

# Hometrust Care Limited

## Silver Howe

### Inspection report

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#### Ratings

### Overall rating for this service

Good 

Is the service safe?

Requires improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

#### Overall summary

This comprehensive inspection took place on 9 September 2015 and was unannounced. We last inspected Silver Howe on 8 and 14 April 2015. At that inspection we found three breaches of the regulations of the Health and Social Care Act 2008 (Regulated Activities) 2014 and a breach of Regulation 18 of the Care Quality Commission (CQC) (Registration) Regulations 2009. At this inspection we found that the provider had complied with the warning notices and requirement notices in relation

to those breaches. However we found a new breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) 2014 in relation to fit and proper persons being employed.

Silver Howe is a residential care home that provides personal care and accommodation for up to a total of 30 people. Accommodation is provided over two floors and there is a separate unit with six beds for caring for people

# Summary of findings

living with dementia (Bluebell unit). Silver Howe is located close to the town centre of Kendal. There are garden and seating areas for people living there to use and some car parking.

There was a recently appointed manager in post who had commenced the process with CQC to become a registered manager. A registered manager is a person who has registered with the (CQC) 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 recruitment procedures demonstrated that the provider did not operate an effective recruitment procedure to ensure that fit and proper persons had been employed.

Medicines were being administered and recorded appropriately and were being kept safely.

There were sufficient numbers of suitable staff to meet people's needs and promote people's safety.

Where safeguarding concerns or incidents had occurred these had been reported by the manager to the appropriate authorities and we could see records of the actions taken by the home to protect people.

Staff had completed training that enabled them to improve their knowledge in order to deliver care and support safely.

People were supported to maintain good health and appropriate referrals to other healthcare professionals were made.

There was a clear management structure in place and staff were happy with the level of support they received.

People living in the home could tell us about the positive improvements they had noted since our last visit. They spoke highly of all the staff and newly appointed manager.

More formal audits and quality monitoring systems had been implemented to allow the service to demonstrate effectively the safety and quality of the home.

You can see what action we told the provider to take at the back of the full version of the report.

# 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.

Not all the required checks had been completed when staff had been employed.

People told us they were safe and well cared for in this home.

Prescribed medicines were stored, administered and disposed of safely in line with current and relevant regulations and guidance.

Requires improvement



### Is the service effective?

The service was effective.

People said they thoroughly enjoyed the meals provided and appropriate assessments relating to nutritional requirements had been made.

Consent to care and treatment had been obtained involving where required appropriate others.

Improvements had been made to the environment on Blue Bell unit incorporating dementia friendly décor and furnishing.

Good



### Is the service caring?

The service was caring.

People were given opportunities to express their views.

People were treated with kindness and compassion and their dignity was respected.

Care plans for people's end of life wishes had been improved.

Good



### Is the service responsive?

The service was responsive.

People knew how to raise concerns and records showed that no formal complaints had been made.

Care plans and records showed that people were being seen by appropriate professionals to meet their physical and mental health needs.

Where people could they had been involved in saying what care and support wishes they wanted.

Good



### Is the service well-led?

The service was well led.

More formal systems had been implemented to record quality monitoring and safety of the service provision.

Good



# Summary of findings

Staff told us they felt supported and listened to by the registered manager.

People living there and their relatives were able to give their views and take part in meetings and discussions about the service.

# Silver Howe

## 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 was 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 unannounced inspection took place on 9 September 2015. The inspection team consisted of a lead adult social care inspector.

Before the inspection we looked at the information we held about the service and information from the local commissioners of the service.

During the inspection we spoke with the manager, five staff members, people who used the service and two relatives. We looked at all of the records relating to the requirements and actions we had asked the provider to take following the last inspection in April 2015. We observed how staff supported people who used the service and looked at the care records for five people living at Silver Howe.

We looked at the staff files for all staff recruited since our last visit. These included details of recruitment, induction, training and personal development. We were given copies of the training records for the whole team.

We also looked at records of maintenance and repair, the fire safety records, food safety records and quality monitoring documents.

# Is the service safe?

## Our findings

People living at Silver Howe that we spoke with told us they felt safe and did not have any concerns about the care they received. One person told us, “Things have improved since you were last here, we have some new staff.” Relatives we spoke with told us they had noticed improvements and had no concerns about the safety of people at the home. One person told us “My relative is looked after really well, things have got better and I feel people are safe.”

