Leonard Cheshire Disability

Honresfeld - Care Home with Nursing Physical Disabilities

Inspection report

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Ratings

Overall rating for this service	**Requires improvement**
Is the service safe?	**Requires improvement**
Is the service effective?	**Requires improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires improvement**

Overall summary

Honresfeld is a large period building that has been extended to provide 28 single bedrooms for people with physical disabilities who are over the age of 18 years. The home provides 24 hour nursing care and has a wide range of equipment and facilities to assist people with their care needs. This was an unannounced inspection which took place on 1 September 2015. On the day of the inspection 23 people were accommodated at the home.

We last inspected this service on the 25 February 2015 and found the service did not meet the regulations for medicines management, Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 or for staffing levels, Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We issued compliance actions that required the

Summary of findings

provider to make the necessary improvements in relation to the management of medicines and staffing. Following this inspection the service sent us an action plan to tell us how they were going to meet the regulations.

The home had a registered manager in post. 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. However, on the day of our inspection the registered manager was absent from duty and the deputy manager was on annual leave. The nurse in charge and other administrative staff helped us conduct the inspection.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

People who used the service told us that Honresfeld was a safe place to live and they were well looked after.

Staffing levels had improved and were sufficient to meet the needs of people using the service.

Safeguarding procedures were robust and members of staff understood their role in safeguarding vulnerable people from harm.

We found that recruitment procedures were thorough so that people were protected from the employment of unsuitable staff.

The home was clean and appropriate procedures were in place for the prevention and control of infection.

Members of staff had a good understanding of the needs and preferences of people who used the service.

People were registered with a GP and had access to a full range of other health and social care professionals.

Several members of staff had been trained in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) so they knew when an application should be made and how to submit one.

All the people we asked told us the meals were good and they were offered a choice of menu at mealtimes.

People who used the service told us they liked living at the home and received the care and support they needed.

People were supported by staff to make decisions about their care and daily routine.

Leisure activities were routinely organised within the home and in the local community.

Structured Induction training was in place for new members of staff. Training for all staff was ongoing in order to ensure they were kept up to date with current practice.

An effective system for staff supervision so that staff could formally discuss work related issued and training was not in place.

Visitors were welcomed into the home at any time.

Leisure activities were routinely organised within the home and in the local community.

A copy of the complaints procedure was displayed in the home and included in the service user guide supplied to each person on admission to the home.

People who used the service and their representatives were given the opportunity to express their views about the service by completing a questionnaire and attending regular meetings.

In the absence of the registered manager members of staff were supported by the deputy manager, the registered manager from another Leonard Cheshire home and more senior managers from within the company.

The arrangements in place for monitoring and assessing the quality of the service provided had not identified and addressed the shortfalls we found with the management of medicines, care planning and staff supervision.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe. Risk assessments and care plans were not reviewed regularly in order to ensure they reflected the current needs of people using the service.

Members of staff knew the action they must take if they witnessed or suspected any abuse.

Recruitment procedures were thorough and protected people who used the service from the appointment of unsuitable staff.

Requires improvement

Is the service effective?

The service was usually effective. Members of staff were supported to access training appropriate to their role. However, regular supervision meetings to check staff performance and discuss training needs were not taking place.

People who used the service told us the meals were good and they were given a choice of menu.

Requires improvement

Is the service caring?

The service was caring. We saw that members of staff treated people with dignity and respect.

People who used the service told us they received the care and support they needed

Visitors were welcomed into the home at any time and offered refreshments.

Good

Is the service responsive?

The service was responsive. People who used the service were given the opportunity to take part in activities organised within the home and in the community.

People who used the service were given the opportunity to express their views about the service and plan activities at regular meetings.

A copy of the complaint's procedure was displayed in the home. No complaints had been made to the CQC or the local authority since the last inspection.

Good

Is the service well-led?

The service was usually well-led. The registered manager was absent from duty on the day of this inspection.

Members of staff said the deputy manager was approachable and supportive.

Requires improvement

Summary of findings

The arrangements for monitoring the quality of the service provided had not addressed the shortfalls we found with the management of medicines and care planning.

