Tracs Limited

Honeybrook House

Inspection report

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Date of inspection visit:
30 March 2016
01 April 2016

Date of publication:
11 July 2016

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

Honeybrook House is registered to provide care and accommodation to up to 10 people with a learning disability and autism. At the time of our inspection eight people were living there.

The inspection took place on the 30 March and 1 April 2016 and was unannounced.

At the time of our inspection a manager was in post. They were present during the afternoon of the 30 March and for most of the time we were at the home on 1 April 2016. The previous registered manager had left Honeybrook House a few weeks prior to our inspection. The new manager had been in post for a couple of weeks and was preparing to apply to the Care Quality Commission (CQC) to become the registered manager.

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 2008 and associated Regulations about how the service is run.

We carried out an unannounced comprehensive inspection on 10 November 2014. A breach of a legal requirement was found. After the inspection the provider wrote to us to say what they would do to meet the legal requirement in relation to the breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponded to a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The breach was due to short falls in how people were lawfully restricted.

Improvements had been made although an application to restrict one person's liberty had not been made once a previous decision had expired. Staff were not aware of who's liberty they were lawful able to restrict.

We looked at people's medicines and found one person had regularly received incorrect pain relief since the start of 2016. Staff were not aware they had made these continual errors. These findings were taken seriously and immediate action was taken.

People who lived at the home responded positively to staff. Staff supported people in a kind and caring way and communicated with people in a way they preferred. People were supported by staff who had received training and support in order they were able to meet people's care needs. Staff were aware of their responsibility to report any safeguarding matters to the management team and had an awareness of other organisations.

People received care and support from staff who were supported by senior staff and were able to seek guidance on aspects of people's care and support. Staff enjoyed working for the provider. Staff were able to attend staff meetings during which people's care needs as well as practices within the home were discussed. The suitability of new staff members was checked before they started working for the provider.

People's consent was obtained by staff before care and support was provided and people were encouraged to make choices about how they spent their time and in the food they eat. People were involved in their own care and were supported by family members. Best interest decisions were in place and had involved relatives and healthcare professions as needed. There were however occasions when decisions had taken place without referring to the people or their representative.

People were seen to be supported to do things they enjoyed doing in the home and in the wider community. Staff understood what people liked doing and how best to meet these needs. People's health needs were had accessed regularly by professionals to support them and to maintain their health and well-being.

The quality of the care provided was checked and reviewed by provider and staff at the home. Management systems were not always in place to identify trends within the home. Staff were unable to inform us why notifications following incidents or event which effected people's welfare were not always sent to the CQC.

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 consistently safe.

People did not always receive their medicines as prescribed. People were supported by staff who had an awareness of how to protect people from the risk of abuse. There were enough staff available to keep people safe.

Is the service effective?

Requires Improvement

The service was not consistently effective.

People were not always protected against the risk of having their liberty withheld lawful. People were supported by staff who were aware they needed to gain consent from people prior to them providing care and support. People were able to access healthcare professionals.

Is the service caring?

Good

The service was caring.

People received care and support from staff who were kind and considerate. People were treated with respect and their right to privacy and dignity was promoted.

Is the service responsive?

Good

The service was responsive.

People were able to take part reviewing and planning their care. People participated in interests and hobbies they enjoyed. Relatives felt confident they would be able to raise concerns with the new manager.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

People were aware of the new manager and spoke highly of them. Systems in place to monitor the quality of the service provided were not always identifying areas where improvements were needed.

Honeybrook House

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.

This inspection took place on 30 March and 1 April 2016 and was unannounced. The inspection team consisted of one inspector.

As part of the inspection we looked at the information we held about the service provided at the home. This included statutory notifications. Statutory notifications include important events and occurrences such as accidents and serious injury which the provider is required to send us by law.

We spent time with people who lived at the home and had discussions with two people about the care and support they received. We looked at how staff supported people throughout the time we were at the home.

We spoke with the newly appointed manager, the deputy manager who was working their first day in that role, a team leader and four other staff members. We spoke with five relatives of people who lived at the home.

We looked at the records relating to two people who lived at the home as well as medicine records. We also looked at staff records and quality audits.

Requires Improvement

Is the service safe?

Our findings

We looked at the safe management of medicines. People had not always received their medicines as prescribed by a healthcare professional. For example one person was prescribed a pain relieving patch. We found the application of these patches was not carried out in line with the instructions given and available to the staff. Staff had not identified the shortfall and all staff involved in the administration of medicines had followed the pattern established and therefore continual errors were made. We found these patches were not always available as they were unavailable to staff. This resulted in an additional increase in time between applications. We saw no written evidence to show the person had come to any harm as a result of the shortfall identified. However a healthcare professional confirmed at the time of our inspection the person would not have had any pain relief after 72 hours.

