

Mr Brian J Cowan & Mrs Geraldine M N Cowan

Hilda House Care Home Adults L D

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?

Good



Is the service well-led?

Requires improvement



Overall summary

The inspection took place on the 11 March 2015 and was announced. The provider was given 48 hours' notice of the inspection because both the provider and people who lived in the home were often out in the local community. We needed to be sure that they would be in the home at the time of the inspection.

The home was last inspected on 21 May 2014 when we found the provider was in breach of two regulations relating to records and assessing and monitoring the quality of service provision. At this inspection we found that improvements had been made in both areas.

Hilda House Care Home Adults LD provides care for up to three people who have learning disabilities. The provider also had a day care service known as "Shared

Summary of findings

interests” and a respite service. Both of these services are not regulated by CQC because they are out of the scope of the regulations. There were two people living at the home at the time of the inspection.

The provider was a husband and wife partnership, Mr Brian and Mrs Geraldine Cowan. One part time staff member was employed.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission 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 and associated Regulations about how the service is run.

There was a safeguarding adults procedure in place. The provider knew what action to take if abuse was suspected. The provider was liaising with the local authority regarding the financial arrangements of both people who lived at the home.

We observed that the home was very clean. We found however, that window restrictors had not been fitted to windows and risk assessments were not in place to assess this risk. In addition, some of the special strips which are fitted to fire doors or frames to provide a flame tight seal were missing. The registered manager contacted us following the inspection to state that they were in the process of replacing ten doors and a risk assessment had been completed for the windows.

We noted that the recording of medicines had improved. We found however, some concerns with the storage of medicines.

We spoke with both people and one relative about staff numbers. They agreed that there were enough staff to look after them.

We checked the recruitment records of one of the staff members who worked there. We noted that a Disclosure and Barring Service check had been carried out, but no other checks had been undertaken to ensure that the staff member was suitable to work with vulnerable people. The provider said that not all recruitment checks were not carried out because they knew the staff member personally.

The provider gave us information on what training had been completed. The registered manager had been a

senior special needs teacher. It was not clear however, what training the other provider staff member had completed with regards to the specific needs of people who lived there. In addition, there were no training records for the employed member of staff.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are part of the Mental Capacity Act 2005 (MCA). These safeguards aim to make sure that people are looked after in a way that does not inappropriately restrict their freedom.

We found that there had been a delay in ensuring that people were only deprived of their liberty in a safe and correct way which was authorised by the local authority, in line with legislation. Records did not clearly demonstrate that financial decisions were sought in line with the Mental Capacity Act 2005.

We have made a recommendation that decisions are always sought in line with the Mental Capacity Act 2005.

People were complimentary about the meals at the home. We observed that staff supported people with their dietary requirements.

Both people told us that they were happy living at Hilda House. The relative with whom we spoke said, “I wouldn’t mind living there myself.” People told us that staff were kind and caring. This was confirmed by the relative with whom we spoke.

There was a complaints procedure in place. The registered manager told us that no complaints had been received. There were a number of feedback mechanisms in place to obtain the views of people, relatives and stakeholders. These included care reviews, monthly meetings and surveys.

We noted that the provider carried out a number of audits and checks to monitor the quality of the service provided. We found however, that these did not highlight the minor concerns which we had raised regarding the premises, medicines, MCA requirements and training. Although these issues had not impacted on people who lived at the home; we considered that improvements were required to ensure that all aspects of the service were monitored to ensure people received safe and effective care.

Summary of findings

Following our inspection, the provider immediately sent us an action plan and told us how they were going to address the issues we raised.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Not all aspects of the service were safe.

We saw that the premises were very clean and well maintained. We found however, that window restrictors had not been fitted to windows and there was no risk assessment in place to evaluate this risk. Some of the special strips which were fitted to fire doors to provide a flame-tight seal were missing.

There was a safeguarding adults procedure in place. The provider knew what action to take if abuse was suspected.

There had been improvements with the recording of medicines. We found concerns however, with the storage of medicines.

Requires improvement



Is the service effective?

Not all aspects of the service were effective.

There were no training records for the one member of staff who was employed by the provider.

Records did not clearly demonstrate that financial decisions were sought in line with the Mental Capacity Act 2005.

Both people were complimentary about meals at the home. The kitchen was well stocked with meat, fish and fresh fruit and vegetables.

Requires improvement



Is the service caring?

The service was caring.

People and the relative with whom we spoke told us that staff were caring.

All of the interactions we saw between people and the provider were positive.

The provider staff spoke with people respectfully.

Good



Is the service responsive?

The service was responsive.

People and a relative told us that staff were responsive to people's needs.

People's social needs were met. Both people accessed the provider's day care service.

There was a complaints procedure in place. Feedback systems were in place to obtain people's views. These included meetings and surveys.

Good



Is the service well-led?