Honresfeld - Care Home with Nursing Physical Disabilities

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 was an unannounced inspection and was conducted by two inspectors on 01 September 2015.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

Before this inspection we reviewed previous inspection reports and notifications that we had received from the service. We requested the service to complete a provider information return (PIR). This is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make.

We contacted the local authority safeguarding team and the commissioners of the service to obtain their views about the service. The commissioners had recently carried out a review of this service and had expressed concerns about the way in which the home was being managed. Senior managers from within the company were taking steps to address this issue.

During the inspection we spoke with five people who used the service, two visitors, three care staff members, the cook, the nurse in charge, one nurse, the financial administrator and the registered manager from a neighbouring Leonard Cheshire Home. We looked at the care records for seven people who used the service and medication records for seven people. We also looked at a range of records relating to how the service was managed; these included training records, quality assurance audits and policies and procedures. We also conducted a tour of the building to look at the décor, services and facilities provided for people who used the service.

Requires improvement

Is the service safe?

Our findings

Three people who used the service told us they liked living at Honresfeld. One person said, "I like it here and I feel safe." Another person said, "I definitely feel safe here."

From looking at staff files and by talking to staff we saw that staff had been trained in safeguarding topics. Staff we spoke with confirmed they had been trained in safeguarding procedures and were aware of their responsibility to protect people. The safeguarding policy informed staff of details such as what constituted abuse and how to report any safeguarding issues. There was a whistle blowing policy and a copy of the 'No Secrets' document available for staff to follow good practice. A whistle blowing policy allows staff to report genuine concerns with no recriminations.

We found that the number of care workers on duty had increased since the last inspection in order to ensure that two people who required constant supervision and support were each allocated a dedicated care worker. This should ensure that these two people were kept safe from the risk of harm or injury throughout the day and night. However, one person and the relative of another person who used the service expressed concerns about the number of agency care workers and registered nurses employed at the home. Discussion with a senior manager within the company confirmed that staff recruitment was ongoing but the staffing problem had been compounded during the summer months due to staff holidays. Until a sufficient number of staff had been recruited agency staffs were employed to ensure that all shifts were fully staffed. We were also told that where possible the same agency staffs that were familiar with people's care needs were booked to work at the home.

Examination of the duty rota and discussion with the registered nurse in charge confirmed that the number of registered nurses on duty from 2pm to until 8.30pm had been reduced from two to one. The registered nurse in charge told us that although people's healthcare needs were being met there was little time for other tasks such as keeping people's care records up to date and completing necessary audits.

We examined seven plans of care during the inspection. We saw that there were risk assessments for falls, moving and handling, nutrition and tissue viability (the prevention or treatment of pressure sores). The risk assessments highlighted people's needs around these areas and any care or treatment was recorded in the plans of care. Where necessary specialist advice was sought from professionals such as dieticians or tissue viability nurses. However, the assessments and care plans were not reviewed regularly. One care plan we looked at told staff to review monthly but found this was sporadic and sometimes not completed for three months. Another care plan about a person's nutritional needs had been reviewed in December 2014 and then in August 2015. Two visiting healthcare professionals in their correspondence to the home expressed concerns that risk assessments were not reviewed regularly and the care plan did not reflect the current needs of the person using the service. Plans of care and risk assessments should be regularly reviewed in order to protect people using the service from the risks of unsafe care and treatment.

Care plans also included risk assessments for people to access the community such as for using transport or going fishing.

Registered nurses were responsible for the management and administration of medicines at the home. We saw that medicines were stored securely which reduced the risk of mishandling. Although the temperature of this area was checked and recorded sometimes this was not done daily. Checking and recording the temperature daily ensures that prompt action is taken to prevent medicines from deteriorating should the temperature exceed 25 degrees Celsius.

We looked at the medicines administration records of six people who used the service and found they included details of the receipt and administration of medicines. A record of unwanted medicines disposed of correctly by a licensed waste carrier was also available. We saw that handwritten instructions on the medicines administration records had been signed and witnessed by another member of staff to indicate the instructions had been copied correctly.