We looked at 12 staff files for recruitment and saw that the appropriate checks of suitability had not always been made. Information about their previous employment history and reasons for leaving employment had not always been noted. When this was pointed out to the manager immediate action was taken to obtain the information. References had been sought and we noted that they were not always from the most recent previous employer in accordance with the homes recruitment policy. Action to remedy this was also taken at the time of the inspection. For two people we found the recruitment records did not have confirmation that checks required to be made with the Criminal Records Bureau (CRB) and Disclosure and Barring Service (DBS) checks had been conducted.

This was a breach of Regulation 19 fit and proper persons employed of the Health and Social

Care Act 2008 (Regulated Activities) Regulations 2014. This was because not all the records of the appropriate suitability checks required by law to ensure that the persons being employed were of good character.

At the last inspection in April 2015 we found that a safeguarding concern had been noted and this had not been reported to the appropriate authorities. This was a

breach of regulation 13 safeguarding service users from abuse and improper treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection we looked at records of the accidents and incidents that had occurred since our last visit. We saw that where necessary appropriate treatment had been sought and notifications to the appropriate authorities had been made. All the records we looked at showed appropriate action had been taken in response to incidents to promote the safety and wellbeing of people who lived there.

We observed there was sufficient staff on duty to provide care and support to meet people’s needs. Several new staff had been appointed since our last visit in April 2015. The new staff included a new manager, a dementia support manager, senior carers and carers. We were told that a new activities coordinator was due to start later in the month and recruitment was on going for a maintenance person.

Staff we spoke with told us they felt that there was enough staff. One care worker told us that the staff morale was much better and staffing levels were much better. We observed that call buzzers were answered promptly and care staff did not appear to be rushed in their duties.

We looked at how medicines were managed. Medicines were stored appropriately and administered by people who had received the appropriate training to do so. We found that suitable care plans, risk assessments and records were in place in relation to the administration of medicines. We saw that medicines were stored correctly. Storage was clean, tidy and secure so that medicines were fit for use. We saw that there were plans in place that outlined when to administer extra, or as required, medication. There were procedures in place for the ordering and safe disposal of medicines. This meant that people received their medicines safely.

# Is the service effective?

## Our findings

People who lived in the home told us that they thoroughly enjoyed the meals provided and told us about a newly appointed chef. One person told us, "Our cook is excellent and food is really good." Most people chose to eat in the main dining room and a few people chose to eat in other areas in the home. We saw people received the right level of assistance they needed to eat and to drink. We saw that this was provided in a patient and discreet way.

We saw nutritional assessments had been completed and where people had additional needs or required additional support they had been referred to the appropriate health care professionals. Care records showed that nutritional risks had been assessed and plans implemented for staff to follow to reduce those risk.

We saw that the cook had used innovative and creative ways to present foods in a different way to ensure people who may require additional needs were catered for. For example a breakfast pastry that incorporated all of the ingredients of a traditional cooked breakfast. The pastry was produced in a way that made it easier and more manageable to eat than a plate full of cooked breakfast.

At the last inspection in April 2015 we found a breach of regulation 17 Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because accurate information in relation to the training of staff was not available. At this inspection the records identifying staff training had been improved and we could confirm that training of staff was on going. The new manager had reviewed the training requirements for all the staff and could tell us about training that had taken place and training that was booked for staff to attend.

The care staff we spoke with told us that they had team meetings and could speak openly with the manager to discuss any concerns. Staff said that they knew who they could contact if they required support out of hours. One member of staff told us, "Things have definitely improved, I feel very supported by the new manager." A newly recruited member of staff told us, "I'm working with a senior all the time at the moment. My induction training has been really good, it's made me feel confident."

At the last inspection we found a breach of Regulation 11 Need for consent of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the care and treatment of service users was not always consented to by the relevant person.

At this inspection we saw that consent to care and treatment in care records had been signed by relevant others and the evidence to confirm that those people were the legal decision makers where people lacked capacity had been obtained. The manager and senior staff demonstrated a knowledge and understanding of the Mental Capacity Act 2005 (MCA). Best interest meetings had been held to assist people who were not always able to make difficult decisions for themselves and where relevant independent advocacy could be arranged. This meant that people's rights were protected.

Since our last visit we saw that décor and furnishings had been renewed on Bluebell unit. We noted that this had been done taking into consideration the needs of people living with dementia. We recognised that good practice had been referred to in the way that colours, contrasts, virtual décor and signage had been used in the newly decorated areas. This included dementia friendly pictorial wall paintings and bedroom doors being individualised.

# Is the service caring?

## Our findings

People told us the staff knew the support they needed and provided this at the time they required it. One person told us, “The staff know me very well, what I like and how I like things to be done for me. They look after me very well.” Another person told us, “We have good food, it’s clean and all the staff are lovely.”

