

Striving for Independence Homes LLP

Honister Gardens Care Home

Inspection report

SFI Care Homes
6 Honister Gardens
Stanmore
Middlesex
HA7 2EH

Tel: 02089070709

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 6 and 9 May 2016 and was unannounced. At the last inspection on 8 & 9 October 2015 we had found that while some improvements had been made from the inspection of July 2015, there were still breaches of regulations.

Honister Gardens Care Home provides care, support and accommodation for up to five people with learning disabilities. At the time of our inspection there were three people living in the home.

We took enforcement action following the inspection on 8 & 9 October 2015 and imposed conditions on the provider's registration. These conditions restricted the service from admitting new people without the permission of the Care Quality Commission, and required the provider to submit regular information to us as to how they were addressing our concerns. This was in addition to the conditions that were already in place on the provider, which related to the management of people's finances. The service also continued under special measures.

We carried out this inspection to check what progress had been made to address the breaches we had identified at the July and October 2015 inspections and also carried out a comprehensive ratings inspection.

There was a registered manager in place. 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 found improvements had been made in each key question, although we identified some areas that required improvement. We identified the risk assessment of one person was not comprehensive. It did not include a step by step detail of action to be taken to minimise risk to others. Complaints were not always logged or responded to. We also saw that one person did not have a social care plan and there was no evidence of outdoor activities available to meet this individual's interests and reduce isolation.

People's relatives felt the service was safe and that staff treated people well. The conditions we had imposed, in relation to management of people's finances and management of risks to people had been complied with.

Safeguarding adult's procedures were robust and staff understood how to safeguard the people they supported. People's medicines were managed appropriately and they received them as prescribed by health care professionals. Risks to people were identified and monitored.

There were appropriate records of people's finances including their spending. Staff carried out daily and weekly checks of people's finances to reduce the risk of financial abuse. Risks to people were identified and monitored.

There were sufficient staff to meet the needs of people and the service had conducted appropriate recruitment checks before staff started work. Arrangements were in place to deal with staffing emergencies.

People had been involved in the planning of their care. We also saw that their relatives were involved as appropriate. Support plans and risk assessments provided clear information and guidance for staff on how to support people. This included guidance about meeting people's nutritional needs.

Staff received adequate training and support to carry out their roles. They asked people for their consent before they provided care and demonstrated a clear understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

Staff told us there had been improvements at the home following our inspection of October 2015. Audits had been carried out to identify any improvements that were needed. Staff felt confident they were heading in the right direction. The registered manager felt the service had recruited the right staff and management team to move the service forward. However, the audits had not been effective enough to identify the shortfalls we saw. For example, we identified areas for improvements in people's records and that complaints were not always logged or responded to in a timely manner. This had not been picked up through the provider's audits.

In view of the improvements made in each key question the home is no longer in special measures. The conditions imposed on its registration at the October 2015 inspection have also been lifted.

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 always safe.

Risk assessments were in place and contained guidance for minimising potential risks. However, one did not always have a step by step plan to reduce risk to others.

Staff knew how to protect people from abuse or neglect. Staff recruitment procedures were effective and there were significant improvements to the numbers of permanent staff employed. There were sufficient numbers of staff to meet people's needs.

Significant improvements had been made in the management of people's money. Financial risks to people had been identified and action taken to reduce the risks.

Is the service effective?

Good ●

The service was effective.

Staff received induction, training and supervision to support them in their roles.

People had access to healthcare services when they needed them. The registered manager and staff were proactive in referring to health care professionals.

Staff understood how to apply the Mental Capacity Act 2005 (MCA), including the Deprivation of Liberty Safeguards (DoLS) to make sure people were not restricted unnecessarily.

Is the service caring?

Good ●

The service was caring.

Staff understood individual's needs. They were able to communicate with people well.

People were treated with respect and staff maintained privacy and dignity.

Is the service responsive?

Requires Improvement ●

The service was not consistently responsive. Some improvements were needed to ensure people's needs in respect of behaviours that challenged the service were consistently met. Improvements were also required in respect of people's activities, and the service's responses to complaints.

People received personalised care which had been discussed and planned with them, including their relatives where necessary.

Is the service well-led?

The service was not always well led.

Systems were in place to monitor the quality of the service, however, these were not always effective to identify shortfalls.

Staff told us things had improved since our last inspection.

People's views were sought about the running of the service and audits were completed to identify any problems which were then addressed.

Requires Improvement 

Honister Gardens Care Home

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 6 and 9 May 2016 and was unannounced. The inspection team consisted of two inspectors.

As part of our planning we looked at the information we held about the service including information from any notifications the provider had sent us and audits. A notification is information about important events that the provider is required to send us by law. We also asked the local authority monitoring team for their views of the service.

