

Williams & Spenceley Limited

Howlish Hall Nursing and Residential Home

Inspection report

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13 November 2018

16 November 2018

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Inadequate ●

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

This inspection took place on 13 and 16 November 2018 and was unannounced. The provider knew we would be returning for a second day but not when.

Howlish Hall is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 is registered for 40 people and at the time of inspection there were 31 people living at the service.

A registered manager was in post at the time of the inspection visit, although they were absent on both days. They were registered with the Care Quality Commission in July 2013. 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.

The last inspection of the service was carried out in November 2017 and was rated requires improvement. We found that the service was not meeting all the requirements of Health and Social Care Act 2008 and associated Regulations. We found concerns relating to their emergency policies and procedures not always being followed, records were not effective at monitoring and recording staff training and the provider's systems for assessing, monitoring and improving standards at the service were ineffective. Following this inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions to at least good.

At this inspection we found that the provider had made some improvements however we found further improvements were required to become fully compliant with the Fundamental Standards of Quality and Safety. This is the second time the service has been rated requires improvement.

We found concerns with the safe administration of medicines, fire drills did not support staff to keep people safe and the personal emergency evacuation plans (PEEPs) were not in place for two people and were in place for one person who had left the service. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency. Following the inspection the fire service completed an inspection of the service and provided an urgent action plan for the provider to follow.

Audits were taking place; however, they were not robust enough to highlight the issues we found during our visit. Records, were difficult to locate and once found in no order. It was highlighted at the last inspection that the provider did not complete any quality assurance checks at the service and the registered manager did not record their daily walk around. We asked to see them at this inspection and we were told there were no records kept of daily walk arounds and the provider does not complete any records to evidence checks of the service.

Risks assessments arising from people's health and support needs needed to include more information to minimise the risk, be more person centred and to be updated or new risk assessment put in place when people's needs changed.

Risks arising from the premises were not always assessed. Doors leading to stairwells were not locked on opening but were locked on closing. Meaning if a person opened the door on the bottom floor they could climb upstairs but be greeted by a locked door and have to go back down, a person opening the door on the top floor would not be able to get back in once the door shut and would have to navigate the stairs.

People who lived at the service were safeguarded from abuse. People told us that they felt safe at the service and that they trusted staff. Staff were booked in for refresher training in the safeguarding of vulnerable adults and said they would not hesitate to report concerns.

The registered manager understood their responsibilities in relation to the Deprivation of Liberty Safeguards (DoLS). People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; policies and systems in the service supported this practice. Records relating to who had DoLS in place were not updated in a timely manner, therefore staff were not fully aware of who had a DoLS in place. We did not see evidence of consent being recorded in all the files we looked at or evidence to show consent had been provided verbally.

Some areas of the service needed a deep clean and updating. The provider had a refurbishment plan stating all works would be completed by December 2019.

Accidents and incidents were recorded and monitored for trends and patterns.

Staff training was up to date. Supervisions were up to date and appraisals were in the process of taking place and booked in.

We found there was sufficient staff employed to support people with their assessed needs on the day of the inspection. However, an extra member of staff had been brought in and the activity coordinator was being used to support care staff, taking them away from their own role.

Appropriate recruitment checks were carried out before staff were employed to ensure they were suitable to work with vulnerable adults.

Feedback on the quality of the service had been sought.

People enjoyed the food provided.

People were supported to continue with their preferred religious needs.

Staff demonstrated a person-centred approach to care and they knew people well. Care plans had very limited information of people's wishes, preferences and life histories, but staff we spoke with had a good knowledge of this

We saw evidence of activities taking place and people we spoke with enjoyed them.

The service had a complaints policy that was applied when issues arose. People and their relatives knew how to raise any issues they had. The service had received four complaints since the last inspection.

We identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the registered provider to take at the back of the full version of the report.

Following the inspection the provider assured CQC that they have arranged for urgent works to be completed immediately. They had followed the fire services action plan and arranged a full independent review of the service.

This service has received a rating of 'Inadequate' in one or more domains and the service is therefore in 'special measures'. Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe. If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration. For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Medicines were not always managed safely for people and records had not all been completed correctly.

Not all risks to people were assessed or plans put in place to minimise the risk.

