

Herewards House Ltd

Herewards House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

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

Herewards House is a residential care home and was providing personal and nursing care for 24 people aged 65 and over at the time of the inspection. The service can support up to 27 people.

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

Medicines were not managed and administered in line with good practice guidance. We observed medicine administration during our inspection and saw secondary dispensing took place. In addition, one person did not receive their medicines in line with the prescriber's instructions. Self-administration of insulin did not follow safe practice and guidance.

Staff we spoke with confirmed they had received training in safeguarding and knew what action to take if they felt people were being abused. Recruitment files we viewed contained the relevant information to ensure staff were recruited safely.

Risks associated with people's care and support needs had been identified and actions taken to minimise risks.

People we spoke with told us staff were kind and caring. They told us "Staff are kind and look after me well", "I am very very lucky to be here." We observed staff interacting with people in a positive way.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported to take part in activities. Activities were reliant on care staff and the service did not employ a specified member of staff for this.

There was a complaints procedure in place. People told us they knew how to make a complaint. Some auditing took place, accidents and incidents were recorded and responded to effectively. Staff and people told us the service was well run and they could always seek advice and support from the registered manager.

We have made a recommendation in relation to the providers auditing systems and reviewing consent agreements in relation to capacity.

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

Rating at last inspection

The previous rating for this service was good (published 30 August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement:

We have identified a breach in relation to safe care and treatment at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was 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?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

Herewards House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Herewards House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

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

During the inspection

We spoke with three people who used the service about their experience of the care provided. We also spoke

with six members of staff this included the chef the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with a visiting professional.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records this included each person's medication administration record (MAR). In addition, we viewed five care plans and other records in relation to the way the service was run.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant 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

Assessing risk, safety monitoring and management

At our last inspection we made a recommendation in relation to window restrictors and legionella testing. The provider had made improvements.

- Risk assessments were in place in line with health and safety legislation. Risk assessments were in place to minimise risks to people. People had personal emergency evacuation plans (PEEPs) in place which detailed the support people would require to evacuate the premises in the event of any emergency. Health and safety checks were in place to ensure the premises were a safe place to work and live.

Using medicines safely

- Medicines were not administered in line with good practice guidance. We observed medicine administration during our inspection and saw secondary dispensing took place. For example, one member of staff dispensed the medicine and another member of staff took the medicines to people. The dispensing member of staff signed the medication administration record (MAR) even though they had not seen the person take the medicine.
- There were occasions where the second member of staff took the medicines to people who were upstairs in their rooms. This put people at further risk, we could not be sure the correct person received their medicines as the member of staff did not have the person's MAR chart with them with identification details including the person's photo and details of the prescribed medicines to be given.
- Secondary dispensing took place on the day of our inspection which was a risk to people using the service. We discussed this with the registered manager who told us this was not standard practice.
- In addition, a specific medicine which was prescribed to be taken with food to aid with digestion was given some time after the person had consumed their food. This meant the medicine would be ineffective and was not in line with the prescriber's instructions.
- One person self-medicated with their insulin injection. We saw the person had signed a risk assessment and consent form for this. We spoke with the person about their insulin regime they told us they did not know they had diabetes and was not sure if they had an injection. We saw the person was clearly confused and their care plan confirmed they had advanced dementia. We spoke with the registered manager about this and they told us this will need to be reviewed.
- We discussed with staff the administration of the person's insulin, they told us "We draw up the insulin and just give it to [name] and they just know what to do." In addition, we saw staff carried out blood glucose testing on the person.
- We asked to see the record of competency checks and training staff had received in blood glucose testing

and the drawing up of the person's insulin. We were told the district nurse had observed staff carrying out this procedure. However, this had not been recorded to provide evidence of this. The provider arranged training for staff who administer insulin following our inspection.

Medicines were not managed safely and in line with good practice and current guidance this placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to ensure people were protected from abuse. Staff we spoke with confirmed they had received training in safeguarding and knew what action to take if they felt people were being abused. People told us they felt safe living at Herewards House. One person said, "I quiet enjoy living here the staff are kind, they do a good job."

