registered manager told us, "I started to work on that to ensure residents are safe and wounds are regularly reviewed, and weight loss is monitored etc."
- The provider reviewed data relating to incidents at the service and fed back to the registered manager where themes/increases had been identified for them to review.
- The registered manager monitored staff mandatory training. They received an alert from the system when staff training was overdue and ran a weekly report; we saw this displayed on the staff noticeboard.
- The registered manager was aware of their responsibilities to submit relevant notifications appropriately to CQC.

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

- Staff spoke positively about working at the service. There were good working relationships among the team, and they felt supported by the managers. A member of staff said, "It's so homely. We have very good managers, open doors if we need help. They are there to assist us." Another staff member told us, "We have teamwork, we always help each other out."
- People and their families were mostly positive about the service. We were given examples of people who had improved there. A relative told us, "[Person] was on a lot of medication; it was knocking them out. Houndswood House have taken them off all meds apart from 1 and the change is amazing, [person] recognises us again and the carers."

- The activities team had been nominated for an award. They were finalists for the upcoming "London region of the Great British Care Awards, In the care home team category."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People were invited to residents' meetings; there were separate meetings held with relatives. We reviewed minutes and saw feedback was sought on meals and activities with actions noted to address any concerns.
- People's families were happy with how the home was managed and felt communication was good. A relative told us, "They keep me informed; communication is really good. If you want to stand and have a chat with staff, they will stand and chat." Another relative said, "'I speak to the manager regularly; they are very open to conversations."
- Staff attended team meetings. Minutes we reviewed showed they included reminders to complete training and the importance of documentation. A member of staff said, "We discuss any challenges, what we can do to improve and any issues on the ground."
- People's records showed the service worked with other professionals. When there were visits from the GP, chiropodist etc these were documented in people's files. A professional told us, "We have a good relationship with the home, and are in regular communication with the staff."

Continuous learning and improving care

- The registered manager had made improvements to the service. This included a change to the daily handover to include a documented update on each person. They told us, "The biggest challenge was communication; staff were not aware who was coming in, what risks residents had. I worked with them on the floor, did training with them."
- The registered manager felt supported by the provider and found them responsive to the needs of the home. They had raised an issue about the door not being answered at the weekends and this had been addressed straight away. They said, "I spoke to [manager] last week about a receptionist, and we are interviewing tomorrow."