Staff understood safeguarding issues and felt confident to raise any concerns they had.

The provider carried out pre-employment checks to support them to make safer recruitment decisions.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff received training to ensure that they could appropriately support people.

Evidence to show staff were supported through supervisions were available

People were happy with the food provided and received a choice.

Staff knew their responsibilities under the Mental Capacity Act. Records were not always in place or signed by people to evidence consent was sought.

Is the service caring?

Requires Improvement ●

The service was not always caring.

Whilst we observed staff to be caring throughout the inspection, issues found during inspection suggested the provider could make further improvements to ensure the service was caring overall.

Staff treated people with dignity, respect and kindness.

People were supported by staff who were kind and patient.

Is the service responsive?

The service was not always responsive.

Staff demonstrated a person centred approach to care. However records did not match staff knowledge.

People were supported to access activities however the activity coordinator supported with care tasks which took them away from the activity role.

There were systems in place to manage complaints.

Basic end of life care plans were in place for people, however needed much more detail.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

The quality assurance audits did not highlight the concerns we raised.

Records needed to be improved.

The registered manager understood their responsibilities in making notifications to the Commission.

Requires Improvement ●

Howlish Hall Nursing and Residential 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 13 and 16 November 2018 and was unannounced. This meant that the provider and staff did not know we would be visiting. We told the provider we would be returning for a second day but not when.

The inspection team consisted of one adult social care inspector, one pharmacist inspector, an assistant inspector, and one expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

We contacted the commissioners of the relevant local authorities, the local authority safeguarding team and other professionals who worked with the service to gain their views of the care provided by Howlish Hall.

The provider was asked to complete a provider information return [PIR]. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this to plan the inspection.

During the inspection we looked at six care plans, medicine administration records (MARs) and daily records. We spoke with five members of care staff, the manager's assistant, two senior care worker, four care workers,

the activity coordinator, and the cook. The handyman and administrator were on day off but called in to support the inspection. We spoke with five people who used the service and two visiting relative. We spoke with two relatives by telephone after the inspection to gain their views on the service. We also spoke to a visiting healthcare professional.

Is the service safe?

Our findings

At our last inspection in November 2017 we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to make improvements to fire drills and personal emergency evacuation plans (PEEPs). The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency. During this inspection we checked whether the registered provider had made the required improvements.

The provider sent an action plan to the Care Quality Commission (CQC) after the November 2017 inspection which stated they had appointed three fire marshals to work alongside their current fire marshal. We asked who these were during this inspection and no staff were aware of anyone being appointed.

Whilst the provider had implemented more frequent fire drills, we found they were not robust enough. PEEPs for two people were not in place and a PEEP for one person who had left the service was still in the file.

We found that people who used the service were not adequately protected in the event of a fire. The current fire marshal discussed the fire training with us and expressed concerns of their own level of knowledge, explaining they had received no official training to enable them to train staff. They also explained they had been told about progressive horizontal evacuation but had no idea what this meant. The principle of progressive horizontal evacuation is that of moving occupants from an area affected by fire through a fire resisting barrier to an adjoining area on the same level, designed to protect the occupants from the immediate dangers of fire and smoke.

We questioned what the fire drill consisted of and three staff members told us that the alarm goes off, all staff had to meet at the designated area (foyer), a register was taken to make sure all staff were present. Then two staff had to go back into the building and find a board which had been hidden. We asked what about the people who live at Howlish, all staff spoke to said they just get themselves out. We found that no full evacuation techniques had ever been carried out. We found these concerns to be very high and contacted the fire safety officer immediately. The Fire safety officer attended Howlish Hall the day after our inspection and put some immediate systems in place to keep people safe. They provided staff with a list of immediate work that was needed which included training and updating the fire risk assessment which was a tick box sheet and did not reflect what the risks were.

The provider contacted CQC after the inspection to evidence they had contacted someone to do a comprehensive fire risk assessment and training.

Although the premises and equipment were monitored to ensure they were safe to use, we found these checks were not always robust enough. The checks included window restrictors, water temperatures and call systems. However, we saw doors leading to stairwells were open and easily accessible to people. Due to the care and support needs evidenced during this inspection this could lead to a potential risk of harm to e

people. We were told by a relative that one person had fallen down the stairs and fractured their hip. Although this was a while ago, lessons had not been fully learnt. We addressed this with the managers assistant who was not aware of the potential hazard. We asked if this had been reported on the daily walk around but no records were kept of this. The manager's assistant said they would arrange for a key pad lock to be added to both doors.

