

Health and Home (Essex) Limited

# Health and Home Ltd - North Road

## Inspection report

148-150 North Road  
Westcliff On Sea  
Essex  
SS0 7AG

Date of inspection visit:  
04 June 2019

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07 October 2019

## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

About the service: Health and Home Ltd – North Road is a residential care home registered to provide accommodation with personal care for up to nine people who may be living with dementia or have enduring mental healthcare needs. At the time of the inspection, there were seven people living at Health and Home Ltd – North Road.

People's experience of using this service:

The service did not demonstrate that they understood how to safeguard people from neglect and abuse. The registered manager had not always followed safeguarding protocols to ensure all reportable concerns were reported to the local authority.

Systems for supporting people after incidents had failed to monitor people's well-being. The provider did not always analyse accidents and incidents to identify themes and trends and prevent re-occurrences. There were limited lessons learnt processes to show how staff had learnt from events. This meant people were at risk of a repeat of incidents that exposed them to risk.

Staff had not carried out effective risk assessments to enable people to retain their independence and receive care with minimum risk to themselves or others. Risk assessments completed were not always accurate and a true reflection of people's current care needs. We found that this process was being implemented but had yet to be embedded.

The current governance systems at the home were ineffective. The systems did not proactively monitor areas where the care delivered was not safe or meeting standards. Furthermore, arrangements in place did not ensure accountability and transparency. The registered manager lacked oversight and was not always aware of shortfalls and serious concerns in the home. New governance systems were in the process of being implemented but had not yet been embedded or seen to be effective.

The provider had an effective recruitment procedure, which ensured only suitable staff were employed in the home.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

Our observations during the inspection, were of positive and warm interactions between staff and people who lived in the home. Staff treated people with kindness, dignity and respect and spent time getting to know them and their specific needs and wishes.

Daily activities were provided, events were celebrated in the home and professional singers and entertainers were booked on a regular basis. People were aware of how they could raise a complaint or concern if they needed to and had access to a complaint's procedure.

Rating at last inspection: The last rating for this service was Inadequate (published 08 March 2019). The service has now been rated as required improvement.

Why we inspected: Following the last inspection the service was placed under special measures. And therefore, meant we would be inspecting the service within six months as part of our ongoing monitoring of the service.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Health and Home Ltd – North Road on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

## 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

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective

Details are in our Effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring

Details are in our caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well led

Details are in our well led findings below.

**Requires Improvement** ●

# Health and Home Ltd - North Road

## **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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of two inspectors.

Service and service type:

Health and Home Ltd – North Road 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:

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about. We contacted the local authority and the local clinical commissioning group who commission services from the provider. 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 two people who used the service and one relative to ask about their experience of the care provided. We also observed the support people received within the communal areas of the home, including the support people received to take their medicine. We spoke with members of staff including the cook, nursing staff and care staff. We spent time with the registered manager during the inspection. We reviewed a range of records. This included accident and incident records, care records, medicine records and staff recruitment records.

Following the inspection, the provider sent us copies of their staff training records that had been completed or amended since the inspection. They also told us of actions they had or were taking following our feedback at the end of the inspection. We reviewed all this information to inform our judgements.

# 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 now improved to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- At our December 2018 inspection, risks were not managed safely. This was a breach of the legal regulations. During this inspection we saw action had been taken to address the risks identified at the last inspection. However, further improvements were needed. For example, risks were not always managed effectively when people demonstrated behaviours that put themselves or others at risk.
- Staff told us they were confident in supporting people when they demonstrated behaviours that put them or others at risk, despite some incidents that had led to people becoming aggressive towards staff. One member of staff told us, "If [name] becomes aggressive we tell them that if they don't stop we will call the police." We asked staff how they would call the police if they were in an isolated area of the service without access to a phone, the member of staff informed us, "We always make sure we have the phone on us when we are upstairs alone." However, our observations during the inspection showed that this was not always the case. On a number of occasions, we observed a female member of staff in a part of the home where they would be isolated without any means to contact anyone for help. This meant some staff members could be at risk of harm.
- Information in care plans to guide staff was limited and did not include details such as the potential triggers that were likely to upset people that could lead to these behaviours. This lack of information meant staff were not always able to minimise the risk of incidents occurring.
- When people became upset or angry, incidents were not recorded in detail, such as what was happening prior to the incident, during the incident and after the incident. This meant the registered manager could not analyse these incidents to look for patterns or trends.
- Accidents and incidents were recorded. However, the level of detail was limited for some. For example, some did not include the full name of the person involved. The actions taken did not always provide enough detail, to ensure the provider could fully assess the risks and put actions in place to minimise reoccurrence.