During the inspection we looked at support plans and risk assessments of three people, six staff files, people's medicines charts and other paperwork that the service held. We also requested information from local authority monitoring teams and people's families.

Is the service safe?

Our findings

At our inspection in July 2015 we had found a breach of regulation in relation to the way people's money was looked after. We took enforcement action to impose conditions regarding how people's money should be handled. The provider complied with these conditions. At this inspection we found significant improvements had been made. Financial risks to people had been identified and action taken to reduce the risks.

At our last inspection in October 2015 we also found a breach of Regulation 12 in relation to risk assessments. We took enforcement action to impose conditions. The provider complied with these conditions. At this inspection we found improvements had been made.

At this inspection we found risk assessments had been prepared and these were different for each person, reflecting their specific risks. The assessments contained action for minimising potential risks such as risks associated with choking, epilepsy and people's finances. However, in one example we saw that the risk assessment of one person was not detailed to include action to be taken to minimise risk to others. For example, a risk assessment identified that one person, 'may hit out at others, hit and throw dangerous objects'. However, there was no step by step detail of action to be taken to minimise the risk.

People received appropriate support with the management of their finances. There were procedures in place for the safe handling of people's money. Each person had a 'financial profile', which described what support they needed with their finances. The money belonging to people was subject to a regular audit or checked at regular intervals by the responsible person to reduce the risk of financial abuse. Each entry on the individual account record was countersigned to provide a witness to each transaction. The money belonging to each person was kept securely in a locked place with the key held by the person in charge of each shift. A financial audit trail was kept for each person using services and this audit trail was made available for inspection by responsible local authorities.

At our October 2015 inspection we had found a breach of regulation 12 as people were not protected against the risk of unsafe premises. At this inspection we noted there was a record of essential maintenance carried out. These included safety inspections of the portable appliances and gas boiler. The registered manager stated that arrangements had been made for repair works to be carried out. There was a fire risk assessment and the fire alarm was tested weekly to ensure it was in working condition. Personal emergency and evacuation plans were prepared for people to ensure their safety in an emergency (PEEPS). Fire drills had been carried out. However, the names of staff present during the drills were not recorded. This is needed to provide information on staff involved. The registered manager agreed that this information would be provided.

The premises were clean and no unpleasant odours were noted. There was an infection control policy. Staff had received training in infection control. We noted that one person's bedroom had furniture which was damaged. The registered manager explained that this person had damaged their furniture but this would be repaired soon. Since the inspection the provider had sent us the information we required.

The registered manager told us staffing levels were constantly reviewed to ensure people's needs were safely met. We did not see people waiting for support during the inspection and observed that there were enough staff available to support people where required in a calm and unhurried manner. When we inspected there were three people using the service. The staffing levels during the day normally consisted of the registered manager and two care staff and two care staff during the night. There was also an on-call rota. Arrangements were in place to deal with staffing emergencies. For example, we noted that on both days of the inspection one of the two care workers mentioned in the rota did not turn up on duty. We were informed by the deputy manager and another senior staff that one was an agency staff and the other had suddenly stopped working for the provider. On both days, relief staff had to be brought in to support people. The rota showed that other days were sufficiently staffed.

The service had suitable arrangements in place to ensure that people were safe and protected from abuse. There were policies and procedures in place to protect people in order to ensure risks of abuse were minimised. Staff had received training in safeguarding people. They understood the procedures they needed to follow to ensure people were safe. They were able to describe the different ways that people might experience abuse and the correct steps to take if they were concerned that abuse had taken place. They told us they could report allegations of abuse to the local authority safeguarding team and the Care Quality Commission if management staff had taken no action in response to relevant information. Staff had received training in safeguarding people. The contact details of organisations to contact could be found in the safeguarding leaflet available in the home. A relative told us they were not concerned about safety at the home. They told us, "The home is safe. We have had no problems."

We examined a sample of six records of staff. We noted that staff had been carefully recruited. Safe recruitment processes were in place, and the required checks were undertaken prior to staff starting work. This included completion of a criminal records disclosure, evidence of identity, permission to work in the United Kingdom and a minimum of two references to ensure that staff were suitable to care for people. A relative of a person receiving care told us, "We can't fault any of the staff. They have been brilliant."

There were suitable arrangements for the recording, administration and disposal of medicines. The temperature of the room where medicines were stored was monitored daily and was within the recommended range. There was a record confirming that unused medicines were disposed of via the pharmacist. The home had a system for auditing medicines. This was carried out by senior staff of the home. There were no gaps in the medicines administration charts examined.

The accident book contained a record of accidents and guidance had been provided to prevent re-occurrence.

Is the service effective?

Our findings

At the last inspection in October 2015 we found the provider needed to improve their nutritional practice. The manager agreed they would address these issues following the inspection. At this inspection we found improvements had been made.

