Tracs Limited

Honeybrook House

Inspection report

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Date of inspection visit:
20 April 2017
25 April 2017

Date of publication:
25 May 2017

Ratings

Overall rating for this service	Good

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?	Good

Summary of findings

Overall summary

Honeybrook House is registered to provide accommodation and personal care for people for 10 people. At the time of our inspection nine people were living there. The inspection took place on 20 and 25 April 2017 and was unannounced.

There was a registered manager in post at the time of our inspection. This person became registered with the Care Quality Commission in September 2016. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered provider, 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 previously inspected Honeybrook House on 30 March and 1 April 2016. At the time of that inspection we rated the location as requires improvement overall. We found three of the five questions to require improvement. These were in the safe, effective and well led questions. The registered manager and his team had worked to address the areas for improvement identified at our last inspection. Further improvement was identified to be made in the safe question.

We found there were some shortfalls in how risks to people's welfare. These did not always consistently match what staff told us to provide assurance identified risks were always managed safely. The registered manager was aware improvement was needed.

Staff told us how they would recognise concerns to people's safety. There were occasions when management had not been informed as necessary about incidents involving people who lived at the home.

People medicines were administered and stored safely. Healthcare professionals were involved in people's care and advice was sought from professionals when required.

Staff had undertaken training relevant to their role and in order to meet the needs of people. Staff were confident they had the skills need and felt supported by the management of the home. The registered manager was recruiting staff to fill staff vacancies. Regular agency staff were used to provide consistency in the level of care provided.

People were supported by staff in a kind and caring way. People were involved in planning their care and how they spent their day. Staff were aware of people's interests and sought to engage people in these to stimulate them. Staff sought permission from people before care and support was provided. The registered manager and staff were aware of the importance of gaining consent and were aware of the need to involve other relevant people if looking at people's best interests.

People were supported to remain as independent as possible. Staff were mindful to support people in a way which maintained their dignity and upheld their right to privacy.

Members of staff and the registered manager worked together to provide quality care. Staff and relatives were complimentary of the registered manager and improvements made. Quality checks were in place to continually drive improvements in the service people were provided.

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.

Risk assessments and care plans were not always clear to ensure staff had up to date information to provide safe care.

Staff were aware of the risk of abuse to people however management were not always informed of incidents within the home.

People received their medicines as prescribed.

People care needs were met by sufficient staff numbers. Staffing including the use of agency staff.

Is the service effective?

Good

The service was effective.

Improvement had taken place since our last inspection in relation to restrictions under the Mental Capacity Act since the last inspection.

People were supported by staff who received training relevant to their role and responsibilities.

Staff sought people's consent before supporting them and people were assisted to make their own decisions wherever possible.

People were offered choice of what they wanted to eat or drink.

Staff monitored people's health and supported people where required to access health services.

Is the service caring?

Good

The service was caring.

People were supported by staff who were caring and respected their individuality.

People were supported to make choices about the care and support their received which respected their levels of independence.

People's privacy and dignity was respected.

Is the service responsive?

Good

The service was responsive.

People's needs were responded to including their individual interests and preferences.

The provider had complaints procedures in place and relatives felt comfortable to raise concerns should the need arise so these could be responded to.

Is the service well-led?

Good

The service was well led.

Staff and relative spoke positively about the management and improvements in the home.

The registered manager had checks in place to effectively monitor the quality of the service so continual improvements were made.

The registered manager was aware of areas were further improvements were needed and planned to take suitable action to ensure improvements were made.

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.

The inspection took place on 20 and 25 April 2017 and was unannounced. The inspection team consisted of one inspector and an Expert by Experience. An Expert by Experience is someone who has personal experience of using or caring for someone who uses this type of service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form the provider completes to give some key information about the home, what the home does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made the judgements in this report.

We also looked at the information we held about the service provided. 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 saw the care provided by staff. We spoke with three people who lived at the home. In addition we also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

We spoke with the registered manager, the deputy manager, eight members of staff including shift leaders and agency workers. We also spoke with five relatives on the telephone and with two medical professionals who were visiting the home at the time of the inspection. We spoke briefly with the area manager who was at the home interviewing potential new members of staff.

