

Williams & Spenceley Limited

Howlish Hall Residential Care Home

Inspection report

Howlish
Coundon
Bishop Auckland
County Durham
DL14 8ED

Tel: 01388741792

Website: www.howlish-hall.co.uk

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Inspected but not rated

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Howlish Hall Residential Care Home is a care home providing accommodation and personal care to up to 40 people. On the day of our visit, there were 28 people using the service, some of whom were living with a dementia type illness.

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

The home had effective infection prevention and control procedures in place. Staff wore appropriate PPE and were regularly tested for COVID-19 in line with government guidance. The home was clean and tidy. One person told us, "The home is beautifully clean."

Staff treated people in a kind, respectful and compassionate manner. Staff were knowledgeable about people's individual needs, wishes and preferences. People were involved in decisions about their care, offered choice, and encouraged to give feedback.

People received person-centred care and care plans in place were up to date to reflect people's current needs. People were given information in a way which they could understand and people were supported to communicate effectively. People were encouraged to take part in activities which were relevant to them. Complaints were dealt with appropriately.

There was a positive culture throughout the home and staff morale was good. Staff felt supported by the registered manager. Effective quality assurance systems were in place. Management engaged and involved people who used the service, staff and relatives, and encouraged open and honest feedback. Action plans were in place to support continuous improvement.

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

Rating at last inspection

The last rating for this service was requires improvement (published 21 October 2020).

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 26 March 2019. At that inspection we found improvements were needed in the key questions of caring and responsive.

We undertook this focused inspection to check whether the provider had made the necessary improvements to improve the rating of those key questions and improve the overall rating of the service to good. This report only covers our findings in relation to the key questions caring, responsive and well-led.

We carried out an unannounced focused inspection of this service on 27 August 2020 where we looked at the key questions safe and effective. The ratings from that inspection for those key questions were used in

calculating the overall rating 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.

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

You can read the report from our last comprehensive inspection and our last focused inspection, by selecting the 'all reports' link for Howlish Hall Residential Care Home on our website at www.cqc.org.uk.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at infection prevention and control under this key question.

Inspected but not rated

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Howlish Hall Residential Care Home

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

Two inspectors and an Expert by Experience carried out this inspection. 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

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

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

During the inspection

We spoke with three people who used the service and nine relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager, administrator, two senior care workers, three care workers and the handyman.

We reviewed a range of records. This included four people's care records and a variety of records relating to the management of the service, including quality assurance records.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We requested additional documents to be sent to us electronically, including training data and policies and procedures. We obtained written feedback from the owner of the service.

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 good. We have not changed the rating of this key question, as we have only looked at the part of the key question relating to infection prevention and control.

Preventing and controlling infection

- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Is the service caring?

Our findings

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

At the last comprehensive inspection this key question was rated as requires improvement. At this inspection this key question has now improved 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

- Staff treated people in a kind and compassionate manner. We observed caring interactions between people and staff. One person told us, "The carers are absolutely marvellous. I love it here and I am extremely well cared for."
- Staff were knowledgeable about people's individual needs. Care records contained detailed information about people's preferences, their backgrounds and histories, and their spiritual and cultural needs. Clear information was provided to support staff to meet those needs.
- Staff told us they were given plenty of time to read people's care records. One staff member told us, "We know people very well. We have a chat whenever we can and we get to know people's likes, dislikes and their preferred routines."

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

- People were involved in decisions about their care. Staff had regular conversations with people about their needs and preferences.
- People were given choice and received care in line with their wishes. One person told us, "They give us choice and we can choose what we want to do. They'll do anything you want day or night. It is way beyond what I expected."
- People were supported to express their views. Resident meetings took place regularly and people were encouraged to give feedback. The home also used surveys to gather people's views.
- People who were new to the service were provided with a 'welcome pack' in a format which they were able to understand. This provided key information about the home and about relevant external bodies and organisations. People could refer to this information when needed and were supported by the home to contact external services when required.

