

Countrywide Care Homes Limited

Howgate House

Inspection report

Howgate, Idle

BD10 9RD

Tel: 01274 618010

Website:

howgatehouse@countrywidecarehomes.co.uk

Date of inspection visit: 22 January 2015

Date of publication: 15/07/2015

Ratings

Overall rating for this service

Good



Is the service safe?

Good



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

Howgate House provides accommodation with nursing or personal care for up to 63 people over three floors. All the rooms are single rooms although there is one room which can be shared by two people. There is a lounge and dining area on two floors and disabled toilet and bathing facilities. The building has access for people with disabilities and there is a passenger lift to all floors.

People had care plans were in place for each person. Plans included details about people's personal preferences. We asked the registered manager about the

care plans and they told us they had work to do to make them more persons centred. We saw recorded a message from the registered manager to staff about the addition of a likes and dislikes section.

We spoke with people that used the service and observed care and support being given to people. People told us they were happy living in the home and shared a positive relationship with staff. People also said they were treated with respect and dignity. We saw staff interacting with people, offering choice and promoting a positive experience. Staff followed the guidance in people's care plans.

Summary of findings

People had accessed health care professionals when required. We looked at people's daily records and saw identified areas of concern followed by referrals being made to health professionals. People had weight charts in place with their weights checked regularly. Staff told us if someone's weight dropped quickly, they would share that information with a more senior member of staff.

People had mainly positive comments about the food. Peoples told us portions were sufficient and alternatives were available if required. Menus were available for people to see. The registered manager told us the menus were created seasonally on a four week rolling set menu. We looked at the menu and saw overall balanced meals for people. Relatives told us their family member likes the food a certain consistency and the home were happy to accommodate for this.

There was a registered manager in place. 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.

We looked at three staff files and saw supervisions and appraisals were taking place. The home had a training program which showed us that all staff had completed nearly all training within satisfactory time frames. Staff told us they were given time and support to complete the training. This showed us that all staff received appropriate support and training to complete their roles.

Medicines were administered in a safe way. We saw appropriately trained staff administered medicines to people. Staff supported one person with their medicines at a time. When medication was administered, staff returned to the administration record to sign it.

Staffing rotas showed us sufficient numbers of staff were on shift to keep people safe. We observed staff did not rush people and people told us they were not left for long periods. During the inspection we saw people were not left wanting for periods of time. During busy times of the day we saw people were responded to. This showed us appropriate numbers of staff worked to cover people's needs.

The Care Quality Commission (CQC) monitors the operation of the DoLS (Deprivation of Liberty Safeguards) which applies to care homes. We saw restrictions on people's liberty which could constitute a deprivation of their liberty. The registered manager told us they had made DoLS referrals in agreement with the DoLS team. We saw the home had made 20 referrals to the DoLS team.

We saw that accidents and incidents were recorded and analysed for trends. Accidents and incidents had been analysed on a monthly basis. The registered manager told us they looked for trends. Any findings were shared with senior staff. This showed us that accidents and incidents were monitored effectively.

A complaints policy and procedure was in place. Relatives and people that used the service that we spoke with told us they knew how to make a complaint and they felt senior managers would listen and take it seriously. Staff told us how they would refer people's complaints and where they would record it. Staff said verbal complaints would be documented.

The registered manager ensured a robust programme of quality assurance was in place. We saw the home used an external company to assess their quality. This produced a report that reflected some of the areas the Care Quality Commission (CQC) inspect against. The registered manger told us this was to be updated to reflect the new regulations.

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 safe.

We found people received their correct medication at the time it was due to be administered. Medicines were stored in a safe way and administered by a trained member of staff.

During our inspection we saw sufficient staff to respond to people's needs. People told us they had all their needs met.

Staff knew Howgate House had a safeguarding policy in place. Staff were able to tell us about the policy including how to recognise abuse and who they could tell if they had concerns.

Good



Is the service effective?

The service was effective.

Staff training was completed by all staff. Staff told us they had time to complete training.

We saw people had been referred to health care professionals when required. Different health care professionals worked alongside staff to ensure people's health needs were met.

Where people had been deprived of their liberty in order to keep them safe, appropriate referrals had been made and paperwork kept in people's files.

Good



Is the service caring?

The service was caring.

Staff were able to demonstrate they knew about people's needs. Staff said they built positive relationships with all the people they supported.

People and their relatives told us staff were very caring and respectful. People did not feel rushed and said they chatted with the staff.

Good



Is the service responsive?

The service was responsive.

We looked at people's care plans. Care plans were created from an assessment of needs completed by the registered manager before people came to live at the home.

People told us they had different activities they chose to take part in. They said they had asked to do certain activities and where possible this had been arranged.

The service had a complaints policy in place. People and their relatives told us they knew what to do if they had a complaint. They said they did not have a complaint but felt confident it would be investigated.

Good



Is the service well-led?

The service was well-led.

The service had a registered manager since 2011.

Good



Summary of findings

The service had an external company to complete a robust quality assurance check. This produced a report that the registered manager used to create an action plan.

People and families told us the service had good leadership and they could talk to management at any time.

Howgate House

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.

The inspection took place on 22 January 2015 and was unannounced.

The inspection team consisted of an inspector and an 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. The expert by experience was an expert with older people and residential care.