Due to the seriousness of the error the new manager told us the provider would carry out a full audit of people's medicines and a programme of staff refresher training was to be scheduled.

We did not see anybody receive their prescribed medicine during our inspection. Staff told us they administered medicines to people while they were in their own bedroom to provide people with privacy. The new manager spoke of their desire to ensure people's medicines were administered in a personalised way and planned to explore storing medicines in people's own bedrooms.

We found medicines were safely stored and records were maintained by staff who had administered medicines. Two people who lived at the home held their medicines in their own room for staff to administer and one person self-administered their own medicines. Procedures were in place to ensure people who self-administered their own medicines continued to be safe in doing this. Protocols and guidelines were in place to assist staff with the administration of medicines. For example if people liked their medicines in a certain order or when people had medicines prescribed on an as needed basis. We saw audits of stock levels were held for these medicines and were found to be correct.

One person described the care they received as, "Great" and added, "I would say otherwise if it wasn't". People we spoke with indicated they felt comfortable with staff and raised no concerns about their safety. Other people looked at ease with staff members throughout our inspection. We did not see any signs of people feeling anxious with staff and people's body language was positive.

Relatives we spoke with told us they believed their family member to be safe living at the home. One relative told us they believed their family member to be safe as they had, "Confidence" in all the staff. Another relative commented, "I think [person's name] is safe I would tell you if I didn't". The same relative told us their family member tells them, "Got to go home now (back to Honeybrook House)" when they had stayed with them. Another relative also told us their family member would be anxious to get back to the home when they were out. These relatives took this as an indication their family member liked living at the home and felt safe there.

Staff we spoke with were able to describe different types of abuse people who lived in a care home could be

subjected to. Staff were aware of their responsibility to report any actual or suspected abusive practice taking place within the home. Staff told us they would inform the manager or a senior member of staff about any abuse. One member of staff told us, "People are safe here. I wouldn't let people be hurt." Staff were aware of other agencies they could speak with including the Care Quality Commission (CQC) and the police.

The management team were aware of the need to report safeguarding incidents to the local authority. A flow chart was accessible to all staff which showed the reporting process. The team leader was able to describe to us previous safeguarding concerns and the action taken at the home to keep people safe.

The provider had strategies to make sure risks were identified and managed. We saw risk assessments included the actions needed to reduce risks to people's safety. Plans were in place to guide staff on what they needed to do to support people. Staff were aware of the risks to people and appropriate support was provided. For example staff provided individual care on a one to one basis for people who were identified as at risk of choking while eating their meals.

The management ensured sufficient staff were on duty at all times to ensure people were not placed at risk and to ensure their identified needs were able to be met. Relatives raised no concerns about the number of staff on duty. One relative told us of changes to their family member's keyworker (a member of staff with additional responsibilities for an individual). These changes were seen as positive and as a way of making sure staff were aware of the person's needs. Another relative told us their family member was much happier following a recent change in their keyworker. A further relative told us, "The staff are friendly and always about when needed."

People received care and support from a consistent group of staff. Photographs of the staff on duty were displayed for people to refer to. During the day we saw people looked at the photographs and took an interest in who was due to be at work later in the day. Staff we spoke with were aware of people who needed one to one support throughout the day. We saw these arrangements were in place.

The provider ensured safe recruitment procedures were in place. These included staff having a Disclosure and Barring Service (DBS) check carried out and obtaining references from previous employers. The DBS is a national service that keeps records of criminal convictions. The provider had used the information received to ensure suitable people were employed so people living at the home were not placed at risk.

Requires Improvement

Is the service effective?

Our findings

During our inspection on 10 November 2014 we identified shortfalls in how people were lawfully restricted. This was a breach of Regulations 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This corresponds to a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) 2014. We asked the registered providers what action they were going to take as a result of the breach.

We received an action plan from the provider telling us how they would improve. Whilst we found improvements and agreed they had met the requirements of the law we found an error for one person which they rectified at the time of our visit.

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 interest 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Following our previous inspection we were notified of two authorised DoLS and informed of other applications made to the local authority. The action plan submitted following our previous inspection stated regular and appropriate reviewing of each DoLS within the necessary framework would be carried out.

As part of this inspection we looked at the DoLS which were in place. We saw some areas were improvements had taken place. For example applications had been made to different local authorities and were awaiting assessments as to whether they would be authorised. However we saw one granted authorisation had expired two weeks before our inspection. No re application for a DoLS had been made to the person's local authority. Therefore the restrictions placed on this person were no longer authorised. A revised application was undertaken during the course of our inspection once the shortfall was brought to the attention of the new manager.

We found two applications had received authorisation from the persons' local authority. The Care Quality Commission had not been informed these applications were granted by means of a notification. The manager completed the required notifications once this shortfall became evident.