Staffing and recruitment

- The provider had a system in place to ensure sufficient numbers of staff were available to meet the needs of the people using the service. The provider's recruitment policy ensured that new staff were suitable to work in the home. The checks carried out included a criminal record check and references from previous employers.
- People we spoke with told us there were always enough staff to help them. We observed throughout our inspection staff had time to engage with people and spent quality time with them.

Preventing and controlling infection

- The service was cleaned to high standards. We saw staff had personal protective equipment such as gloves and aprons to attend to people's personal care and support.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed to show trends. Action was taken to prevent the risk of further occurrences.

The registered manager, registered provider and team were quick to respond to any concerns raised and feedback given.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Assessments included people's preferences and diverse needs which included protected characteristics under the Equality Act 2010 such as age, culture, religion and disability. We observed one person who did not speak English was able to communicate with the chef who spoke the person's language fluently. Staff told us they communicated with the person by way of picture cards and they told us they knew the person well and anticipated their needs. Some staff spoke a few words of the person's language.

Staff support: induction, training, skills and experience

- New staff completed an induction process to enable them to be competent in their role. This included the Care Certificate. The Care Certificate is a set of standards that social care and health workers use in their daily working lives. It is the minimum standards that should be covered as part of induction training for new staff.
- Staff we spoke with told us they were supported in their role and had regular supervisions with their manager. The supervision records we saw confirmed this.
- People we spoke with told us staff knew their support needs. One person told us "The plan is for me to get fit and go back to work, staff support me with this."
- We viewed the training matrix which confirmed staff had received mandatory training.

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

- People were supported to maintain a balanced diet. Where people were at risk of malnutrition or had specific dietary needs, these were catered for. We spoke with the chef during our inspection and asked to see records of people's specific requirements. For example, people who were diabetic or required a soft diet. The chef told us they did not have these records and they were aware of what people required because staff told them. We spoke with the registered manager about this and they told us this will be something they will put in place. However, we saw the records of dietary requirements were in people's care plans.
- We observed lunch during our visit and found people were relaxed and engaged in conversation during their meal with other people and staff.
- A menu board was displayed in the dining room with pictures for people to make their preferred choice of meal.

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

- Records we saw confirmed people had access to healthcare professionals. One person told us how staff

supported them to visit the local surgery to have their injection. We saw appointments were made for people to visit dentist and chiropodists when required.

- We spoke with one visiting healthcare professional during our visit. They told us the service had a good relationship with the local authority and they always contact them with any issues or concerns.

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

- The premises had been converted and developed to provide accommodation for older people and was designed and decorated to meet people's needs. The service encouraged family and friends to visit and there were no restrictions on visiting.
- A gardener was employed to look after areas of the grounds.

Ensuring consent to care and treatment in line with law and guidance

During our previous inspection we recommended that the service reviewed people's ability to consent, and where necessary completed mental capacity assessments and make further DoLS applications.

We found during this inspection MCA assessments had been completed. However, we found one person's assessment of capacity was not a true reflection of their current ability to consent to treatment. For example, the person's MCA assessment confirmed they had been assessed as having capacity to understand and retain information relating to the need to self-administer their insulin. The agreement had been reviewed on 1 November 2018. However, when we spoke with the person, they clearly had no recollection of this agreement and told us they did not know they had an injection for diabetes. We discussed this with the provider who said this will be reviewed.

We further recommend capacity assessments are reviewed in line with good practice 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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Records showed that the service was not always working within the principles of the MCA. We raised this with the provider who acknowledged that reviews need to be undertaken on a more regular basis and assured us this would be actioned.
- Staff told us they always gained consent before supporting people. We saw evidence of this throughout our inspection.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

We were unable to speak with many people during our inspection due to their advanced dementia.

However, our observations were that staff knew people well and had worked at the service for many years and had built up good relationships with people.

- We observed kind caring interactions between staff and people using the service. The people we were able to speak with told us staff were kind and looked after them well.
- One person said "Staff are kind and they do a good job, they are helping me get back on track. I was in hospital last year and now I am getting back to normal." Another person commented, "Yes everything is fine staff are very good."

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

- People made every day decisions about their care and support. People chose when they got up, what they wanted to wear and how they wanted to spend their day.
- Care plans we viewed recorded people had been involved in their care and were updated accordingly in relation to people's changing needs.
- Resident meetings took place to allow people to voice their opinions about their care.

