

Hometrust Care Limited

Silver Howe

Inspection report

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Ratings

Overall rating for this service

Inadequate



Is the service safe?

Inadequate



Is the service effective?

Inadequate



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Inadequate



Overall summary

This unannounced inspection took place on 8 and 14 April 2015. We last inspected Silver Howe in September 2013. At that inspection we found the service was meeting all seven of the regulations that we assessed.

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

(Bluebell unit). Silver Howe is located close to the town centre of Kendal. There is a well maintained secure garden for people living there to use and some car parking.

The service did not have a registered manager in post. The previous registered manager had left employment in March 2014. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health

Summary of findings

and Social Care Act and associated Regulations about how the service is run. Since March 2014 the provider had been actively recruiting for a registered manager and at the time of this inspection a manager was undergoing a probationary period of employment for the post.

The information recorded in relation to the safe management of medicines was not always accurate or relevant where changes had occurred. Where reviews had taken place the process had not identified any changes to peoples medicines management when they had occurred.

Where safeguarding concerns had been noted and raised by staff about an incident in the home this had not been reported by the manager or registered provider to the appropriate authorities.

We found that there were inconsistencies with the numbers of staff on shifts and that there was no process in place to determine the numbers of staff required to meet people's needs. The level of staffing observed on the day of the inspection ensured that people had their needs met in a timely manner.

The home had made improvements in the standards of environmental health ratings for food preparation and kitchen hygiene and had been nominated for an award for health food. The dining experiences of people were described as being very good.

People living in the home spoke highly of the staff and were happy with their care and support.

The reviews of care plans and records made were not always accurate about the changing needs of people's health and support required.

Staff told us they had received regular training and supervision to support them in their roles.

When incidents had occurred requiring notifications to be made to CQC these had not always been done.

The overall rating for this provider is 'Inadequate'.

This means that it has been placed into 'Special Measures' by CQC. The purpose of special measures is to:

- Ensure that providers found to be providing inadequate care significantly improve.
- Provide a framework within which we use our enforcement powers in response to inadequate care and work with, or signpost to, other organisations in the system to ensure improvements are made.
- Provide a clear timeframe within which providers must improve the quality of care they provide or we will seek to take further action, for example cancel their registration.

Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains 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 the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will 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 we will move to close the service by adopting our proposal to vary the provider's registration to remove this location or cancel the provider's registration.

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 safe.

People were not always protected against abuse because incidents had not been reported to the appropriate authorities.

Records for medications management were not always accurate.

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

Inadequate



Is the service effective?

The service was not effective.

Consent to care and treatment was not always obtained appropriately as checks about the rights to make decisions on behalf of people had not been confirmed.

Staff training records were not accurate.

People had their nutritional needs assessed and received appropriate support to eat and drink.

Inadequate



Is the service caring?

The service was caring.

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

People were supported to access advocacy services should they need to.

People's wishes and preferences had been made clear in their records about what their decisions were for end of life care.

Good



Is the service responsive?

The service was not resp

Information in people's care records was not always reviewed and recorded accurately when a person's needs had changed.

Staff knew the needs of people they were supporting.

We saw there were activities which people took part in.

People knew how to raise concerns but no records were available to show if formal complaints had been made.

Requires improvement



Is the service well-led?

The service was not well led.

Inadequate



Summary of findings

Notifiable incidents about injuries had not been reported to CQC as required by the regulations.

The consistency of management was not effective due to the absence of a registered manager .

Not all processes in place to monitor the quality of the service were effective.

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 inspection took place on 8 and 14 April 2015 and was unannounced. The inspection team consisted of an adult social care lead inspector.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not easily talk with us.

Before our inspection, we reviewed the information we held about the home and contacted the commissioners of the service to obtain their views.

We planned the inspection using this information.

During the inspection we spoke with five people who lived in the home. Some of the people using the service were

living with dementia and we were not able to speak with them. We spoke with three relatives who were visiting the home. We also spoke with four members of care staff, the cook and the registered manager from another one of the providers homes. The registered manager from another of the provider's homes was there supporting the staff team in the absence of the newly appointed manager who was off sick.