Not all aspects of the service were well led.

Requires improvement



Summary of findings

We noted that the provider carried out a number of audits and checks to monitor the quality of the service provided. However, these did not highlight the minor concerns which we had raised regarding the premises, medicines, MCA requirements and training.

Following our inspection, the provider immediately sent us an action plan and told us how they were going to address the issues we raised.

Hilda House Care Home Adults L D

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 is 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.

The inspection was carried out by one inspector. The inspection took place on 11 March 2015 and was announced.

We spoke with both people who lived at the service. We contacted a relative following the inspection by phone. We conferred with a local authority safeguarding officer and a local authority contracts officer.

We consulted with the owners of Hilda House, Mr Brian and Mrs Geraldine Cowan. We refer to them as the provider throughout the report. Mrs Geraldine Cowan was the registered manager. Following our inspection, we spoke with a support worker who was employed by the provider.

We read both people's care records. We looked at a variety of records which related to the management of the service such as audits and surveys.

Prior to carrying out the inspection, we reviewed all the information we held about the home. We did not request that the provider complete a provider information return (PIR) because of the late scheduling of the inspection. A PIR is a form which asks the provider to give some key information about their service; how it is addressing the five questions and what improvements they plan to make.

Is the service safe?

Our findings

Both people answered yes to our questions, “Do you feel safe living here” and “Are the staff nice to you?” We looked at completed questionnaires from the most recent survey which was completed in 2015. We saw that both people had agreed with the statement, “I feel very safe.” We spoke with one relative who told us, “I’m happy knowing they are safe there.”

The provider was knowledgeable about what action they would take if abuse were suspected. The provider explained that both people were unaware of the value of money and they had to support them to withdraw money and pay any transactions. The registered manager was liaising with the local authority regarding best practice arrangements relating to the management of both people's finances.

Following our inspection, the provider wrote to us and stated, “[Name of registered manager] contacted Scottish Borders and explained the system Hilda House had used since 1999. The duty social worker agreed to look into this further as to whether it was acceptable to continue or that Hilda House might need to upgrade to deputyship or the Scottish Borders equivalent.”

The care home was also the provider's family home. The provider told us, and our own observations confirmed that sometimes their grandchildren visited. We saw that the service had a safeguarding adults policy in place, however they had not yet written a safeguarding children's policy. Following our inspection, the registered manager wrote to us to state that a safeguarding children's policy and risk assessment were in place and any children were supervised at all times.

We looked around the building and saw that it was very clean. Each of the three bedrooms had ensuite facilities which had been turned into wet rooms. The showers had an automatic temperature gauge which reduced the risk of any injury through scalding.

People shared the kitchen, lounge and dining room with the provider. The provider had their own ensuite facilities. There was a homely feel and pictures which both people had drawn were displayed around the home. The provider used an external cleaning company to regularly clean the home.

We saw that checks were carried out on gas, electrical and fire safety. We noticed however, that some of the special strips which were fitted to fire doors/frames to provide a flame tight seal were missing. Following our inspection, the registered manager contacted us to state that they were in the process of replacing ten doors.

We observed that windows were not fitted with window restrictors to reduce the risk of any falls. A risk assessment had not been written to assess this risk. Following our inspection, the registered manager contacted us to state that a risk assessment was now in place.

We saw that a legionella risk assessment had been carried out. Water temperatures were checked regularly to ensure they remained within safe limits to reduce the risk of legionella. We noted however, that the cleaning of shower heads was not recorded, although the provider said it was undertaken regularly. Following our inspection, the registered manager wrote to us to inform us that these checks were now carried out.

We checked medicines management. At our last inspection we found concerns with the recording of medicines. At this inspection we found that the pharmacy was providing the home with pre-printed labels which included all the details of the medicines.

We found some concerns however with the storage of medicines. We noticed that medicines were kept in two locked boxes which were stored in an office which was not lockable. Following our inspection, the provider informed us that two steel cupboards had been purchased and fixed to the wall to ensure that medicines were stored safely.

We noticed that temperatures within this room were not taken to ensure that medicines were stored safely. NICE guidelines state that there should be a process in place to monitor temperatures to ensure that medicines are stored safely, “usually no more than 25°C.” We spoke with the provider following our inspection. They said that temperatures would now be monitored.

We checked staffing levels at the home. The provider carried out all of the duties at the care home, such as cooking, prompting people with personal care and making sure people's social needs were met. A third member of staff was employed to work at the home several hours a week while the provider had time off. We asked about staffing levels at night. The provider stated that they would wake up if assistance was required. We noticed however,

Is the service safe?

that there was no system in place for people to use to alert the provider if they needed help or support through the night. Following our inspection, the registered manager wrote to us and stated, “Alerting system for three rooms, ordered from [name of company].”