Staff we spoke with believed everybody who lived at the home had an authorised DoLS in place. This was not the case. Although staff had an understanding of DoL (Deprivation of Liberty) there were not aware of who had authorisation in place.

We saw staff sought consent from people before they provided care and support. We spoke with staff and found they understood the principles of the seeking consent although they had not received any training. We saw people's capacity in making decisions regarding aspects of their care had been carried out. Where best interests decisions were made on behalf of people who lived at the home these were reached involving suitable people such as healthcare professionals and family members. During our inspection we witnessed staff listen and support people with their day to day decisions and choices. However we saw staff had listening devices when people were in their bedrooms. We were told these were used at night to ensure people remained well as staff would hear if people were taken ill. The use of this equipment and the intrusive element had not been considered in all cases under best interest arrangements.

We spoke with a medical professional who visited the home during our inspection. They had not visited before however they were not aware of any concerns expressed by other healthcare professionals regarding the care and support provided at the home.

We saw from records regular input from healthcare professionals. We saw staff had followed up a recommendation from a healthcare professional by contacting another professional. We saw suitable action had been taken and the health need was resolved.

Staff we spoke with confirmed they had received training they believed to be relevant to the care and support of people who were living at the home. One member of staff told us, "The training we have is good". Where gaps were evident in people's training staff told us they were aware of these and intended to ensure they undertook this training on line via a computer.

Staff we spoke with told us they were well supported by the management. Staff spoke highly of the team leader on duty at the time of our inspection. Staff told us they had met the new manager and were confident they would be supported as required. Staff told us they attended regular one to one meetings to discuss their work and training needs.

People we were able to speak with told us they enjoyed the food provided. We heard friendly banter take place which involved people who lived at the home and staff during the meal time. One person told us their meal, "Was lovely". The same person told us, "I like cottage pie". We saw people assist staff when they made drinks and accompanied staff when they were in the kitchen. We saw people ate their mid-day meal with the level of support they needed to do so safely. Staff were aware of people's dietary needs and people were not rushed while they had their meal. We saw strategies described to us by staff members were implemented to keep people safe from the risk of choking. For example, cutting food up for people or sitting alongside people while they ate to maintain their safety.

Good

Is the service caring?

Our findings

People we spoke with told us they liked the staff and confirmed they were kind to them. Throughout our inspection we saw staff provide care and support for people in a kind and caring way. Staff were seen to give people the time they needed and supported them appropriately. We saw people smiling and holding staff by the hand while they provided support such as when they walked around the home. Throughout our inspection we saw staff were considerate and helpful to the people they were providing care and support to.

Relatives we spoke with were complimentary about the staff and the care they provided for their family member. One relative told us, "The care is unbelievable. I can't fault it." They told us their family member had come along in, "Leaps and bounds" while at the home due to the level of care and support provided. Another relative told us staff understood their family member and told us, "The quality of the care just gets better all the time" and, "We are very happy with the care received". The atmosphere in the home was primarily relaxed. If people became anxious staff were available to assist them and help reduce their unease.

People were able to make choices about aspects of their care. For example people were able to select how they spent their day. During our inspection we saw people spent time in the lounge, the dining room, a conservatory, their own bedroom and with staff members in areas such as the kitchen. We saw people were able to access the garden either on their own or with a member of staff. People were relaxed and at ease when in the company of staff members. Staff had good knowledge of what was important to people and were seen to be supportive and treated people as individuals. In addition staff had a good understanding of people's preferred daily routines. Staff acknowledged for some people routine such as times of meals was important to them and acted appropriately to make sure these needs were met.

During our inspection we saw examples of privacy and dignity been upheld. We were informed some people held a key to their bedroom. We saw one person with their key unlocking their door after they had spent some time elsewhere in the home. We saw staff seek permission before they entered people's personal bedroom space. Male members of staff did not provide personal care to any female people who lived at the home. Staff were able to tell us of ways in which they upheld people's privacy and dignity. For example, the use of curtains at people's bedroom windows.

Good

Is the service responsive?

Our findings

We saw people who lived at the home were involved in reviews of their care needs. The way the reviews were undertaken were individualised to best suit the person's needs such pictorial use of the care plan. Relatives told us they were kept informed of changes and felt involved in their family members care. Relatives told us they were involved in reviews and felt able to contribute to these meetings along with their family member. One relative told us, "We had a recent review and ideas were shared about future care." Another relative told us, "Strategies are discussed at these meetings and these are carried out." A further relative described their family member's care plan as, "Almost perfect" in how it identified the person's care needs.

During our inspection one person was away from the home with a relative and other people were going to spend time with their family member. Staff were aware of how to support people prior to them going out for a period of time as well as other people in order to reduce any anxiety. Staff were aware of people's likes and dislikes and their individual preferences. Staff were aware of people's personal history and were seen to be knowledgeable about these. We saw people's lives were fulfilled by staff encouraging their independence around the home.