Respecting and promoting people's privacy, dignity and independence

- Staff told us they always knocked on people's doors before entering. We observed staff interacting with people and saw they were kind and considerate. Staff knocked on people's doors and ensured doors were closed when delivering personal care.
- People were supported to be as independent as they could be. Staff told us they treated each person as an individual and the care plans and meetings with family members helped them to understand people's preferences.

Is the service responsive?

Our findings

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

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

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were individualised to ensure appropriate care was given to each person. People were consulted prior to their care plan being formulated together with their relatives where applicable.
- People were able to choose a male or female member of staff to support them.
- Where medical intervention was required from outside professionals, for example people who were catheterised; the recording of the next catheter change and input from the district nurse was clearly documented.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were documented in care plans to ensure staff could communicate with them in the way people could understand. Some people who were hard of hearing or spoke another language had information on their support needs and how staff supported them.
- Picture cards and large print were available which enabled people to understand and receive information that met their needs.

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

- The service recognised social activities played a vital role in contributing towards providing good quality care. Various activities were available for people to take part in such as card games, gentle exercise, trips out and use of computers and internet facility.
- People were encouraged to continue to pursue their own personal interests and hobbies. The service respected people's religious beliefs and provided care that supported the cultural and religious preferences of people. A church was situated within close proximity to the home and the local priest visited the service when requested.

Improving care quality in response to complaints or concerns

- Complaints were responded to in a timely manner. People were given a complaints procedure when they first joined the service. Written complaints were acknowledged and investigated within 28 days. There were

no complaints at the time of our inspection.

End of life care and support

- People were able to make decisions about their end of life support. Staff were aware of good practice guidance for end of life care and the service was supported by the local GP and palliative care specialists when required.
- There was no one receiving end of life care at the time of our inspection.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

During our last inspection the provider had not registered with the Information Commissioner's Office (ICO). We recommended the provider registered with the ICO. During this inspection we found improvements had been made and the provider was now registered.

During our last inspection we recommended the provider updated their statement of purpose and sent the necessary statutory notifications, required by the regulations. The provider had made improvements and had updated their statement of purpose.

- Governance systems did not always effectively monitor the service and identify where improvements were required. Audits were carried out in relation to medicines. However, the audits did not identify poor practice in relation to administration. In addition, specific prescribing instructions were not always followed. Care plan audits were not taking place to identify any issues. One person required regular repositioning due to their confinement in bed. However, we found records relating to regular repositioning were not always completed. Lack of robust auditing meant issues were not identified and addressed.
- Staff and the registered manager were not aware of the implications of secondary dispensing. The provider had not identified this was poor practice and told us they thought this was a safer option.
- However, the provider was receptive to our feedback and was keen to make necessary improvements to ensure the safety of people.

We recommend the provider seeks current guidance in relation to quality control systems.

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

- People told us the service was well run. Staff said "Its fine here [registered manager] is good to us we can speak to him at any time," "I have been here a long time I love my job" and "Everything is good [registered manager] is the best manager ever, we are able to ask him anything, we can let off steam and that's not a problem."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open

and honest with people when something goes wrong

- The registered manager was clear about their responsibilities around the duty of candour. The duty of candour sets out actions that should be followed when things go wrong, including an apology and being open and transparent.

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

- Communication played a key role in involving people in the way the service was run. Residents and relatives' meetings were held on a regular basis to ensure people could comment on their likes and dislikes and the way the service was run. The provider encouraged people to give direct verbal feedback on the quality of the service they received. People were also asked to complete questionnaires about the care provided. Relatives were involved in meetings and feedback via questionnaires.
- Regular staff meetings enabled staff to give feedback on the care provision.

Continuous learning and improving care; Working in partnership with others

- The registered manager was keen to discuss lessons learned with staff both formally and informally.
- Healthcare professionals visited the service on a regular basis. One visiting healthcare professional told us they had seen improvements made by the service since the last inspection. They also commented the service had a good relationship with them and was always proactive in their approach. They informed us the service will be part of the hydration project in due course.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not ensure the safe management of medicines.