We checked medicines administration records against current stock for 10 medicines and found six medicines did not add up correctly because the packets were not dated when they were opened. The lack of clear and accurate records makes it difficult to check whether people have received their medicines correctly as prescribed and also increased the risk of mistakes being made. We also found

Requires improvement

Is the service safe?

that an excessive amount of medicine was in stock for two people. One person had over 300 tablets of one medicine in stock and another person had more than 73 tablets. Ordering and retaining excessive amounts of medicines in the home increases the risk of people being given out of date medicines.

Some people were prescribed medicines to be taken when required for example pain killers or tranquillizers. We looked at the care plans for two people prescribed 'when required medicine'. These plans included directions for staff to follow explaining whether a person was able to tell staff when they needed their medicine or the signs and symptoms they displayed if they could not. This helped to ensure that people received their medicine when they needed it.

We looked at three staff files. We saw that there had been a robust recruitment procedure. Each file contained two written references, an application form, proof of the staff members address and identity and a Disclosure and Barring Service check (DBS). This informs the service if a prospective staff member has a criminal record or has been judged as unfit to work with vulnerable adults. Prospective staff were interviewed and when all documentation had been reviewed a decision taken to employ the person or not. On some occasions people who used the service were involved in the selection of staff. The registered manager checked that trained staff remained on the nursing register with the Nursing and Midwifery Council. This meant that staff were suitably checked and should be safe to work with vulnerable adults.

There were policies and procedures for the control of infection. Staff we spoke with confirmed they had undertaken infection control training. The service used the Department of Health's guidelines for the control of infection in care homes to follow safe practice.

The manager conducted audits for infection control and there was hand washing facilities in strategic areas for staff to prevent the spread of infection. One of the managers had conducted spot checks to ensure staff were correctly washing their hands. Staff had access to personal protective equipment such as gloves and aprons. The water system was serviced by a suitable company to prevent Legionella and staff cleaned shower heads to further reduce the risk. The service had a contract for the removal of contaminated waste.

The laundry was sited away from any food preparation areas and contained sufficient industrial type equipment to provide a suitable service. There was a system for processing dirty laundry through to clean. There was a system for the control of contaminated linen and laundry.

The person responsible for maintenance checked the hot water outlets were maintained at a safe temperature and noted the radiators did not pose a threat of burning people. There was a suitable locking device fitted to external doors to maintain security.

The electrical installation system was serviced and checked by a suitably trained contractor. All other equipment checks, such as the gas equipment, portable electrical appliances, the lift, hoists, the fire alarm, fire extinguishers and emergency lighting had been serviced to help keep the environment safe.

Each person had a personal evacuation plan (PEEP's) which meant they could safely be escorted to safety in the event of a fire or other emergency. We were told the service had a business continuity plan to maintain care and services for people if there was a crisis.

Requires improvement

Is the service effective?

Our findings

Discussion with members of staff confirmed that they had a good understanding of the needs and preferences of people who used the service. One person told us that members of staff obtained their permission before any care tasks were carried out. Another person said, "The staff are lovely and do what I ask."

During the inspection we observed members of staff gaining people's consent and cooperation before any care or support was given.

We inspected three plans of care in depth during the inspection. The plans of care had been developed with people who used the service, who then signed their agreement to the plans to show their wishes had been taken into account.

The plans of care were individualised and divided into sections such as for mobility, nutrition or health care needs. There were good details around people's needs for staff to provide effective care. The plans told us what abilities people had or their limitations and how staff could best help them, for example, if a person needed to use a mobility aid. The plans of care did tell us what people's preferences were for any activities or religious needs.

We saw in the plans of care that people had access to hospital specialists, various professionals such as a tissue viability nurse and were given assistance to attend routine appointments such as for opticians, dentists and podiatrists. Each person was registered with a GP. One GP specialised in people with complex physical needs and was available to provide details to other professionals when required.

There was a good end of life section in the plans of care which would inform staff of people's needs should their condition deteriorate to be life threatening. One person had an advanced directive not to be resuscitated. This person had the mental capacity to make this decision and this was to be reviewed yearly.