Required tests and maintenance were in place, including for gas and electrical safety. However, we saw no legionella testing or legionella risk assessment was in place. Legionnaires' disease is a potentially fatal type of pneumonia, contracted by inhaling airborne water droplets containing viable Legionella bacteria, of which the elderly are at risk. Health and social care providers should carry out a full risk assessment of their hot and cold water systems and ensure adequate measures are in place to control the risks. The provider contacted CQC after the inspection to evidence this had been arranged.

Risks arising from people's health requirements needed addressing and to be more personalised to the person. For example, we identified staff had a different understanding about one person's care needs to what the persons care records stated. We saw that the care need in question had not been risk assessed with mitigating actions put in place to prevent further injury.

Another care plan demonstrated a person had anxiety and panic attacks. There was no risk assessment to enable staff to be aware of the signs of anxiety which could lead to a panic attack. A further person's pre-admission assessment stated they had heart failure and were breathless. No risk assessment had been put in place to advise staff how to deal with such a situation and how to minimise the risks involved.

We looked at the cleanliness of the building, including laundry, bathrooms and kitchens. A new laundry had been installed which had a good 'dirty in, clean out' system. Bathrooms were generally clean, however had no foot operated bins which meant the risk of infection was not reduced. Three bathrooms had no safety rails installed. Kitchen ovens needed a deep clean. Kitchen cleaning records and audits some jobs were not done for about three weeks and no cleaning jobs were done on a weekend.

We looked at the systems in place for medicines management and found they did not keep people safe.

Records relating to medicines were not always accurate. For example, one person's care plan stated they had allergies to six medicines, yet no allergies were listed on their medication administration record (MAR). Where medication for one person had been discontinued staff continued to administer it five days after the discontinued date.

One person self-administered one of their prescribed medicines. However, there was no risk assessment in place and this person had no stock of this prescribed medicine. Another person did have a risk assessment for self-administering an inhaler. However, this inhaler was no longer prescribed. Therefore, we could not be sure people were supported to safely administer their own medicines.

We looked at how the home managed the application of topical medicines [creams]. We looked at 12 records and found all did not have sufficient information in place to guide staff on the safe application of creams. We were told senior carers ticked MAR charts to show application of creams had been completed by a carer without witnessing the application taking place, this also meant there was no record of the person of who applied the cream. We looked at one person who had been prescribed a cream three times a day for seven -10 days to treat a fungal infection however records showed this had only been applied once a day on eight occasions. Staff had also continued to tick to show application two days past the specified stop date. Ticks on the MAR chart also demonstrated that a medicated cream had been applied by care staff; because

no initials were present we were unable to clarify if the carer applying this had the appropriate training. Incomplete records meant we could not be sure prescribed creams had been administered in the right way or at the right frequency, in line with the instructions on people's prescriptions.

We saw that controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) were stored appropriately and signed in the register when administered.

Medicines which required cold storage were kept in a fridge within the medicines room. Monitoring of these temperatures were carried out daily. Room temperatures were also recorded daily. However, 13 recordings in October showed the temperature to be above the recommend maximum of 25 degrees. Therefore, medicines were not being stored within the recommended limits for safe storage.

We looked at how the home managed medicines to be used on a when required basis, such as pain relief. We checked 13 records and found none had guidance in place for staff to support them in the safe administration of these medicines.

We looked at one person who received a medicine with a variable dose depending on regular blood tests and found this to be managed appropriately however their care plan lacked vital information to guide staff on any signs or symptoms they should look out for in relation to this person.

We looked at the processes for auditing medicines within the home and found that whilst there had been an audit on 5th November 2018 this had not picked up the issues we had found on inspection.

These findings evidenced a repeat breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act (Regulated Activities) Regulations 2014

People who used the service were positive about the service. Comments included, "Yes, it feels safe living here, the way it is, it's never been any other way, the staff make me feel safe", "I always feel safe when I move from A to B. I've been here five years and I've never fallen yet", "I always have my call bell by my side," and "Yes it feels safe here, it's alright the way it is and yes it's important to feel safe." One person did say, "Well they [staff] tell me it is safe but I don't really know."