We checked recruitment procedures at the home. We asked to see the recruitment records for the additional staff member. The registered manager told us that a Disclosure

and Barring Service check had been carried out. However, no other checks to make sure the staff member was suitable to work with vulnerable people had been undertaken, since they knew the staff member personally.

Following our inspection, the provider wrote to us and explained that safe recruitment procedures would be followed in the future. This procedure included the use of an application form; a documented interview process; obtaining two written references including one from the applicants previous employer; a DBS check and a check of the person’s identity.

Is the service effective?

Our findings

The provider gave us evidence of the training that they had undertaken. The registered manager had completed the Registered Manager's Award which was a level 4 vocational qualification. Both provider staff had completed training in safe working practices such as medicines management; safeguarding; equality and diversity; food safety; first aid and fire safety. The registered manager was previously a senior special needs teacher. There was no evidence however; that the other provider staff member had completed training to meet the specialist needs of both people who lived there, such as learning disabilities training. There were also no training details for the additional staff member who supported the provider once a week or when needed. We spoke with this member of staff following our inspection. She told us that she had completed training in her main job because working at Hilda House was a second job. The registered manager informed us that the other provider staff member had completed learning disabilities awareness training on 6 May 2015.

We asked about supervision and appraisal arrangements. The registered manager explained that they were a small staff team which consisted of a husband and wife team and an additional support worker. She said that supervision was carried out informally and any additional support was provided.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are part of the Mental Capacity Act 2005. These safeguards aim to make sure that people are looked after in a way that does not inappropriately restrict their freedom. In England, the local authority authorises applications to deprive people of their liberty.

We spoke with the registered manager about whether people were being deprived of their liberty under the Supreme Court judgment which had redefined the definition of what constituted a deprivation of liberty. The Supreme Court ruled that a deprivation of liberty occurs when the person is under continuous supervision and is not free to leave.

The registered manager told us that she was not clear about whether this ruling affected the people who lived at Hilda House. She said that both people needed supervision to go outside and the doors of the care home were locked. The registered manager said that she would speak with the local authority DoLS team for further advice guidance. Following our inspection, the registered manager wrote to us and informed us that she had sent DoLS applications for both people to the local authority to authorise.

The registered manager told us that they supported both people to manage their finances. It was not clear whether a mental capacity assessment had been carried out to assess this specific decision in line with legislation.

We checked whether people's nutritional needs were met. Both people indicated that they were happy with the meals provided. We looked at the results of the most recent survey for 2015. Both people had agreed with the statement "I get all the food I like when I want it."

We looked around the kitchen and saw that it was well stocked with meat, fish and fresh fruit and vegetables. Local produce was sourced and people assisted with the food shopping. A takeaway of fish and chips was planned for the evening meal which both people were happy about.

We read both people's care plans and saw that there was information on their likes and dislikes. One person did not like his food to touch other food on the plate. We read another care plan which stated that the person was no longer able to put butter and marmalade on toast himself.

At our previous inspection we found that people's weight was not being monitored. At this inspection we noted that people's weights were monitored regularly. No concerns had been raised.

We read that people were supported to access healthcare services. Both people attended GP appointments; visited the dentist, optician and podiatrist. There were no current social workers involved in either person's care.

We recommend the provider references the MCA when considering future best interests decisions for people living at the home.

Is the service caring?

Our findings

Both people said they were happy living at Hilda House. We asked people questions on whether staff were kind, caring and looked after them well. Both answered yes to all the questions we asked. They looked cheerful and relaxed around the provider.

We spoke with one relative. She told us, "It's a lovely service. [Name of provider] are so kind and caring." We looked at a questionnaire which had been returned from one relative. This stated, "We think [name of provider] deserve a medal for their patience."

The provider told us that one person who had lived at the home for a number of years had recently died. She stated, and our own observations confirmed that this had brought both people who still lived at the home closer together and they now enjoyed spending time with each other. We saw that both people were sitting in the lounge, watching films and talking to one of the providers.

There was a homely, relaxed atmosphere. We noticed that both people interacted well with the provider. The provider had two dogs and people appeared to enjoy watching their antics.

Care plans were detailed about people's likes and dislikes. One care plan stated that the person liked to spend time with his friends and liked to be with people who were "jolly, friendly and full of fun."

Both provider staff treated people with respect and dignity. They spoke to them in a respectful manner.

We looked at questionnaires from the most recent survey which was completed in 2015. We saw that one person had stated, "The way I am helped and treated sometimes makes me feel a bit bad about myself." Underneath the registered manager had clarified this answer by asking why the person felt this way. The person had stated, "I feel a bit embarrassed when I have to be shown things and have to ask for help like using the new shower." The registered manager explained that both people were now able to use the new showers independently and did not require any support.

The registered manager informed us that no one was currently accessing any form of advocacy. She told us, and records confirmed that there was a procedure in place if advocacy services were required. Advocates can represent the views and wishes for people who are not able to do this.