We observed care, support and the interactions between staff and people in the communal areas of the home. We looked at the kitchen, communal areas, bathrooms and with permission some people's bedrooms. We looked at 11 care files and also looked at a range of records about people's care and how the home was managed

We looked at five staff files. 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 said “I do feel safe here, the staff are great.” Relatives we spoke with told us they had no concerns about the safety of people at the home. One person told us “My relative is looked after really well but there are some times when I think they are short of staff.” Another person told us, “They often seem short of staff but they’re (staff) all great.”

We looked at the records of medicines and their management and care plans relating to the use of medicines. We observed staff handling medicines and spoke with senior care staff about medicines procedures and practices. We found that where changes had been made to seven people’s medications their care plans had not been updated to reflect these changes and the monthly reviews of the care plans recorded ‘no changes’. This meant that the information recorded was not accurate. We also saw that medications taken as and when required (PRN) had not had any information recorded to show whether or how they had been effective. We saw that where changes had been made to the dosages for some medications there were no records to support why the changes were made.

This was a breach of Regulation 17 (c) Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the review process was not effective resulting in records in respect of the service users being inaccurate.

Staff told us, and records we looked at confirmed, they had received recent training in the safeguarding of adults. Care staff we spoke with could tell us who they should report any concerns or suspicions of abuse to. However we found that a safeguarding concern had been verbally reported to the manager by a senior carer 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. This was because the process for reporting an allegation of abuse had not been followed.

On the day of our inspection we noted that the manager and a member of care staff were off sick. In order to

support the staffing levels the provider had made arrangements for a registered manager from another one of their homes to spend time at Silver Howe. During our inspection we spoke with a relative who felt there had been an impact from this staffing situation. This impact was in relation to supporting individual people with their activities and that this had happened before. Rotas we looked at were inconsistent in the numbers of staff on duty for each shift. Staff numbers were from six to four care staff in a morning over a two week period and five to four staff in the evening. Although the provider told us they used a dependency tool to calculate staffing levels we did not see any evidence of this being used.

There was a high level of staff sickness recorded on the rotas. The home was provided with, when required, support by staff from the other homes when staff numbers were low. At times on Bluebell unit there was only one staff member with a ‘floating’ member of staff being made available should they be required. We did not see any impact on people using the service from this arrangement at the time of our inspection. We observed throughout the day that people had their needs met in a timely manner and that staff had time to support a group activity.

The home was clean, tidy and free from any malodours. One person told us, “It’s always cleaned except for when the cleaner goes on holiday.” At the time of our visit carpets were being replaced in parts of the upper floor. The provider had an infection control policy in place that was available to all care workers and domestic staff. We saw that staff followed hand washing regimes and used protective gloves and aprons when assisting people with personal care. We saw hand sanitizers were available around the home. The provider supplied us with the records for on going maintenance and safety of the premises. The records we saw showed that regular health and safety checks had been carried out.

We looked at the care records for 11 people and found where risks had been identified appropriate risk assessments and management plans were in place.

There was a whistle blowing policy that was available to all staff and details of how to whistle blow. Care staff we spoke with were aware of the policy. One said “I know I can report anything I have concerns about.” The policy contained contact details for the local authorities and the Care Quality Commission.

Is the service safe?

We looked at five staff files for recruitment and saw that for one person there was no record to confirm that all the necessary checks on employment had been completed as some records were held at the company's head office. The provider confirmed that these had been completed.

References had been sought and we noted that they were usually from the most recent previous employer in accordance with the homes recruitment policy. Criminal Records Bureau (CRB) and Disclosure and Barring Service (DBS) checks had been conducted

Is the service effective?

Our findings

People who lived in the home told us that they enjoyed the meals provided. One person told us, “The food is very good and there’s plenty of it.” Another person we spoke with told us, “The food is very good and we always get a choice.” Most people chose to eat in the main dining room and a few people chose to eat in the lounge or their rooms. People living on Bluebell unit ate in their own communal area supported by staff.