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of promoting people's privacy and dignity. When providing personal care, one staff member told us, "I make sure they are well covered and I ask them if they are comfortable. I make sure they use their own bath products and toiletries and I ask what they would prefer so they have a choice each day." One relative told us, "They treat [person] with total respect and dignity. I trust them implicitly with [person's] care."
- Interactions between staff and people were respectful. At lunch time we observed staff members asking people if they wanted any help or if they could manage themselves. The atmosphere in the dining room was calm and relaxed; people appeared comfortable and were chatting amongst themselves.

- People were encouraged to do things they wanted to do and supported to maintain their independence. People were involved with day to day activities in the home to help give them purpose and a sense of achievement. For example, one person liked to help wash the tables and put things away.

Is the service responsive?

Our findings

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

At the last comprehensive inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

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

- People received care which was personalised and based around their individual needs and wishes. Care plans were person-centred. One person told us, "I am well respected and staff know a lot about me."
- Care plans were reviewed on a monthly basis to ensure they were up to date and reflected people's current needs and preferences. Any changes to people's needs were communicated promptly to staff during handovers and meetings.
- The provider used technology, such as a new call bell system, to ensure people received timely assistance when needed.

Meeting people's communication needs

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

- The provider was meeting the requirements of the AIS. Important information was available in different formats, including large print and a different language.
- Communication care plans were in place to help staff communicate effectively with people.

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

- A recreation and social care plan was in place for each person. These contained information about what people liked to do, how people could be encouraged to take part in activities relevant to them, and what people's aims and goals were. The plans were up to date and included what people would like to do if they were required to isolate during the pandemic.
- The home employed an activities co-ordinator who organised a range of different activities for people including bingo, baking, exercises, films, arts and crafts and board games. The home had introduced sensory activities for people who were unable to join in with other activities.
- People were able to assist in the garden which supported their physical and emotional wellbeing, as well as encouraging people's independence.

Improving care quality in response to complaints or concerns

- The home had an accessible complaints process in place. Complaints were investigated and responded to appropriately.

- People knew how to complain and were confident complaints would be dealt with. One relative told us, "I am happy now with everything. I have complained previously to the manager and the issue was resolved quickly."

End of life care and support

- There was a compassionate end of life policy in place and staff had received end of life training.
- Care files contained end of life care plans and a 'Planning Future Care' booklet which recorded people's wishes and preferences at this stage of their life.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a positive culture throughout the home. Staff told us they felt supported by the registered manager. Staff comments included, "You can go to [the registered manager] with anything and she will sort it" and "I am definitely supported in my role and [the registered manager] deals with things straight away."
- Staff morale was good. Staff told us they enjoyed going to work and referred to the service as "one big family." One staff member told us, "The care is second to none. Everyone is happy and everyone genuinely cares about the residents."
- Relatives spoke positively about the atmosphere in the home. Comments from relatives included, "Staff can't do enough; it's very welcoming" and "There is a cheerful and jolly atmosphere in the home."

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

- Management understood their regulatory responsibilities and the need to be open and honest. The registered manager had reported incidents to CQC and other stakeholders where appropriate.
- Effective quality assurance systems were in place. The registered manager carried out regular comprehensive audits across key areas of the home. Where issues were identified, action plans were implemented to resolve them.
- Accidents, incidents and falls were robustly documented and then analysed to look for trends.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others

- Management engaged and involved staff, relatives and people who used the service. One relative told us, "I am kept up to date and I am always able to contact the home if I need to."
- Regular staff and resident meetings took place. Staff confirmed they were encouraged to give feedback at the meetings and be involved.
- Surveys had been created to gather constructive feedback from staff, relatives, service users and external professionals.
- The service worked well with other professionals to ensure people's needs were met and appropriate support was in place. Timely referrals were made to healthcare professionals where appropriate.

Continuous learning and improving care

- Improvements had been made following the previous comprehensive and focused inspections.
- Ongoing action plans were in place to support continuous improvement of the service.