Comments from relatives were, "I have no concerns regarding safety, I am very happy [name] is safe," and "I think [name] is safe, that is one thing about this place."

Accidents and incidents were monitored for trends and to identify any improvements that could be made to increase people's safety.

We asked people and their relatives if they thought there were enough staff on duty. Comments included, "Oh yes, there are enough staff, there is a bell and they come quickly, well within five minutes", "Staff are approachable and easy to talk to, but I think they could do with some help sometimes" and "There are plenty of staff and they can't do enough for you." Relatives comments included, "Yes there are enough staff for [Name], they are usually okay" and "Regarding numbers of staff, it seems alright, there is always staff on hand if you need them. [Name] had fallen twice in her bedroom, they are still at risk of falling but that is not their [staffs] fault."

Staff we spoke with said, "Yes, there are enough staff, sometimes it gets hectic and we could do with an extra pair of hands; the weekend always seems more chilled out" and "Yes, but beds are starting to fill up again so

we'll probably need more."

Through observation and looking at rotas there were enough staff on duty to meet the needs of the people. However, an extra member of staff was brought in for the inspection which meant it was a different reflection of how many staff were usually on duty. We also saw the activity co-ordinator was being used too much as a care assistant and could not concentrate wholly on their role.

Recruitment procedures were in place to ensure suitable staff were employed and this included a Disclosure and Barring Service check (DBS). The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and minimise the risk of unsuitable people from working with vulnerable adults.

Staff understood the importance of safeguarding issues and whistleblowing [telling someone] and knew the procedures to follow if they had any concerns.

Is the service effective?

Our findings

At our last inspection in November 2017 we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to make improvements to training records as they were confusing and unclear and it was hard to gain an accurate picture of what training staff had completed.

Records evidenced that staff training was up to date or was booked. However, as the training was all in house we recommend the provider ensures the trainers are up to date with best practice.

New staff undertook an induction programme, covering the service's policy and procedures and using Care Certificate materials to provide basic training. The Care Certificate is a set of core standards that health and social care workers adhere to in their daily working life. It sets out explicitly the learning outcomes, competences and standards of care that will be expected.

We saw that staff received regular supervision. Supervision is a process, usually a meeting, by which the organisation provides guidance and support to staff. Yearly appraisals were taking place or booked in.

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 with appropriate legal authority. 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. We were told that everyone who had a DoLS in place had a green dot next to their name on a whiteboard in the office. There were three green dots but the DoLS file had seven authorisations in place. The board was not up to date which meant staff were not fully aware of who had a DoLS in place and there was nothing in the documents we viewed to say if any conditions were in place.

One person's file said they had capacity but care records suggested this was fluctuating capacity. No capacity assessment had taken place since the person came into the home four months ago. Having capacity means the ability to make decisions about your care needs and treatment.

People's consent was sought inconsistently when planning their care. Care plans used people's photographs to ensure staff were delivering the correct care to the correct person. However, there were no forms for people to consent to their photographs being used in or for the service. We saw some people had

signed a consent form to state they would or wouldn't like the flu vaccination.

One person we spoke with said, "You can go out when you want, please yourself, I like to go out for walks over the fields."

Records showed that people had their needs assessed prior to coming to live at Howlish Hall. These records were used to inform people's risk assessments and care plans. However, one person's pre-admission form stated they had heart failure and were breathless. The care plan stated 'no problems with respiration.'

We found people were happy with the care provided and having photos taken, but that this was not always effectively monitored or recorded.

This was a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

People were happy with the food that was provided. Comments included, "Food is good, the cooks look after that as they know what I like. There is not a bad variety and always orange juice", "Food is alright but they pile the plate up and I can't eat it all, I just like a bit of what I fancy. I fancied boil in the bag kippers and the next day they had them for me, you just need to ask and you get it; there is any amount of vegetables" and "Food is great, tip top, you get a choice and veg; hot and cold drinks are available; portions are the right size for me. If I want something else, I see the cook, they try and get it for me. They do keep an eye on my weight and what I'm consuming"

We observed the lunchtime meal and found improvements could be made to the dining experience. Tables were not set with condiments or napkins but staff asked people if they wanted salt. We saw where people had a pureed meal, this was presented nicely on the plate.