There were arrangements to ensure that the nutritional needs of people were met. People's nutritional needs had been assessed and there was guidance for staff on their dietary needs and how to promote healthy eating. For example, we saw information in the kitchen to inform staff of one person who was on a special diet.

Monthly weights of people were recorded. We heard a staff member consulting with a person regarding what they wished to eat for their meals. There were arrangements to promote healthy eating. We saw posters regarding healthy eating and safe food preparation. The home had been inspected by the local environmental health department in June 2015 and rated highly for food handling.

New staff had undergone a period of induction to prepare them for their responsibilities. The induction programme was extensive. The topics covered included policies and procedures, staff conduct and information on health and safety. The registered manager informed us that two staff members had started training for the Care Certificate. The new 'Care Certificate' award replaced the 'Common Induction Standards' in April 2015. The Care Certificate provides an identified set of standards that health and social care workers should adhere to in their work. Staff told us this had been very helpful in learning about their roles. Experienced staff confirmed they had regular refresher training and that they received regular supervision to support them in their roles. Records confirmed that staff mandatory training was up to date and the new staff induction followed the Care Certificate.

Staff were knowledgeable regarding the needs of people. We saw copies of their training certificates which set out areas of training. Topics included food hygiene, moving and handling, health and safety, care of people with epilepsy and the administration of medicines. A relative told us, "Staff are really good with [our relative]."

There was evidence in the records that staff had received supervision and appraisals. However, two staff records did not contain evidence of supervision and appraisals done within the past twelve months. The registered manager stated that they had been done and she would check these records in the head office.

We checked whether the service was working within the principles of The Mental Capacity Act 2005 (MCA). 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 also looked at the Deprivation of Liberty Safeguards (DoLS) which aims to make sure people are looked

after in a way that does not inappropriately restrict their freedom. 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, and whether any conditions on authorisations to deprive a person of their liberty were being met. Two people using the service were subject to a DoLS for their safety. The registered manager knew how to submit a request for DoLS authorisation and we saw that where a DoLS had been authorised, monitoring forms had been completed when required and any other conditions placed upon the authorisation were followed and reported on as required to the local authority.

Staff had received the relevant MCA and DoLS training and we confirmed this from records. They understood the need to obtain consent before providing care. For those people who lacked the capacity to make a decision staff understood the importance of assessing their ability to decide on each decision separately and to involve relatives and professionals as necessary in making best interests decisions.

People's healthcare needs were closely monitored by staff. Each person had a health action plan (HAP) with details of their needs and professionals involved. HAP is a personal plan about what a person with learning disabilities can do to be healthy. It lists any help people might need to keep healthy, such as what services and support people need to live a healthy life, healthy foods and when to go for a check-up. Care records of people contained important information regarding their background, medical conditions and guidance on assisting people who may require special attention because of mental health problems. There was evidence of recent appointments with healthcare professionals such as people's dentist, psychiatrist and GP. Two healthcare professionals gave positive feedback about the ability of staff to follow guidelines and also their record keeping.

Is the service caring?

Our findings

Staff treated people with dignity and respect. They were aware that all people who used the service should be treated with respect and dignity. Staff said they would ensure that doors were closed when they assisted people with their personal care. They informed us that they would knock on doors before entering bedrooms and close the curtains if necessary, which we observed.

We saw that people were clean and dressed appropriately. We observed staff speaking with people in an appropriate way throughout the inspection.

Staff held regular meetings where people could make suggestions regarding their care and activities they liked. The minutes of these meetings were available. Care staff assisted people make choices regarding what clothes they wanted to wear, or food they wanted to eat.

All bedrooms were for single occupancy each person had their own bedroom as well as access to communal areas such as the kitchen, lounge, gardens and bathrooms. This meant that people were able to spend time in private if they wished to. Their rooms were clean and each person had personalised their rooms with their own belongings, souvenirs and family photographs.

Support plans had a section with people's personal histories, likes and dislikes. Staff were able to tell us, in detail what each person liked and enjoyed. This was reflected in the interactions that we observed between staff and people.

The service had an up to date policy on equality and diversity. Staff had received training on equality and diversity, as part of their induction. People were supported with their religious observances, including visits to church. One person was supported to attend church services by staff. We saw care plans had been completed to indicate people's preferences and where they may be supported to maintain a level of independence; eating meals for example.

People maintained personal relationships with family and friends. Relatives told us they were involved in reviews of their care. Since the last inspection some relatives had been invited to attend reviews of people's care. A relative told us, "The service keep us informed. If there are any issues, the service phone us to check how things should be managed."

All permanent staff we spoke with had a good knowledge of the people they were caring for. It was evident they had worked with the same people for some time and had become very familiar with their likes, dislikes and preferences. For example, permanent staff were deployed to work with people who had more complex needs.

Is the service responsive?