This is a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with the staff who supported them. One person said, "This is a good place, the staff always look out for me."
- Staff recognised and knew how to report abuse. However, we found an allegation of theft that had been made in writing back in January 2019 that had not been referred to the appropriate authorities, neither could the registered manager evidence what action they had taken in response to the allegation. This meant there was a risk that this incident was not thoroughly investigated to ensure people's safety was protected.

This was also raised as a concern at the last inspection.

#### Learning lessons when things go wrong

- Whilst the service had made improvements since the last inspection, there was still areas in which the service needed to make further improvements. When we spoke to the registered manager they informed us, that improvements in the service had been slow but this was due to them having more input in the other sister service that required improvements, however they would be starting to put more input into the service following the inspection.

#### Staffing and recruitment

- Staff rotas showed there was sufficient staff on duty to support people.
- Staff recruitment practices were safely managed. We saw references were sought and a disclosure and barring (DBS) checks was obtained to check staff were suitable to work with vulnerable adults.

#### Using medicines safely

- We reviewed the medicine administration records (MAR) for all people receiving prescribed medicines and found medicines administration had been appropriately recorded.
- We observed a staff member during their medication administration duties and they did so safely, ensuring that people received their prescribed medications as required and in a timely manner.
- Staff administered medicines to people in a way that showed respect for their individual needs, for example, they explained what was happening, sought people's consent to administer their medication and stayed with them while they took their medicines to ensure that it had been administered safely.

#### Preventing and controlling infection

- Arrangements were in place to manage the control and prevention of infection within the service. We observed staff throughout the inspection cleaning all areas before and after use.



# 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 remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Records reviewed showed some of the staff had attended refresher training since we last inspected the service. We did however note that all training had been in-house, and most of this training had not been refreshed since our last inspection. Further training was still required for specific needs for people using the service such as managing challenging behaviour or specific mental health needs. A member of staff informed us, "We are supported by the service with our training and if we have any concerns or questions the management team have an open-door policy which means we are able to approach them to gain clarity on areas of practice."
- Staff had regular supervision and meetings to discuss people's care and the running of the service and staff were being encouraged to be open and transparent about any concerns they may have. A member of staff said, "We have formal and informal supervision on a regular basis and we can talk to the management team about issues around work and our personal life as this often can impact on us delivering a good level of care to the people we are caring for."

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

- The registered manager and staff informed us that people's needs would be assessed in line with best practice and guidance prior to them moving in, however there had been no new admissions into the service since our last inspection. The registered manager informed us the service was in the process of implementing new documentation that captured all of people's needs.
- The registered manager informed us the new process would involve visiting prospective people and their family, in their own homes as well as any respite homes or day services they attended. This would enable them to gain as much information about the person, to assess their physical, social and emotional needs as well as any cultural or religious needs, so these could be considered when planning their support.

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

- People were happy with the food provided and included in the choice of meals.
- We inspected the kitchen and found foods were suitably stored. There was plenty of food available to be freshly cooked for people using the service.
- We observed the lunch time meal experience, people appeared to be enjoying their food. Food had been freshly cooked by the staff working during the inspection.

Staff working with other agencies to provide consistent, effective, timely care

- The service ensured people's needs were regularly reviewed with other professionals involved in the

person's care. However, we noted that this information was not always incorporated in people's care or support plans.

- People were supported to access healthcare professionals at times they needed, and records were kept of these.

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

- Following our last inspection, the service had made some improvements to the premises. We noticed that several areas of the home had been painted and the registered manager informed us that further works would be carried out in the near future, this included a change of flooring in the main lounge area.

We recommend a planned maintenance schedule of works is developed for the service to continually improve the environment.

Supporting people to live healthier lives, access healthcare services and support

- People's healthcare needs were well managed. People had access to a range of healthcare professionals and services, such as, GP and the local authority. A relative informed us, "The staff always keep us up to date about our relative's health and wellbeing and communicated any changes in a timely manner."

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 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.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where required DoLS applications had been submitted in line with requirements.
- Staff continued to understand the requirements of the MCA. People's consent was sought before providing any care.

# 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 inspection, this key question was rated as requires improvement. At this inspection, this key question has remained requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us the staff were kind and caring. One relative informed us, "The staff are very good, I don't know what our family would do without them."
- People were able to maintain contact and continued to be supported by their friends and relatives. People's relatives told us they were able to visit the service at any time without restrictions.

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

- People and their relatives told us they were included in the development of the care and support plans. One person told us, "When we joined the service we sat down and discussed our needs and agreed a plan, we chose what we want and how we want it." Whilst this is what people and their relatives were telling us, on review of people's care and support plans we could not evidence that changes to people's care and support had been discussed with them. At the last inspection we gave feedback that the care plans needed to be more person centred to help staff support people well. Whilst new care plan templates had been devised, they had not been implemented so the care plans in place were not adequate to ensure people's care needs could be appropriately met.