We did note the difficulties staff sometimes had when one person made decisions that were not beneficial to their health and well-being. Staff had recorded the incidents clearly and informed the person's care co-ordinator to try to advise the person. However the person had mental capacity and staff were sympathetic to his needs.

The Care Quality Commission is required by law to monitor the operation of the DoLS and to report on what we find. The nurse in charge and several members of staff had been trained in the Mental Capacity Act 2005 (MCA 2005). We saw in one plan of care that a person had been assessed and a best interest decision made to keep them in the home which had been implemented using the correct procedures and professionals. This had been reviewed and was to be reviewed again after a year had elapsed.

All the people we asked told us the meals were good. One person said, "The food is great we have a choice." Another person said, "The meals are generally very good. There is a choice but if it's something I don't like I have an omelette." We saw that drinks were offered between meals and biscuits were available on request. We found that a person's nutritional needs were recorded in the plans of care such as poor dietary intake or any assistance required with eating a meal. If a person required specialist help such as dieticians or speech and language therapists appointments were arranged.

Discussion with the catering supervisor confirmed that she was aware of people's individual preferences and any special diets such as diabetic. People were offered a choice of meal and special diets and people's individual preferences were catered for. The catering supervisor told us that alternatives to the menu were always available if people wanted something else.

New staff were given an induction prior to working with people who used the service. We observed a training notice board which showed some new staff had been enrolled on an induction course run by a training organisation. This course met current guidelines. We were told new staff were then 'shadowed' until they were deemed as competent to work with vulnerable adults.

The relatively new administrator or nurse in charge could not find the training matrix. However from looking at staff files and talking to staff we found that training was ongoing and included manual handling, fire safety, safeguarding, the mental capacity act and deprivation of liberty safeguards, food safety, hydration and nutrition, infection control, data protection, fire awareness, palliative care, health and safety, the safe use of bedrails, swallowing disorders, first aid and disability equality. Staff were encouraged to take a qualification in health and social care such as a NVQ or diploma. Discussion with five members of staff confirmed that a programme of training was in place.

Requires improvement

Is the service effective?

One care worker told us she had not had a formal supervision meeting with her line manager for five or six months. The records we looked at confirmed that formal supervision had not been undertaken regularly and for some staff it had been several months since their last supervision session. Supervision must be undertaken regularly for managers to check staff performance and give staff the chance to raise any training or other issues that may affect their work.

We conducted a tour of the building on the day of the inspection. The home was warm, clean, well decorated and there were no offensive odours. There was a system to report or replace any defective equipment or furniture.

We visited all the communal areas and several bedrooms. The lounges and dining areas contained a variety of furniture suitable for the people accommodated at the home and were domestic in type which gave a homely atmosphere.

We saw that people had personalised their own room with photographs, ornaments, pictures for the walls, items of furniture, televisions and audio equipment to make them more homely.

Good

Is the service caring?

Our findings

Throughout the inspection we saw that staff treated people with dignity and were professional when one person was being difficult. Staff were friendly and had time to sit and talk or play games such as dominoes with people who used the service and used this time to talk to them. Any personal care was given privately. One person said, “The staff are great.” Another person said, “The staff are friendly.” One visitor told us that their relative was always nicely dressed and looked smart.

The three care plans we looked at included a one page profile about people’s individual likes and dislikes. This meant staff should know what people liked or disliked.

Arrangements were in place for the registered manager or a senior member of staff to visit and assess people's personal and health care needs before they were admitted to the home. The person and/or their representatives were involved in the pre-admission assessment and provided information about the person’s abilities and preferences. Information was also obtained from other health and social care professionals such as the person’s social worker. Social services or the health authority also provided their own assessments to ensure the person was suitably placed. This process helped to ensure that people’s individual needs could be met at the home.

We saw that visiting was unrestricted. We noted that throughout the day of our inspection visitors were welcomed into the home. People who used the service could receive their visitors in communal areas of the home or their own room.