Training records we were provided with during the inspection were not accurate. The records showed that staff had not completed any training on the Mental Capacity Act 2005 and had not updated their medication training. However the staff we spoke with said they had completed it and had recent updates on medications training. A lot of training was done online and to evidence learning the newly appointed manager had introduced competency testing but the records we saw showed only a few staff had completed these tests.

This was a breach of Regulation 17 (d) Good governance of the Health and Social Care Act 2008 (regulated activities) regulations 2014. This was because the training records were not up to date and did not reflect the training that staff had or had not completed.

Where Do Not Attempt Cardiac Pulmonary Resuscitation (DNACPR) documents in relation to people’s wishes and medical decisions about their end of life care had been implemented these did not contain all the relevant consents or information required to meet NHS guidance. For example one person’s document had not been reviewed by a doctor since 2011. A number of the documents referred to family being involved in the decisions having the appropriate legal powers to do so but no one had checked they had. Where people lacked capacity to make certain decisions there were no records of

any best interest meetings recorded. Seven of the care plans we looked at had not been formally consented to. Three people with capacity that we spoke with told us they had never seen their care plans and that they were never discussed with them. This meant records relating to care, decision making and best interest decisions were not always consented to by the appropriate people.

This was 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.

Through the SOFI observation we observed some people needed support from staff to eat. 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 spoke with the cook who could tell us about the individual’s different dietary requirements and any special requirements. We saw that the dining room had been specially decorated with new pictures and signage to promote a positive dining experience. This was done to support people who may have memory problems by labelling certain things for example drawers and what they contained.

We also noted that the recent inspection by the local councils Environmental Health agency had increased the star rating for quality up to the maximum five stars from four. The agency had also nominated the home for an award for health and nutrition. 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.

All the staff we spoke with said they felt they were supported by the senior care staff and told us they had formal supervision meetings where their practice was discussed and they could raise any concerns.

Is the service caring?

Our findings

People we spoke with living and visiting at Silver Howe told us they were very happy with the care and support they and their relatives received. Some of the comments included, "The staff are lovely." One person told us, "The staff are great bunch and work hard." Another person told us " They're (staff) always busy but never too busy to help when I need it."

We saw from the interactions that staff had with people living at Silver Howe that they knew people well and understood each person's needs. Staff knew the life stories of people in the home and were aware of their preferences. However we did not see that people's life histories had always been recorded and this may have assisted any new staff to get to know people living at the home. We heard staff talking to people about families and friends. We observed that staff interacted with kindness and were respectful of people.

People could access advocacy arrangements if they needed to and staff told us they had supported people in the past to do this. An advocate is a person who is

independent of the home and who supports a person to share their views and wishes. We saw that information was available in information leaflets in the entrance to the home for other services that might help people independently.

We observed staff knock before entering people's rooms. We saw that people were asked in a discreet way if they wanted to go to the toilet. Staff maintained people's personal dignity when assisting them with mobility and when using mobility equipment they needed. Bedrooms we saw had been personalised with people's own belongings, such as personal furniture, photographs and ornaments to help people to feel at home.

We saw that some people's treatment wishes had been made clear in their records about what their end of life preferences were. The care records contained information about the care people would like to receive at the end of their lives and who they would like to be involved in their care. This was to ensure people who could be involved with planning end of life care were cared for in line with their wishes and beliefs at the end of their life.

Is the service responsive?

Our findings

We asked the people who used the service whether they felt they could easily raise concerns if they had any. One person told us, "I've never had to make any complaints." Another person told us if they had a problem they felt more than happy to raise it directly with any of the staff. We asked to see if any formal complaints had been made however the complaints log was not available at the time of the inspection. We spoke with the deputy manager about this and they understood that the logging of complaints was under review by the newly appointed manager.

There were no restrictions on when visitors could visit their relatives in the home. One person who visited the home every day told us, "Generally things are great and some day's things go better than others. It sometimes depends on the staff on shift." We saw that one person went out with their family for lunch and another person had their grandchildren visit.