We looked at the records relating to three people's care including their medicine records. We also looked at staff records including training and meetings, accident and incident reports, as well as quality audits

completed by management.

Requires Improvement

Is the service safe?

Our findings

At our last inspection in March and April 2016 we found shortfalls in how people's medicines were managed. During this inspection we found the registered manager had taken action to make improvements identified during the previous inspection. They were aware of the need to make improvements in other areas to make sure people received care and support safely.

Risk assessments and care plans were in place. We found people's risk assessments were up dated on a regular basis. This information was not however always transferred to the care plans of the three people we looked at. Staff confirmed the plans were not up to date. We spoke with staff and they were not always clear about how they were to manage risks to people welfare and were unable to consistently tell us about how these risks were managed. For example staff were unclear on the arrangements for monitoring one person's blood sugar levels such as how often they needed to be monitored or whether they needed monitoring at all to ensure the person remained safe . Care plans contained conflicting information as to how people's needs were to be managed as it was unclear when handwritten changes had taken place. Although there was no evidence anyone had come to harm as a result of these inconsistencies the variation in the knowledge staff had the potential to place people at risk due to staff not providing safe care. The registered manager gave assurance they would deal with the shortfalls we found and ensure improvements were made to keep people safe.

Many of the people who lived at Honeybrook House were unable to verbally communicate with us. We observed people and staff throughout the day and saw people were comfortable in the company of staff members. We spoke with people's family members and they told us they believed their relative to be safe living at the home and indicated a confidence in the registered manager and the staff. One relative told us their family member never showed any sign of not wanting to return to the home after spending time with them. The relative felt this was a sign of the person feeling safe. Another relative told us their family member would tell them if there was anything wrong.

We spoke with staff and found they were able to describe the actions they would take in the event of abusive practice taking place. One member of staff told us they would know by people's facial expression if they were worried or concerned. Another member of staff told us they would document and record everything if they were concerned about potential abuse. All staff member told us they would tell the registered manager of their concerns. Staff told us they were aware of others who would need to be informed such as the provider's representative, the local authority and the Care Quality Commission.

Staff we spoke with told us about the action they would if they were concerned about the safety of people living at the home or about potential or actual abuse. Staff were confident people were safe at the home. However we were aware of an allegation of abuse which was not reported to the registered manager or another senior manager within the home at the time. The registered manager was clear about his responsibility to report any actual or suspected abuse took the necessary action once they were made aware of this shortfall.

The provider had systems in place to record, monitor and analyse accidents which had occurred involving people who lived at the home. Systems in place required the registered manager to take certain action to review the information and look at how similar incidents could be avoided. We saw an entry within the care records of one person which was not reported to the registered manager and therefore no incident report was completed. The Care Quality Commission had not been informed of this accident which involved one person having to receive treatment in hospital. The registered manager completed a notification and sent it to us following us bringing it to their attention.

Since our previous inspection the registered manager had improved systems regarding the management of medicines within the home. In addition they told us of their plans to introduce further improvements to make the management of medicines safer still. The majority of medicines were where possible stored in locked cabinets within individuals own bedrooms. Some medicines such as those needing additional storage arrangements or items used as a rescue medication following medical events such as a seizure where stored centrally.

Staff who administered medicines confirmed they had received training to enable them to administer medicines safely. We saw staff administer medicines to people as needed and record the person had taken them. The records we viewed were fully completed. Protocols were in place for items which were not regularly prescribed to provide guidance for staff as to when these items may be required.

Medicines were booked into the home as required to ensure a full audit trail was possible. We noted some medicine was recorded as returned to the pharmacy however these items were still at the home. This was brought to the attention of the registered manager.