People were able to choose what they did, for example where they spent their day or what time they got up. We also saw that people could attend religious services of their choosing if they wanted to follow their religion in this way. We saw from one plan that a person attended holy communion. People’s spiritual needs could be met within the home although we did not find any evidence or received information from people who used the service that they were able to attend community based religious practices.

Good

Is the service responsive?

Our findings

We observed people attending activities of their choice if they wanted to. We saw people playing games, watching television or going out. Volunteers were available to help people who used the service to attend activities.

There was a designated room where activities took place. People who used the service could access this room at any time. An activities organiser assisted by volunteers was responsible for organising leisure activities at the home. These included games such as dominoes and bingo, exercise class, music therapy and watching films. We noted that people's activity preferences were recorded in plans of care and outings were arranged. One person had been taken fishing and we also saw records of outings to places of interest. One person told us they enjoyed going to the Trafford Centre and Bury.

People were also supported to pursue their own interests and hobbies. One person said, "I do my own thing and I also go out." One visitor told us their relative had her own car and loved being taken out in it.

The complaints procedure told people how to complain, who to complain to and the timescales for a response. A copy of the complaints procedure was displayed in the home and included in the service user guide supplied to each person on admission to the home. The complaints procedure included the details of other organisations people could contact including the Care Quality Commission. We saw one complaint which had been responded to and resolved in a timely manner by one of the nurses.

One visitor said, "I would complain if necessary." One person using the service told us they had made two complaints since moving in to the home and both had been investigated and dealt with satisfactorily.

People who used the service and their relatives were given the opportunity to complete satisfaction questionnaires annually in February. Comments written on the most recent survey included, 'I can't praise Leonard Cheshire enough' and 'I love the service here'.

People who used the service were encouraged to attend meetings held quarterly to discuss the home or outings. At the last meeting in May 2015 the topics included the arrangements for a summer fair, new garden furniture, disco and karaoke nights, staffing, voting for their favourite member of staff or volunteer, entertainment, quizzes and games and themed evenings. People were also given the opportunity to comment or bring up topics if they wished.

Requires improvement

Is the service well-led?

Our findings

The home had a registered manager in post. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. However the registered manager was absent from duty and staff were being supported by a registered manager from another home and more senior managers from within the company. Whilst the deputy manager was on annual leave the home was managed by an experienced nurse.

The nurse in charge told us that the deputy manager was approachable and had been made aware that the registered nurses didn't have time to review and update people's care plans. Two care workers told us they enjoyed their work one of them said, "The deputy manager is approachable and very supportive."

Information received recently from the local authority commissioning team expressed concerns about how the home was managed. Senior management from within the company were taking steps to address this issue.

We saw from looking at records that management conducted regular audits to check on the quality of service provision. These audits included accidents and incidents, hoists and slings, fire alarm testing, boiler checks, taps and hot water temperatures, window restrictors, first aid kits, trips and hazards, the availability of personal protective equipment such as gloves and aprons, infection control, mattress checks and the environment such as the laundry to ensure the equipment was in good working order. We saw action was taken to repair any faults or clean specialised equipment such as extraction vents or shower heads. There were also spot checks for correct hand washing procedures. This helped management ensure the service was functioning to a reasonable standard.

However, the arrangements in place for monitoring and assessing the quality of the service provided had not identified and addressed the shortfalls we found with the management of medicines, care planning and supporting staff through regular supervision.

Failure to have an effective system in place to assess and monitor the quality of the service provided is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at several policies and procedures. These included the mental capacity act and deprivation of liberties safeguards, safeguarding, whistle blowing, health and safety, medication, infection control and the reporting of accidents. The policies were available for staff to follow good practice.

Staff handover meetings took place at the beginning of each shift. This informed staff coming on duty of any problems or changes in the support people required in order to ensure that people received consistent care.

Members of staff were able to attend meetings to be kept informed of events and raise any topics. We saw that at the last staff meeting of July 2015 topics included recent management changes, current recruitment, holidays and the safe use of social media.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance The arrangements in place for assessing and monitoring the quality of the service provided had not identified and addressed the shortfalls with the management of medicines, care planning and supporting staff through regular supervision.