Care plans were not always updated to reflect when changes in people's needs had occurred. For example where someone had developed a chest infection we did not see a care plan had been put in place to manage that need. Although we saw a process was in place for care plans to be reviewed monthly the review reported no

changes in people's needs when we saw from the records there had been changes. This meant that the plans for caring and supporting people's needs were not always accurate.

This 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 was not always recorded.

There were some activities for people to get involved in and we observed people doing individual activities and a group activity took place where people were supported by staff to join in. Two people we spoke with told us there had been a lack of organised activities recently due to the home recruiting for a new activities coordinator. We were told by the visiting registered manager that a person had been recruited and were undergoing the appropriate checks before commencing employment.

We saw that a full assessment of people's individual needs had been completed prior to admission to the service to determine whether or not they could provide them with the right support that people required. Care plans recorded people's preferences and provided information about them and their family history. This meant that staff had knowledge of the person as an individual and could relate to them in a person centred way.

Is the service well-led?

Our findings

Evidence we found showed that there had been a lack of consistency of management and that senior carers had been supporting the deputy manager since March 2014. The deputising arrangements were not effective as we saw that deputy manager also worked night shifts and sometimes in other company homes. We did not see that any specific management work time had been awarded to the staff acting in the absence of a registered manager.

The provider had not always notified the appropriate authorities following incidents that affected the welfare and safety of the people who use the service. This also included failure to notify the CQC of three incidents requiring another health professional to deal with the incidents.

This was a breach of Regulation 18 of Registrations Regulations Notifications of other incidents. (2009) of the Health and Social Care Act 2008. This was because there is a requirement to inform statutory bodies about incidents that may impact on the health and well being of people being cared for.

We did not see any formal systems in place where people and their relatives were given opportunities to share their views about the service they received.

We saw that new systems including new records had been introduced by the newly appointed manager in January 2015. However we could not see at the time of the inspection that these systems had been embedded in order to improve records and processes in the home.

Over sight of the staff training records had not been maintained and the training records made available during the inspection were not accurate. Staff could tell us about the training they had received but this had not always been recorded.

Some quality audits that had been introduced in January 2015 by the newly appointed manager were in place and

were seen to be effective. However there were no audits in place for care plans and care records. This meant that where reviews had taken place and not identified the changes in people's care needs an audit process if one had been in place may well have done.

This was a breach of Regulation 17 Good governance of the Health and Social Care Act 2008 (regulated activities) regulations 2014 as some audits were ineffective and there had been lack of consistency of management in the home. This was because the systems and processes to ensure compliance with the Regulations were not established and operated effectively to identify where the quality and safety of the service may be affected.

During the inspection we saw that the senior carer had begun to make the required improvements to the care records.

In the absence of a registered manager we saw that senior carers were available to people, relatives and staff. Staff we spoke with said they felt supported to carry out their roles by both the senior carers and deputy manager. They said they felt confident to raise any concerns or discuss people's care at any time as well as at their formal supervision meetings.

Records we looked at showed regular staff supervisions took place. Staff had opportunities to contribute to the running of the service through staff meetings when they were held.

The home worked in partnership with other professionals to ensure people received appropriate support to meet their needs. We saw records of how other professionals such as the Care Homes Education and Support Services (CHESS) team had been involved in reviewing people's care and providing the support required by the home. Some people living at the home had regular support from community nurses and the home worked with the community nursing team to meet people's needs.

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

Accommodation for persons who require nursing or personal care

Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

Consent to care and treatment was not always provided with the consent of the relevant person.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

Service users were not protected as systems and processes were not operated effectively in reporting immediately upon becoming aware of allegations to the appropriate authorities.

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.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Systems or processes were not established or operated effectively to ensure compliance or enable the registered person to carry on the regulated activity.

The enforcement action we took:

Warning Notice to be compliant with by 4 August 2015

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 CQC (Registration) Regulations 2009
Notification of other incidents

Notifiable incidents had not always been reported.

The enforcement action we took:

Warning Notice to be compliant with by 4 August 2015.