Is the service responsive?

Our findings

Both people answered “yes” when we asked whether they were supported to continue their hobbies and interests. They both answered “no” when we asked whether they had any concerns or complaints.

The provider had supported both people since 1999. This experience contributed to the efficiency with which they carried out their duties and understood the needs of both people who lived there.

We examined both care plans. We saw that these were reviewed monthly to make sure that the care provided continued to meet their needs. The care plans were person centred and contained details of their personal history together with likes and dislikes. All aspects of their care and support were documented. This included information on health care, communication and social needs.

We saw that they were monitoring one person’s temperature. The registered manager explained that this procedure helped them identify any deterioration in the person’s condition so that prompt medical attention could be sought.

At the last inspection, we stated that it was not always clear that care and treatment reflected research based practice. We found that “hospital passports” were not completed. Hospital passports contain details of people’s communication needs, together with medical and personal information. This document can then be taken to the hospital or the GP to make sure that all professionals are aware of the individual’s needs. At this inspection, we saw that both people had a hospital passport in place.

At our previous inspection, we noted that annual reviews were not carried out for those people whose care was managed by the Scottish Borders local authority. The registered manager told us that it was not the policy of Scottish Borders to carry out reviews of care where people

were in a settled environment. At this inspection, we saw that the registered manager herself had organised annual reviews. Relatives of both people attended. The registered manager invited a social worker from Scottish Borders to attend the reviews. They were unable to attend; however minutes of both reviews were sent to them. We read in the minutes that the registered manager had documented that the social worker had been, “impressed with the detailed review notes.” We ourselves found the reviews were comprehensive and gave a full overview of each person’s health and wellbeing over the previous year.

We read the minutes of the last review for one person which was carried out in February 2015. This stated “Relative was pleased with the new facilities and impressed with the ensuite shower. [Name of relative] made it quite clear that she would like her brother to remain living at Hilda House. She said they were happy, settled and nicely turned out and had plenty to do and were always busy.” We noted that both people had indicated they were happy living at Hilda House, one person had commented, “Aye, we’re staying here.”

We observed that people’s social needs were met. During the day, both people accessed the provider’s day care service, “Shared interests.” This service supported people to access their hobbies and interests. These included pool; bowls; and boccia [ball game]. Trips out into the local community were also organised.

We looked at completed questionnaires from the most recent survey which was completed by people in 2015. We saw that both people had agreed with the statement, “I spend my time as I want, doing the things I like.”

There was a complaints procedure in place. The registered manager informed us that no complaints had been made. She said that people were asked if they had any concerns or complaints during every day conversations and also at their monthly meetings.

Is the service well-led?

Our findings

There was a registered manager in post. She had been registered with CQC and its predecessor organisations for many years. The care home had been open since 1999. Prior to this date, respite care only was provided. Both people had lived at Hilda House since 1999.

At our previous inspection, we raised concerns that the views of people were not regularly sought. The registered manager told us that informal processes were in place to regularly check that people remained happy, but formal systems such as regular meetings were not in place. She also stated that a formal system for obtaining the views of people's representatives was not in place.

At this inspection, we saw that annual reviews had been commenced and questionnaires for relatives and stakeholders devised and sent out. We read the comments from a recent relatives' survey. One relative had commented, "[Name of provider staff] are doing an excellent job."

Monthly meetings were held with both people who lived there. An annual questionnaire was also completed.

We saw that a staff survey had been completed. Comments included, "My bosses are very approachable" and "Very much a valued member of the team." A questionnaire had been completed by a social worker in February 2015. This stated, "From the reports prepared by Hilda House for [name of people] reviews, it appears that the placements are meeting their needs."

The provider informed us that they had regular informal meetings with the additional support worker. They said, "We have discussions all the time. Anything that needs to be done gets discussed - it works." The provider informed us however, that these meetings were not documented.

At our previous inspection, we found that infection control audits were not being carried out. At this inspection, we noted that checks on infection control procedures were now being carried out.

We looked at medicines audits. We found that the provider carried out a monthly medicines audit to ensure that the number of medicines administered corresponded with the amount of medicines left in stock. We noted that the provider had found several anomalies with the balance of medicines in stock. We asked the provider about this issue. They told us that the discrepancies found could be due to the way in which the medicines audit itself was completed, rather than any errors with the administration of medicines. They told us that they would look into this issue immediately.

We noted that the provider carried out a number of audits and checks to monitor the quality of the service provided. We found however, that these did not highlight the concerns which we had raised regarding the premises, medicines, MCA requirements and training. Although these issues had not impacted on people who lived at the home; we considered that improvements were required to ensure that all aspects of the service were monitored to ensure people received safe and effective care.

Following our inspection, the provider immediately sent us an action plan and told us how they were going to address the issues we raised.