

# Tamaris Healthcare (England) Limited

## Howdon Care Centre

### Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
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

### About the service

Howdon Care Centre is a care home providing personal and nursing care for up to 90 people across four separate units. One unit specialised in rehabilitation and intermediate care. At the time of inspection 53 people were living in the home.

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

Risks were now being assessed, monitored and managed. Lessons had been learned since our last inspection and improvements had been made. Accidents and incidents were recorded, monitored and analysed to reduce the risk of reoccurrence. The home and equipment were clean. Staff used PPE effectively and safely.

There were sufficient staff deployed to meet people's needs. Staff carried out their duties in a calm unhurried manner. Staff had time to speak with people and spend time with them which helped promote their wellbeing.

The provider had a safeguarding system in place. Staff raised no concerns about staff practices in the home. Staff were suitably trained. Safe moving and handling and infection control procedures were followed. We also observed positive interactions between staff and people who had a dementia related condition.

The quality and safety of the service was now being effectively monitored. Checks were carried out and action taken if any shortfalls were identified. Staff spoke positively about the registered manager and the improvements that had been made since they had been appointed. Some staff however expressed concern, because the registered manager's position was only temporary until a permanent manager was recruited. Management staff were aware of the staff concerns and assured us that time was being taken to ensure the correct manager was appointed for the home.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was requires improvement (published 14 December 2021).

### Why we inspected

We carried out an unannounced comprehensive inspection of this service on 19 August 2021. Five breaches of legal requirements were found in relation to Safe care and treatment, Staffing (training), Person-centred care, Dignity and respect and Good governance. We took enforcement action and imposed conditions relating to infection, prevention and control upon the provider's registration. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

We undertook this inspection to check they had met the imposed conditions relating to infection control,

followed their action plan and to confirm they now met legal requirements.

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

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Howdon Care Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

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?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Howdon Care Centre

## 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Howdon Care Centre 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.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

#### During the inspection

We spoke with 10 people who used the service and 12 relatives about their experience of the care provided. We spoke with 13 members of staff including a regional manager, the registered manager, agency nurse, care home assistant practitioner, care workers, agency care workers, activities co-ordinator, the admin person, the maintenance man and members of the domestic team.

We reviewed a range of records. This included five people's care records and medicines records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

#### Following the inspection

We continued to seek clarification from the provider to validate evidence found. We also reviewed a variety of evidence and information sent to us electronically.

# 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 inadequate. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

### Preventing and controlling infection

At our last inspection the provider had failed to ensure an effective infection prevention and control system was in place. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- Visiting was carried out in line with government guidance. People were supported to see their relatives to help promote their wellbeing.

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

At our last inspection the provider had failed to ensure risks were fully assessed, monitored and managed. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Risks were now being assessed, monitored and managed. Staff followed safe moving and handling procedures. One person's care plan had not been fully updated following a recent incident. The registered manager told us this would be addressed immediately.
- Accidents and incidents were recorded, monitored and analysed to reduce the risk of reoccurrence.

Lessons had been learned since our last inspection and improvements had been made. There had been a significant reduction in one person's falls since our previous inspection.

#### Staffing and recruitment

- There were sufficient staff deployed to meet people's needs. One relative told us, "I think there is enough staff, I never have had a problem with finding staff. Staff described levels as "manageable." One agency worker said, "I feel safer now, there is more staff on duty."
- Staff carried out their duties in a calm unhurried manner. Staff had time to speak with people and spend time with them which helped promoted their wellbeing.
- Staff were recruited in a safe way. The provider had an effective recruitment and selection policy and procedure in place which included all appropriate checks.

#### Systems and processes to safeguard people from the risk of abuse

- Staff supported people to keep them safe and protect them from abuse. The provider had a safeguarding system in place and staff raised no concerns about staff practices in the home.
- People and relatives felt the service was safe. Comments included, "I don't have any worries here. They are very friendly" and, "[Person] is happy and content there and I am happy with the care, she is safe and happy."
- Staff were trained in how to safeguard people and were confident in doing so.

#### Using medicines safely

At our last inspection we recommended the provider ensures best practice is followed regarding the recording of medicines. The provider had made improvements.

- Medicines were managed safely. Medicines administration records demonstrated that medicines had been administered as prescribed. One person said, ""They sort out all my tablets and if I want a pill for pain I just ask, and they will give it to me."
- Staff were trained to administer medicines and had their competencies regularly checked.



# 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 requires improvement. At this inspection this key question has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to have an effective system to ensure staff were suitably skilled. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Staff were suitably trained. Safe moving and handling and infection control procedures were followed. We also observed positive interactions between staff and people who had a dementia related condition.
- Staff felt supported in their roles and received regular supervisions and annual appraisals.

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

At our last inspection the provider had failed to ensure care and support was always assessed and delivered in line with standards, guidance and the law. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Staff provided care to people in line with standards, guidance and law.
- Staff followed best practice guidance in relation to the management of risk, infection control, moving and handling and supporting people who had a dementia related condition.