We asked people whether they felt they could raise concerns if they had any. One person said, “I’ve never had any concerns but if I had I can speak to any of the staff.” Another person told us if they had a problem they felt happy to raise it directly with the manager. The home had a complaints procedure. People we spoke with were aware of who to speak with if they wanted to raise any concerns. Notices were seen in the main entrance informing people of who to contact should they wish to make a complaint. This meant that people knew how to make complaint should they need to. No one had made a formal complaint since our last visit. The manager told us she preferred to deal with people’s concerns as and when they arose.

At the last inspection in April 2015 we found there was a breach of Regulation 17 (c) Good governance of the Health and Social Care Act 2008 (regulated activities) regulations 2014. This was because information about the care and treatment that people needed had not always recorded. Records we looked at during this inspection showed when changes had occurred in people’s needs they had been

recorded appropriately. They also showed that when incidents had happened people’s records and risk assessments had been reviewed. We also saw that care plans were being reviewed and updated regularly

We saw that there were planned activities for people to get involved in. However people we spoke with were keen for the new activities coordinator to start work as the home had been without a coordinator for some time. The new coordinator was due to commence work in the next week following our visit.

We looked at the care records for five people. We saw that information for staff about how to support individuals was very detailed. We saw from the care records that people’s health and support needs were clearly documented in their care plans along with personal information and histories. We could see that people’s families had been involved in gathering background information and life stories. Staff had a good understanding of people’s backgrounds and lives and this helped them to support them socially and be more aware of things that might cause them anxiety.

We could see in people’s care plans that there was effective working with other health care professionals and support agencies such as local GPs, community nurses, mental health teams and social services. We spoke with health care professionals who supported people who lived in the home. They told us that the staff were good at contacting them and asking for advice and support promptly and made appropriate referrals where necessary.



# Is the service responsive?

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People told us the staff knew the support they needed and provided this at the time they required it. One person told us, “The staff know me very well, what I like and how I like things to be done for me. They look after me very well.” Another person told us, “We have good food, it’s clean and all the staff are lovely.”

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# Is the service well-led?

## Our findings

Since our last inspection a new manager had been appointed and had commenced the registration application with CQC.

All the staff we spoke with told us they thought the home was well managed. They told us that they felt well supported by the new manager and senior care staff and said that they enjoyed working in the home. One member of staff told us, "I love my job, this is a good home, all the staff are here to provide good care to people." Another said, "The staff team is more stable now and feel the manager is very approachable."

We saw during our inspection that the manager was accessible to staff and spent a lot of time with the people who lived in the home and engaged in a positive and open way.

At the last inspection in April 2015 we found a breach of regulation 17 Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because some audits were ineffective in monitoring the quality and safety of the service and there had been lack of consistency of management in the home.

At this inspection we found new systems and procedures had been implemented to record the quality and safety monitoring of the home. We saw new records for the auditing of medications and how these checks evidenced the safer management of medications in the home. We saw that considerable improvements had been made relating to the care records about people receiving care and support at Silver Howe. There was a more robust process in place for the regular review of people's needs.

Maintenance checks were being done regularly and we could see that any repairs or faults had been highlighted and acted upon. The manager had identified an on going improvement plan for the home and outside areas. There was a cleaning schedule and records relating to premises and equipment checks to make sure they were clean and fit for the people living there.

There were processes in place for reporting incidents and we saw that these were being followed. There was regular monitoring of incidents these were reviewed by the manager to identify any patterns that needed to be addressed.

We were also told by the new manager that she had spent time with people collecting their views about the quality and safety of the home and had set up regular resident and relatives meetings. These were for the service to address any suggestions made that might improve the quality and safety of the service provision. We saw that people and their relatives had been formally asked to comment about the service in a satisfaction survey. The results had been analysed and showed that 32% were very satisfied and 37% satisfied with the standard of care they were receiving.

At the last inspection April 2015 we found a breach of regulation 18 notifications of other incidents of the Health and Social Care Act 2008 (Registration) Regulations 2009. This was because where incidents had occurred affecting a person who used the service requiring notifications to CQC these notifications had not been sent. At this inspection the new manager had previous experience and knowledge about requirements relating to submitting notifications. Since our last inspection the manager had been notifying CQC of all incidents and events that were required under the regulations.

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	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>This was because not all the records of the appropriate suitability checks required by law to ensure that the persons being employed were of good character.</p>

This section is primarily information for the provider

## Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.