Our findings

Staff provided group and individual activities so that people's different needs could be met. A programme of activities was displayed in the living room in a pictorial format so that people were aware of what was available. However, this consisted mainly of activities within the home. The registered manager stated that other activities were also available which included outings, walks and attendance at a day centre. One relative told us they were happy with the activities that were offered to their relative. However, there was room for improvement. One person did not have a social care plan and there was no evidence of outdoor activities available to meet this individual's interests and reduce isolation.

The service had a policy and procedure in place for dealing with any concerns or complaints. The procedure was also displayed in the communal areas and in people's bedrooms. A relative told us they knew how to raise a complaint and that they felt their concerns would be addressed. At this inspection we saw that the complaints book did not contain any complaints since our last inspection in October 2015. One person made a complaint to us regarding the behaviour of another person during the first day of our inspection. We also received information from the local authority that the provider had not responded to complaints from members of the public. This had not been recorded. Following this inspection, the registered manager sent us information to show that they had taken steps to correct the concerns identified in relation to managing complaints. This also included a review of their complaints policy and procedures. The provider should ensure they maintain their system of reviewing and responding to complaints.

People's support plans were personalised and reflected how people wanted to be supported. For example, one person displayed behaviours that challenged the service and we saw there was a positive behaviour support plan for this person. The family of the person, the local learning disability team, and Honister Gardens staff had been involved in developing the plan. The positive behaviour support plan instructed staff to recognise targeted behaviours, what statements or cues staff needed to use to intervene, what staff should do to replace targeted behaviours and how staff should alter the environment so targeted behaviours could be replaced. However, on the first day of the inspection we saw that one staff was not knowledgeable about the needs of this person. We noted that a staff member was not responsive towards the needs of this person. Following this inspection, the registered manager told us that training had been organised for this staff member, in addition to performance management.

People had a written support plan which reflected their needs and choices. This recorded people's history and their diverse needs. For example, morning, afternoon and night care needs; communication, eating, hobbies and interests. This information gave guidance to staff on how people's needs could be best met.

On the second day of the inspection, we observed staff responding to people's different ways of communicating in a way that showed their needs were met. Staff were not hurried and took time listening and communicating.

People and their relatives were invited to give feedback on the service at review meetings which were held annually, and on a more informal on-going basis. The service also operated a satisfaction survey to gather

the views of people and their relatives. We saw the results of the latest survey which were positive.

Is the service well-led?

Our findings

At the last inspection in October 2015 we had found a breach of regulation 17 in relation to the way the service monitored the quality of care. Measures were not being taken to consistently identify and mitigate risks for people living and working in the home. We took enforcement action to impose conditions about how people's care should be monitored. The provider complied with these conditions. At this inspection we found improvements had been made. There were systems to monitor the quality of the service. A range of audits had been completed. Risks to people had been identified and action taken to reduce the risks. However, the audits had not identified the shortfalls we identified at this inspection. For example, we identified the risk assessment of one person was not comprehensive, including documenting a step by step detail of action to be taken to minimise risk to others; complaints were not logged or responded to in a timely manner and at times people's expressed needs were not responded to.

Staff spoke openly about their shared values, which included providing a good quality service that facilitated people's involvement in their care and also their independence. People had been involved in their assessments through regular reviews and participated in shopping and household chores. Staff described the management in complimentary terms, such as 'approachable', 'easy to speak with' and 'responsive'. One senior staff told us, "Lately we have had good staff. They are willing to help. We work better as a team." Staff who had been employed at the service during our previous inspections explained that there had been considerable changes. One staff told us, "There have been changes in the way the service is managed. Managers phone to check if everything is okay; even in the middle of the night." Other staff also commented on the improvement in communication and the feeling of improved team work. We found staff had felt able to raise concerns appropriately and they told us they felt listened to and their views respected.

A relative told us, "The manager is good." We saw the registered manager had helped staff to understand and accept the need for change, given the outcome of our previous inspection.

There was a system for ensuring effective communication among staff. The home had a communication book which was used for passing on important information such as appointments and duties for staff. Staff informed us that there were daily handover meetings and meetings where they regularly discussed the care of people and the management of the home. Regular meetings had been held with people and their relatives to update them about the changes that occurred and to obtain their views. We saw the minutes of two monthly staff meetings and noted that issues related to the care of people, conduct of staff and management of the service had been discussed.

Audits and checks of the service had been carried out by the registered manager and senior staff. These included checks on care documentation, medicines, handling of people's money and cleanliness of the home. Evidence of these were provided. Areas of improvement had been identified and acted on, for example improvements had been made with regards to people's support plans. The service had identified that these needed to be more person centred and we saw the new support plans met this requirement. People had health action plans in place, which was an improvement since our last inspection.

There was a range of policies and procedures to ensure that staff were provided with appropriate guidance to meet the needs of people. These addressed topics such as infection control, safeguarding, administration of medicines and health and safety.