The registered manager confirmed they had needed to use agency staff in order to cover the rota. We were told a number of staff had left their employment at the home. Although some had returned agency staff had been needed while new staff were recruited. We spoke with staff including agency staff all of whom told us regular agency staff were used in order to provide consistency of care. One member of staff told us, "We have a lot of agency staff although this is not a problem". The registered manager had made effort to recruit new staff including staff to cover times such as holidays and sickness. The process of recruitment was on going including on the first day of our inspection. Staff we spoke with told us there were sufficient staff on duty at all times to ensure the care and support needs of people living at the home were met. Relatives we spoke with did not raise any concerns about staffing levels during our inspection.

The provider had recruitment processes in place to ensure people's safety was not compromised by carrying out checks on new members of staff before they began work. One staff member confirmed a Disclosure and Barring Service (DBS) check had been carried out. The DBS check ensured the provider had employed people who were suitable to work with people who lived at the home.

Staff ensured they knew visitors before they gained entry into the home. Visitors including professionals who were unknown were asked for identification before they were allowed into the home.

Good

Is the service effective?

Our findings

At our last inspection in March and April 2016 as well as the inspection in November 2014 we found shortfalls in how people were lawful restricted under the Mental Capacity Act 2005 (MCA). During this inspection were found the registered manager had taken action and made the necessary improvements.

When we spoke with members of staff they were able to show they had an awareness of the principles of the MCA and confirmed they had received training. The 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.

We spoke with staff and they showed they understood the importance of obtaining consent before providing care or support. We saw staff seeking permission from people prior to them supporting people with care or before they engaged in any activity. We heard one member of staff say, "Do you want to help me in the kitchen" before the person helped tidy up. When it was not possible to communicate with people verbally we saw staff taking note of people's body language to ensure people understood their request.

The registered manager had knowledge about their responsibility and the processes which needed to be followed when supporting people who did not have the capacity to make some significant decisions for themselves. We saw they had been involved along with other people including appropriate professionals in best interest meetings. For example where people received their medicines covertly which is the practice whereby medicines are hidden in foods to support people in taking their medicines when they may be reluctant to do so otherwise. In addition best interest decisions had been taken in relation to the use of listening monitors in the bedrooms of people who had a medical history of seizures.

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). We checked whether the service was working within the principles of the MCA. The registered manager had an understanding of the legal requirements if they were restricting people's freedom and the need to ensure people had as few restrictions as possible. We saw they held a record of applications made to people's local authorities including when these were authorised and their expiry date. We spoke with staff and they were all aware of the people who had an authorised DoLS in place and the reason for these.

Staff told us they received regular training including refresher training. They told us the training they had undertaken was relevant to the needs of people who lived at the home. One member of staff told us, "The training is very good." They told us they had undertaken additional training regarding autism and found the training had given them, "A better understanding" and, "Made them think out of the box." They told us of a strategy they had engaged in as a result of the training and had found one person's ability to engage further in activities had increased as a result. Another member of staff described the training they had received as,

"Beneficial" and told us they were able to access training through their computer adding they were, "Up to date". Staff told us they would usual have some training after the staff meeting so staff were able to participate in group learning. One member of staff told us this recently involved training in health and safety and in the safe use of chemicals used around the home such as for cleaning.

A new member of staff told us they had undertaken an induction programme which included training and time with experienced members of staff. The registered manager and staff we spoke with were aware of the national care certificate which sets out common induction standards for social care. We were shown a form used to ensure initial information about the service was provided to all staff and contractors. We were shown a compliment from an agency member of staff showing they had found their induction to be clear and pleased with the amount of information they had received.

One relative told us their family member was eating well at the home. They added they believed this to be a good sign. At lunch time we saw people having a meal of their choice. One person told us, "My favourite food is chilli and rice." We saw staff support people to ensure they were safe. For example some people needed to have their meal cut up into small pieces following guidelines from specialist advisors. We heard people talk about their meals while they were eating and they confirmed they were enjoying what they had. People were seen to be supported to have drinks throughout the day.

One person we spoke with confirmed a dentist had visited them at the home. A member of staff told us, "People get the healthcare support they need." During our inspection two health care professionals visited to review one person's care. They told us they found staff at the home able to meet people's healthcare needs and had rung in the past seeking advice and guidance. We were told the advice sought was appropriate and confirmed staff listened to the guidance given. People's records showed they were seen by medical professionals such as doctors and district nurses as needed to maintain their health care needs.