Further consideration was needed in ensuring those that required assistance whilst eating, received a dignified dining experience. We saw a staff member stood behind a person and served food from their bowl to mouth over their shoulder, preventing them from having meaningful interactions with the person eating their food.

Kitchen staff were made aware of people's dietary needs and catered for these appropriately. The cook received information about people's dietary needs from the senior on duty and had access to people's nutritional notes. They were able to tell us both how many people and who were on specialist diets. Audits of people's dietary needs were also undertaken and passed on to the kitchen to make sure they had accurate information.

Catering staff had completed appropriate food hygiene and under nutrition training from external dieticians and told us how they prepared food for those with dietary needs such as a soft food diet or diet controlled diabetes

Staff were aware of people's specific dietary needs. Comments included, "'An example of a resident with special dietary needs is a lady who is on a high calorie diet as she stopped eating and drinking for a while. So, she has powdered milk and milk shakes and we try and give her cakes instead of plain biscuits," and "One person is on blended preparations, but they get the same meal as everyone else [but prepared differently] they do need help with eating."

We would recommend that staff use gloves when handling food. We observed on the morning drinks round people were asked if they wanted one or two biscuits, nobody was offered the biscuit tin to choose what

biscuit/s they wanted, but the staff member handed them to the person with their bare hands and no plate was offered. During lunch we saw a person break off some fish finger with their bare hands and start feeding the person, they then started supporting another person and with the same hand held the fish finger whilst they cut it up with a knife. We reported this to the manager's assistant.

The premises had signage in place and some interesting wall murals and displays but was dated. The carpet was heavily patterned which may be distracting for people living with dementia and at a high risk of falls. The provider sent their refurbishment plan that stated all updates would be done by December 2019.

People were supported to access other healthcare services when required.

Is the service caring?

Our findings

Whilst we observed staff to be caring throughout the inspection, issues found during the inspection suggested the provider could make further improvements to ensure the service was caring overall. The provider had not demonstrated a caring approach when overseeing the quality and safety provision of care and support delivered at the service.

We received positive comments from both people using the service and their relatives about the caring nature of the service and the staff. People who used the service were happy with the care that was provided. People we spoke with said the carers were, "nice and kind carers," and, "I get a lot of help and they're nice to me." One relative said, "The carers are absolutely magic, the girls actually make the place what it is, they're so friendly, they're always happy and always attentive...I'm very happy with the care my mam's receiving, if I could give the staff a mark out a 10, it would be 10." Families and friends were made to feel welcome and encouraged to visit when they wanted.

Through observation we saw staff demonstrated a kind and considerate attitude. When talking to people they bent down so they were at eye level and held their hand or touched a person's shoulder. We saw that staff and people who used the service were familiar with one another and there was an atmosphere of trust and calm. We asked staff how they supported people's privacy and dignity. Staff told us, "With regard to privacy and dignity, we uphold them at all times," and explained how they always knock on people's door before entering and keep people covered as best as possible when providing personal care.

Staff treated people respectfully and promoted their independence. One person said, "They (staff) speak to me nicely and are always nice and pleasant." We observed staff taking the time to encourage and support people to complete moving and handling tasks as independently as possible. Staff used the appropriate technique for each person, such as hoisting or standing frame, and talked people through procedures with encouragement and patience.

At the time of the inspection no one at the service was using an advocate. Advocates help to ensure that people's views and preferences are heard. We saw there was information available to people about advocates if they wanted it.

The service allocated people keyworkers to ensure their needs were identified in a timely manner. Keyworkers were responsible for the development of people's care plans and ensuring that they remained relevant and personalised to the person. Staff told us, "We are all keyworkers, we are assigned a service user and then we can keep up to date with their needs."

Care records needed development and did not include all information known to staff affecting independence and person-centred care. One person's risk assessment of continence identified that with an aid the person could toilet themselves as independently as possible, however care records directed staff to assist the person with the aid of two carers, limiting the person's independence.

Records showed that not all staff had received training in equality and diversity and the provider had no equality and diversity policy in place.