Respecting and promoting people's privacy, dignity and independence

- Staff understood how to promote and respect people's privacy and dignity, and why this was important. Their responses to our questions demonstrated positive values such as knocking on doors before entering and providing any personal support in private. One staff member told us, "I make sure people are covered up with a towel, make sure the curtains and door are closed were safe to do so, I do the same things I would do to protect my own privacy."
- Staff promoted people's independence as far as possible by allowing people to do things for themselves when they were able. One person told us, "I'm an independent person and they let me be independent."

# 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 remained requires improvement. This meant people's needs were not always met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The care plans did not include all relevant information to support staff to care and support the people using the service. In addition, information provided by health and social care professionals was not always included in the care plans. For example, one person using the service had been reviewed by a community nurse, whilst a detailed review document had been provided none of this information had been transferred into the person's care plan.

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.

- Staff demonstrated good awareness of people's individual communications needs, and how to support them.

Improving care quality in response to complaints or concerns

- People and their relatives told us that if they had any concern they would discuss these with the management team or staff on duty.
- People told us that they felt able to talk freely to staff about any concerns or complaints.
- There was a complaints policy and procedure in place, however we found people's concerns had not always been acted upon despite the manager having received a letter from a person detailing their concerns.

End of life care and support

- Improvements were needed to ensure that information relating to people's end of life wishes was recorded and arrangements would be in place to care for people in a dignified way. The registered manager informed us this would be captured in the new care planning documentation that was going to be introduced.

# 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 inadequate. At this inspection this key question has improved and is now rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Whilst we acknowledge the registered manager was proposing to focus on the service once they had resolved issues in the sister service this meant, they were failing to tackle areas of non-compliance with regulations to ensure prompt action was taken. Our findings throughout the inspection indicated there was a lack of adequate understanding of safe care and regulatory requirements including urgency to resolve our previous findings. The quality monitoring systems in place did not support the delivery of high-quality, person-centred care.
- In addition, we asked the registered manager if they had a copy or had sight of the report we had issued following the last inspection and they confirmed they had. We asked what actions they had taken in response to our findings, they told us that they were working on an action plan with the provider. When asked to identify any of the breaches from this report, they were unable to do so. This further evidenced that the registered manager had very little oversight of required improvements in the service.

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

- Due to the lack of effective audits, there were ineffective management arrangements at the home which were characterised by a lack of questioning of staff culture and a lack of accountability. Instances of poor practice were not challenged which resulted in the deterioration of the standards of care provided.
- At our last inspection we found quality assurance checks and audits were not robust. These arrangements did not identify the issues found during our inspection and had not recognised where people were placed at potential risk of harm and where their health and wellbeing was compromised. At this inspection, we found improvements were still required. Whilst we were provided with an action plan, this only covered three of five domains we inspected at the last inspection. On speaking to the registered manager, they informed us their focus had been at the sister service which had also been rated Inadequate at the last inspection. Their intention was to stabilise the sister home and then put more focus on this service.
- At our last inspection we found that not all safeguarding concerns or statutory notifications in line with regulatory requirements had been forwarded to the Local Authority or Care Quality Commission, when they should have been. At this inspection, we found this to be still the case. For example, we found a letter from January 2019 in which allegations of theft had been made, however neither the Local Authority, CQC or the police had been informed.

- The registered manager did not have robust oversight of their staff to ensure accountability and compliance with regulations. Staff and the registered manager informed us that the registered manager was not at the home for more than one or two short visits a week. Staff added that they held telephone handover with the provider weekly, however when we asked for documentation to evidence what had been handed over, staff and the registered manager were not able to provide this. This meant where shortfalls occurred they were not being recorded and the registered manager would not be able to evidence actions taken to mitigate risk to people and staff working in the service.

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

- The registered manager told us the home was developing close links and good working relationships with a variety of professionals to enable effective coordinated care for people. This included healthcare professionals such as the local GP, as well as social care professionals such as the safeguarding and social work teams. However, our findings showed that further improvements were still required.

Continuous learning and improving care

- There were limited lessons learnt processes in place which therefore meant staff could not always demonstrate whether they had reviewed what could be learnt from events to reduce re-occurrences.

Due to a lack of robust monitoring systems and clear oversight from the registered manager all the above is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

| Regulated activity   | Regulation   |
|--|--|
| Accommodation for persons who require nursing or personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment<br><br>Risks to people were not always mitigated to ensure people were protected from harm. |
| Regulated activity   | Regulation   |
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>Quality assurance systems were ineffective.  |