Good

Is the service caring?

Our findings

Throughout the time we spent at Honeybrook House we found staff to be kind, caring and considerate to people who were living at the home. We saw people respond positively to members of staff in a friendly way. The majority of staff were seen to be taking an active interest in the people they were providing care and support for. One person told us, "I love them a lot" when we spoke about members of staff. One member of staff told us they believed the care people received to be, "Very good."

One person who lived at the home told us, "It's easy for me to have visitors". The same person told us about members of their family who had recently visited them and about other people who they were seeing later in the week. Relatives we spoke with on the telephone told us they were able to visit their family member at any time. One relative told us their family member saw Honeybrook House as their home now. When people did not have family involvement we saw the registered manager had sought an advocate such as an IMCA (Independent Mental Capacity Advocacy) to act on their behalf if needed.

The registered manager was able to show us compliments staff had recorded following positive feedback received from relatives and professionals who had visited the home. These included how well people appeared and positive comments about the care provision.

Staff were able to communicate with people using a variety of different methods. Some people were able to communicate verbally. We were shown a communication aid containing a range of pictures of food and drink used to enable one person to make choices and be involved in their own care. Throughout the inspection we saw staff providing care and support for people at a pace suitable for the individual concerned. For example staff spent time eating alongside people during lunch time. This was too engage with people making the meal a social event as well as ensuring people were safe such as people who were assessed as at risk of choking.

We saw pictorial signage and photographs around the home to promote people's independence. Signage included locations around the home such as the conservatory. We also saw pictorial images of the day's menu and photographs of the staff on duty. People were seen relaxed when in the communal areas appearing to be 'at home'. One person had their birthday cards up in the dining room. One member of staff told us they liked making the home 'homely'. Improvements had taken place within the home to improve the 'homeliness' appearance of the communal facilities. New windows were in place throughout the home. New fixtures and fittings included new blinds in the dining room were evident.

Staff were seen to be encouraging people to remain as independent as possible and to keep their own personal identity. People were able to personalise their bedroom to match their personal taste and to reflect their interests. Staff described to us how they endeavoured to involve people in their care. One member of staff told us they encouraged people to assist with cleaning their own teeth. Staff told us people were involved in reviews of their care needs. We were told these meetings were not formal to encourage people to take part and with their permission these meetings could be held in the person's own bedroom.

We saw and heard staff have regard for people's privacy and dignity. Information about people's care was kept secure and staff told us they would not speak about people who live at the home outside of work. Staff told us and we saw staff ensure personal care was provided within people's own bedroom with the door shut. Staff described how they maintained people's dignity while providing personal care.

Good

Is the service responsive?

Our findings

Many of the people living at the home had done so for a period of time or had returned to the home having moved elsewhere for a time. Relatives we spoke with told us they were involved in reviews of people's needs to ensure their family members health, social and emotional well-being could be planned for and their needs met. One relative told us, "We have regular reviews and if I disagree with something it is raised." The same person added they would speak with staff and they would, "have their input." We were also told by a relative that staff, "Listen to what the family think".

The registered manager was aware of shortfalls with care plans. They told us they had spent time with staff during training sessions and one to one meetings and emphasised the importance of accurate care plans. This was to ensure staff had the necessary information available to them to responded effectively to people's needs. The registered manager undertook to make further changes to bring about improvement.

We saw staff responded to people and their needs as individuals. For example, some people needed continual staff supervision throughout the day while other people had staff work alongside them when they required assistance. We saw this support to be provided appropriately.

People spent the day as they wished. Some people were seen relaxing around the home while other were seen participating in some house hold chores or going out. People were seen to be able to move around the home as they wished without restrictions.