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

- Staff supported people to maintain a balanced diet. People's meal-time experience had improved. There was less focus on task orientated practice and individual support was provided.
- People enjoyed their meals and felt they got enough to eat and drink. Comments from people and relatives included, "The food is excellent, I like it" and, "[Family member] says she enjoys the food and there is a good choice. I have been there in the afternoon when they bring tea and cake and it looks very good."
- Risks associated with eating and drinking, such as choking, were fully assessed and safety measures were

detailed in care plans.

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

- The home was being redecorated. New flooring had been laid and new bathrooms had been fitted.
- Improvements were being made to ensure the environment supported the orientation and needs of those people who were living with dementia. The registered manager assured us that the redecoration programme would soon be finished.

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

- Staff liaised with health and social care professionals to help ensure people's health needs were met.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff supported people in line with MCA and best practice guidance.
- DoLS applications had been submitted to the local authority for review in line with legal requirements.
- Staff received regular MCA training and sought consent from people prior to providing support.

# Is the service caring?

## Our findings

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

At our previous inspection, this key question was rated requires improvement. At this inspection this key question has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

At our last inspection the provider had failed to ensure always respected and promoted people's dignity and independence. This was a breach of regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 10.

- People and relatives spoke positively about the caring nature of staff. Comments included, "The staff are lovely, they are all good and kind" and, "My mum and dad have been treated lovely."
- Staff, including agency staff, knew people well and could describe people's needs. One agency worker told us, "We know them well and we find ways of distracting them and reassuring them." They went on to say, "[Name of person] likes music, she was in a choir. She responds well to classical music. She likes to sit in the cinema room listening to music."
- Another staff member explained how another person loved birds and called them her 'babies.' Staff used this to distract her when she became upset. They turned her chair around so she could look out of the window and watch the birds – her 'babies' which helped to cheer her up.
- We observed positive interactions between staff and people. One person became upset and a staff member said, "Oh don't be upset - we're your friends." Two more staff came into the lounge and a second member of staff said, "You know what [name of person] I love you" the third member of staff said, "Well you don't love her as much as I do." The person smiled and started to interact with all three the staff.
- Staff practices promoted people's independence. One staff member told us of the person-centred support they provided to assist one person with a bath.

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

- People told us they were involved in making decisions about their care.
- Some people had relatives who advocated on their behalf which was clearly documented in care records.
- People's choices, preferences and wishes were documented in their care plans.

# 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 requires improvement. At this inspection this key question has changed to good. This meant people's needs were met through good organisation and delivery.

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

At our last inspection the provider failed to ensure people always received person-centred care. This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People received person-centred care. Care plans were individualised and contained information about people's life histories and their likes and dislikes.
- People's social needs were met. People were engaged in activities based on their hobbies, interests and needs which supported their wellbeing.

### Meeting people's communication needs

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

- The provider was meeting the AIS. The management team told us that information was available in a variety of formats to meet people's needs.

### Improving care quality in response to complaints or concerns

- Complaints were recorded, investigated and actioned. People told us they had no complaints about the service.
- Complaints or concerns raised were appropriately actioned in accordance with the provider's complaints procedure.
- There had been no complaints received since the last inspection.

### End of life care and support

- End of life care was provided at the home. Staff worked with members of an external multi-disciplinary care

team to ensure people's needs were met at this time.

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider failed to have an effective system in place to monitor the quality and safety of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The quality and safety of the service was now being effectively monitored. Checks were regularly carried out and action taken if any shortfalls were identified. One staff member told us, "Everyone who has stayed wants to make a difference. It is so much better – morale is better. We didn't have the correct equipment, but now I can go to [names of management staff] and we are listened to and it is actioned. On the care side they get everything they need."
- Staff spoke positively about the registered manager and the improvements that had been made since they had been appointed.
- Some staff expressed concern about the registered manager's position being temporary until a permanent manager was recruited. Management staff were aware of the staff concerns and assured us that time was being taken to ensure the correct manager was appointed for the home and a thorough transitional process would be followed.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics;

- People and relatives spoke positively about the home and the care provided. Comments from relatives included, "I would give it nine out of 10 – 99%" and, "I wouldn't hesitate to recommend it."
- Staff also spoke positively about the improvements which had been made following our last inspection. An agency worker told us, "I choose to come here, I like the way they treat the residents. Being a carer is not all about money, it is about the passion for the residents - showing the love. Every time I'm not here I miss them [people]. Everything about the management is perfect."
- Systems were in place to involve people, relatives and staff in the running of the home.

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 provider and registered manager understood their legal responsibility to be open and honest when something goes wrong. They submitted notifications to CQC for significant events that had occurred at the service, such as accidents and incidents.

Working in partnership with others

- The provider had worked with the local authority to make the required improvements at the home.
- Staff worked in partnership with other health professionals. People's care records showed involvement and guidance from other agencies such as GPs and speech and language therapists.