Bedrooms were personalised to suit people's wishes and preferences, for example they displayed family photographs and other personal items which people owned which made people feel comfortable. One person told us, "I have a nice room, clean and tidy; things don't go missing, bedding is tip top and the staff can't do enough for you." Bedrooms were considered as people's own personal space where they could spend time alone when they wished or meet in private with family and friends.

Is the service responsive?

Our findings

Records showed people had their needs assessed before they moved into the service. Following the pre-admission assessments, a full care plan was developed which centred on the person's needs, wishes and preferences. The care plans provided basic detail of people's likes and dislikes, communication and sleeping. The sleeping plan documented preferred time to go to bed and get up, how many pillows, if they wanted a light on and if they wanted to be checked throughout the night.

We saw a brief record of people's life histories. Staff we spoke to could explain in detail about each person but not all of this was recorded.

Staff we spoke with could easily explain people's needs, however these were not always captured in people's care records. People who were receiving short term packages of care had very basic care plans. However, one person who had very complex needs had been receiving a short term package of care for four months and the care plan was still basic. There were records to show when people had received a bath or a shower. For one person it showed they had not had a bath or a shower for six weeks. We questioned this and were told this was not correct, however no evidence to show it was not correct, could be found.

Daily records were completed on a computer. However, staff we spoke with said they did not really know how to use the computer. We found some information in the daily records that was not recorded elsewhere such as the person who had a 'break to their coccyx.' No care plan was put in place for this. On speaking to staff they explained this was a 'moisture lesion.' However, there was still no care plan in place. People with moisture lesions are at high risk of developing pressure ulcers and should follow a pressure ulcer prevention pathway. Another person had a fall and suffered a skin graze, they were checked over and put back to bed. Although this was verbally handed over, no body map was put in place or checks on this skin graze.

Everyone had the same care plans due to them being prepopulated. All care plans could be more centred around the person and updated to match current needs.

We found end of life care plans lacked detail of people's wishes and preferences. We were told one person was receiving end of life care, however the care plan had not been updated to reflect this.

We found that staff provided person centred care, but that adequate records were not retained to support this.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was little evidence that people and/or their relatives were involved in their care plan.

The provider explained that they were planning to invest more in information technology and had continued use of a system called 'EarlySense InSight' since the last inspection. The system works when

people were in bed or had a chair sensor in place. It provided continuous and contact free measurement of people's heart and respiratory rates as well as monitoring people's movement. It would notify staff if a person exits their bed or stands up.

The service employed an activity coordinator but they were supporting with care for the most part of the inspection. This prevented them from completing activities throughout the day. The activity coordinator said, "I am often asked, have you got a minute? Because the girls are pulled from pillar to post." On the day of the inspection music was played on the morning, then people had a movie afternoon. However, the majority of people fell asleep. This meant people were not always supported to access meaningful activities.

People were happy with the activities and comments included, "They do trips out, arrange trips in the bus. Visitors are welcome here, they can come in the lounge. There are plenty of seats outside if you want to go for a walk with visitors" and "I like to get to know staffs' names so I can say good morning and things, I love talking to people. I like playing cards and dominoes, also crocheting. I like the singers and I join in." Relatives we spoke with said, "The activities organiser does quite a bit, craft things, they always rope my relative into help" and "The activities are good, they sometimes have a singer and that is good, it is open for visitors too, they have a couple of good singers here."

One staff member said, "If they [people who used the service] have capacity we try to get them to mingle, but one-person wont and we respect that." Another staff member said, "Activities are great, this is the Christmas hamper [pointed to hamper] there is a tree you throw bean bags at, a parachute game, [activity coordinator] does all sorts, they did a DVD day but they all fell asleep, so we scrapped that."

The activity coordinator said, "I've been here a long time so know them all like the back of my hand. I tend to do more one to one except for exercises which happen on Tuesday and Friday mornings, I always leave out a basket – crayons, colouring and drawing things. We have quizzes, flower arranging, bingo, pantomimes, singers, dancing. Also, outdoor activities such as the summer fair, everything was free, there were a lot of donations. We had a bouncy castle, barbecue, sweet stall. We have a really good staff team who come in on their days off." And "We also arrange trips out, taking usually four or five residents at a time. Such as a shopping trip to Darlington, we are going to three pantomimes, and have a fundraising night on 30 November."