Throughout our inspection we saw staff respond when people requested support. For example we saw staff use a type of sign language with one person. Staff were able to demonstrate different signs they used. We saw consistent use of these signs throughout our inspection. We saw staff respond when people sought individual support for example going out for a walk or requesting personal care such as a bath.

People told us they were able to participate in different interests and hobbies. During our inspection we saw people involved in activities which were of interest to them. For example we saw people assisting staff in the kitchen preparing drinks and meals and clearing up. One person told us they were going to assist staff make the main meal that evening. We saw other people setting the dining room ready for meals.

We saw people going for walks in the garden as well as going out for a drive with a staff member. We spoke with relatives who told us their family member went out on shopping trips for both a 'house shop' purchasing of groceries and for personal shopping. One person told us about items they liked buying for their bedroom and showed us their personalised bedroom containing items they had bought. Relatives told us they were happy with how their family member was able to spend their time at the home. Relatives were aware of events which had taken place involving their family member such as pub visits and swimming. One relative told us there was, "Always a lot going on. I am very happy with what [family member] is doing".

We saw information about aspirations held by each person such as visits to places or to attend concerts. One person told us about the plans for them to attend a concert of their choice in the foreseeable future. We were informed of plans for people to go on holiday.

We saw records of complaints were maintained. There were however gaps in the records held to fully evident how the concerns raised by relatives were resolved. The manager spoke to the area manager about these gaps to ensure they were fully resolved.

Relatives we spoke with were confident they could raise any concerns with their family member's keyworker. Relatives we spoke with were aware of a new manager and told us they had confidence they would listen in the event of them having a concern.

Requires Improvement

Is the service well-led?

Our findings

We previously inspected Honeybrook House in November 2014. Our report was published in May 2015. The registered provider was assessed as 'Requires Improvement'. As of April 2015 providers were required under Regulation to display their rating legibly and conspicuously within the home. This was in order it could be seen by people who lived at the home and visitors. During our inspection we did not see a CQC style or any other information displayed regarding the assessed rating. We asked staff about this and found they were not aware of any information which needed to be displayed. Following our inspection we were assured a rating display had in the past been displayed. It was however acknowledged this was not available or visible at the time of our inspection.

The former registered manager had left their employment six weeks before our inspection. We were informed of their departure as required. At the time of our inspection a new manager was in post. This person had worked at the home for two weeks. It was their intention to register with the Care Quality Commission (CQC) as the registered manager as soon as possible.

We spent time with the newly appointed manager and looked at systems in place to manage the quality of the service provided. Information recorded within the Provider Information Return (PIR) sent to CQC prior to our inspection stated nine people had a DoL in place. This was found to be incorrect. We found notifications had not been sent to the CQC as required in relation to approved DoL applications.

We looked at accident and incident records. Incidents which needed to be recorded as an accident were not always done. We saw an incident was recorded within one person's written records however no accident form had been completed. We saw staff had regularly completed incident forms. We saw an incident had occurred at the home involving people who lived there. The incident had resulted in harm to one person. This had been reported to the local authority however CQC were not informed of this incident under a notification.

The new manager acknowledged the shortfalls found in areas such as the management of medicines and the need to notify CQC about certain events. We were given assurances action would be taken to make the necessary improvements at the home.

The provider had systems in place to monitor the quality of the care and support provided. Audits completed on behalf of the provider found the level of service provided to meet the required standards. However theses audits had not identified the shortfalls we found during the inspection. Audits carried out included checks made of medicine records. Where errors were found such as gaps on the records these were brought to the attention of the member of staff concerned. The manager acknowledged the shortfalls identified as part of our inspection had not been identified and assurance was given that improvements would be made.

People we were able to speak with told us they liked the new manager. One person said, "I think he is great". We saw the manager interact with people while we were at the home. The manager told us they had spent

time getting to know people since their recent appointment to the job. Staff told us they liked the manager and had found him approachable in the time they had been at the home. We spoke with relatives of people who lived at the home. Relatives told us they were not aware the former manager was leaving until they had gone. They told us of their increased confidence in the management of the home since having initial meetings or discussions with them on the telephone and of their desire to improve upon communication between them and the management of the home. One relative told us they intended to meet with the new manager to discuss issues they had previously raised. The manager told us they had been supported by the provider in their new role and were undertaking the training provided for them.

Staff told us they felt well supported and spoke highly of the team leader who was on duty at the time of our inspection. Staff confirmed they had attended staff meetings. We were informed two staff meetings took place which covered the same agenda items to enable staff member's to attend. Staff told us they could raise matters during these meetings and were confident they would be listened to and action taken.

Staff told us they liked working at the home. One member of staff told us, "I really enjoy the challenge of the job" and told us they valued the, "Team support". Another member of staff us, "I love the job. The staff we have here are great."