People were able to participate in different activities and interests. We saw a sensory room which was used by people. In the garden we saw a wooden building which was available for people to spend time participating in arts and crafts. This building could also be used as a 'cinema' for people to watch a film. During the time we spend at the home people engaged in a range of interests. For example people went out for a drive with staff, out shopping or out for a walk others either went or were planning on going out for a meal at some point during the day. The deputy manager told us they, "Enjoy seeing people make progress with their activities" as they told us how they had seen people gain confidence and increase their social awareness and skills enabling people to go out more and enjoy additional things. A team leader told us the staff worked as a team to ensure people were able to get out more. Another member of staff told us, "Yesterday people did painting and were making cards." Staff also told us about people going swimming, horse riding and bowling.

Relatives told us they felt able to speak with the registered manager about the care their family member received. We were told they would know or their family member would tell them in the event of anything wrong. When relatives had raised matters they felt listen to and found the registered manager to be open rather than defensive. There was information on display for people and visitors about their right to make complaints.

The registered manager was able to show us complaints made since they had introduced a new system at the end of last year. We saw these had been investigated as needed and where needed an apology was

made. The registered manager had written up action plans as a means of reducing the risk of a similar complaint needing to be made in the future such as improvements in communication within the home.

Good

Is the service well-led?

Our findings

We last inspected Honeybrook House in March and April 2016. Shortly before that inspection the previous registered manager had left. A new manager was in post who has since our previous inspection become registered with the Care Quality Commission (CQC). At our previous inspection we rated the well led question as requires improvement. During this inspection we found improvements had taken place. The registered manager demonstrated a commitment to develop a quality service for people who lived at the home and was aware of areas where further improvement was required.

Providers of care services are required by law to display their rating conspicuously and legibly. The rating was not displayed at the time of our previous inspection. The rating of requires improvement was displayed in the reception area of the home at the time of this inspection. Other information about the CQC was on display within the home for people, staff and visitors to see and read.

The registered manager had taken on board the comments made within the previous report regarding communication with the CQC and had informed us of events which had occurred. However, it was evident the registered manager was not informed of two incidents within the home. They had already launched an internal investigation regarding one of these and had informed us of the action they had taken prior to our inspection. The registered manager launched a further in house investigation following our finding of a further incident not reported to the CQC which the registered manager was also unaware of.

We saw the registered manager engage with people who lived at the home. People were seen to respond positively to the registered manager. We spoke with relatives and asked them about the registered manager. One relative told us they found him to be, "Open and honest" with them and appreciated the fact they were contacted about their family member as needed. Other comments from relatives included, "Very approachable" and "I can definitely see the changes he has made." We were also told by one relative they had, "More confidence" now as they felt able to contact the registered manager at any time. When one relative was informed about the inspection they said they hoped it went well because the registered manager, "Deserves it."

Staff also spoke highly of the registered manager and the support he had provided them in their work at the home. One member of staff told us, "You can ask management" for guidance at any time and described the management as, "Approachable." Another member of staff told us, "Very approachable as a manager. Very easy to talk with. Tries to help." Staff told us they were able to attend regular staff meetings and felt able to participate in these meetings and able to raise any concerns they had regarding the care provided.

Staff told us they enjoyed their work. One member of staff told us, "I thoroughly enjoy it here." Another member of staff told us, "I look forward to coming to work. It's a lovely place to work."

Following our previous inspection the registered manager had introduced a range of audits to ensure a quality service for people who lived at the home. Systems had been introduced to improve the management of medicines to ensure people received these as prescribed. The registered manager told us of their plans to

make further improvements in the systems used. The registered manager was aware of shortfalls identified as part of this inspection regarding care plans and risk assessments. They acknowledged management needed to be more involved in the reviewing and updating of risk assessments and care plans.

The registered manager showed us an 'Key performance audit' undertaken on behalf of the provider. The audit found the service provided to people to be 'compliant' against the areas reviewed. The audit identified improvement had taken place however further improvements were needed in some areas such as training and medicines. The registered manager was aware of the areas where further improvement was needed and was able to demonstrate how they were working to achieve these improvements.

The registered manager responded well to our feedback and spoke of their determination to make improvements at Honeybrook House. We found the registered manager to be knowledgeable about the people who lived at the home and a commitment to provide a good service.