We saw there was a lot of photographs showing recent activities and they were starting their preparations for Christmas activities. The activity coordinator also produced a newsletter which highlighted what had taken place with photographs and all upcoming events.

There was a policy in place for managing complaints. The service had received four complaints since the last inspection and these were fully investigated. One relative said, "Issues are dealt with straight away."

Relatives had sent the service cards of gratitude for supporting their loved ones at the end of their life. These included comments such as, "thank you for taking such good care of my grandma, (person's name) who passed away on Sunday," and, "until she lost her fight to her difficult illness, it helped us as a family to know she was receiving the best care possible. Thank you for everything."

Is the service well-led?

Our findings

The service had a registered manager. 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.

At our last inspection in November 2017 we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to make improvements to their records for assessing, monitoring and improving the standards at the service. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. We also highlighted that records were not kept of the daily walk around of the service and the provider did not carry out any quality assurance checks.

At this inspection we found quality assurance audits were still not robust enough, there were no records of the daily walk around and the provider still did not complete any quality assurance checks. Concerns raised throughout this report with regards to the safety of the people using service, records for consent, and the lack of person centred records in peoples care plans had not been highlighted in any audit.

Policies we looked at did not reflect best practice and current guidelines. For example, the medicine policy did not contain any guidance for staff around the application of patches and there was no equality and diversity policy in place.

People's personal information and sensitive data was not always easily accessible or stored securely to uphold confidentiality and protect their privacy. Records were kept in an unlocked cabinet in an insecure office that was not always supervised. We requested several records such as care plans and body maps that either took staff a significant amount of time to locate or could not be located on the day of inspection. People's health and care records, we did obtain were disorganised and made it difficult to identify trends and information about the person.

These findings evidenced a repeat breach of Regulation 17 (Good governance) of the Health and Social Care Act (Regulated Activities) Regulations 2014

We asked people and their relatives what they thought of the management of the home. One relative said, "[Name] has a good relationship with the staff but I don't know the manager." And another relative said, "[Name] has been here six years, it is very good."

A visiting healthcare professionals said, "I have worked a lot of years, you get a feel for those which are homely and welcoming, that is how it is here and morale seems to be good, from what I've seen."

We asked staff if they felt supported by the management. Staff we spoke with said, "If feel supported by the

manager, they are approachable, and you can go to their office if you have concerns" and "I feel supported by the manager and right the way through, we are a good team and all try and help each other."

Staff told us they were happy working at Howlish Hall. Comments included, "I love it here, I did leave to go somewhere else, but begged to come back, it has a good atmosphere", "I love it here and I am prepared to go the extra yard, I have done this type of work for 20 years" and "We are a good team, we all pull together if under pressure, there is good communication as well."

A survey had just gone out to people and their relatives, therefore we looked at the next most recent survey which was done at the end of 2017. They had a poor return for this survey, with 38 being sent out and only nine being returned. The administrator said they had adapted the questions for the recent survey in the hope of getting more back. The 2017 survey showed poor scores for the furnishings, the homes appearance and the grounds. We asked if these poor scores had been addressed but no-one knew and there was nothing recorded. The administrator explained that work had been done around the home and further work was planned, such as new flooring. A relative we spoke with said, "I filled in a questionnaire and put down what I thought, that the garden had been neglected. Two weeks later, private contractors came in to work on it, they really did a good job." This evidenced that the survey was acted upon, but this had not been recorded.

We saw evidence of staff meetings taking place where topics such as staffing and occupancy, infection control, medication and training were discussed. One staff member said, "We have regular staff meetings and you can say what you are thinking." Meetings for people who used the service and relatives took place every three months. Topics discussed at these meetings were upcoming events, trips out and any relevant business.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC) of important events that happen in the service. The manager of the service had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider was not doing all that is reasonably possible to provide safe care and treatment and mitigate risks. Medicines were not managed safely and records were not completed correctly. Reg 12 (1) (2) (a) (b)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have systems in place to enable them to identify, assess and monitor risks to the health, safety and welfare of people using the service. Records relating to the care and treatment of each person using the service was not always accurate, person centred and up to date. Reg 17(2) (a) (b) (c)</p>