We looked at four people's care plans. We spoke with six people that used the service. We spent time observing care and speaking with the registered manager and staff. We spoke with three relatives and prior to the inspection we asked for feedback from the City of Bradford Adult Protection Unit.

Before our inspections we usually ask the provider to complete Provider Information Return (PIR). On this occasion we did not ask the provider to complete a 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. Before the inspection, we reviewed all the information held about the provider.

Is the service safe?

Our findings

We spoke with six people that used the service and asked them if they felt safe living at Howgate House. All people we spoke with told they felt safe living in the home. One person said, "I Feel safe, looked after", another person said, "Yes I feel safe here they look after me." A third person said, "I like it here." This showed us that people that used this service felt safe living here.

We spoke with three relatives. Relatives told us their family members were safe living here and were not at risk of abuse. One relative said, "I feel happy because I know (person) is safe and cared for." Another relative told us, "I have no concerns." Relatives also told us about staffing levels in the home. One relative said, "There's usually plenty around" and another relative told us, "Weekdays there seems to be enough staff but weekends they seem to be a bit low on staff." Staff told us they felt there was enough staff to deal with any problems. One staff member said, "I think staffing levels are okay, we always have a 24 hour nurse and senior care and we all muck in and help each other." Another staff member said, "In an ideal world it would be nice to have another Nurse on duty, particularly in the mornings. I work shifts, the manager never lets me struggle; she is always there to help."

Staff told us about safety in the home. One staff member said, "We make sure footplates on wheelchairs are up or down, put pillows and cushions around beds and chairs if someone has poor balance or is unsteady, make sure they have pressure relief, have crash mats on the floor at the side of the bed for some, also alarmed mats at the side of the beds." They also told us, "There are keypads at most exits especially those to the stairs, important to make sure that glasses are worn and clean, check on footwear slippers etc., make sure any equipment is out of the way of residents." This showed us staff were aware of equipment in the home and how they used it correctly.

The provider had safeguarding of vulnerable adults policies and procedures in place to guide practice and posters with contact details for reporting any issues of concern were on display. Staff told us about their knowledge of safeguarding when asked. They said they would report anything of concern to a senior member of staff and they told about different types of abuse. One person said, "If any abuse or bruising is seen I would go and see the Nurse in Charge who would put it on the care plan and take the necessary

action" and, "If I saw anyone taking something that was not theirs from a resident I would ask them if they had permission, that it is not appropriate and stealing, I would tell them that I would be reporting them and go and see the Manager, we are here to help people not rob them." Another member of staff said, "If I see something that is not appropriate, I would tell the member of staff that is not the correct thing to do, and tell them I will report what I have seen to the Nurse in Charge or the Manager." This showed us staff were aware of what safeguarding was and how they dealt with it.

We looked to see if people had risk assessments in place. We selected four people's care plans and found these contained individual risk assessments for each person. For example, we saw people had risk assessments in place for infection prevention, mobility, falls and weight. One member of staff told us, "Risk Assessments are done all the time [for people] to see what can be improved." This showed us risk assessments highlighted raised areas of risk and put systems in place to reduce or remove the risk.

Medicines were administered by trained staff that reflected good practice. Staff administered one person's medicines at a time and were seen to be patient with people while explaining what they were doing. We saw people's medicines were given at the correct times and stored in an appropriate way. We spot checked six people's medication and found they always received their medicines as prescribed and this was signed for by staff. Where people had creams to apply, documents included information on where these should be applied. Staff told us their medication process was efficient. One staff member said, "I make sure the right person has the right meds and the cabinet is locked when I have to leave it." This showed us people received their medicines when required by competent staff.

Accident and incident records were stored in people's care files. On a monthly basis the registered manager analysed all incidents including type of incident, time of incident and what the outcome was. The registered manager could then review all incidents for trends. Outcomes of analysis were discussed in the head of department's health and safety meeting. This showed us all incidents were managed and trends could be spotted easily to improve safety. Staff told us how they recorded accidents and incidents. One staff member told us, "I would make sure the resident is okay and get help, I would buzz for assistance or shout for help if

Is the service safe?

there were no buzzer, then I would fill in the accident report" and another member of staff said, "If someone had

an accident I would call for assistance, get the Nurse in Charge if it was necessary to make a decision about any treatment that the resident may need, put details of the accident in the accident book and inform family and GP."

Is the service effective?

Our findings

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). We found the provider to be meeting the requirements of DoLS. Some people were restricted from leaving the home in order to keep them safe. We asked the registered manager what they had done to protect people from being deprived of their liberty unlawfully. The registered manager told us they had spoken with the DoLS team prior to submitting referrals for people to be assessed for consideration for them to be subject to a DoLS. The home had prioritised who required DoLS authorisation urgently and referred them to the DoLS team. We viewed the paperwork for one person and saw all appropriate documentation. We saw evidence that staff had made 20 applications for authorisations to protect people from being deprived of their liberty unlawfully.

Staff told us about their knowledge of DoLS and the Mental Capacity Act 2005 (MCA). One staff member said, "It is there to help people who can't make their own decisions, it's in their best interest." Another staff member said, "As you can see from the information on my walls I have a good understanding of the practice for MCA and DoLS, it is always there as a reminder and for the other staff to check on if they need to."

Care plans were signed by people or their families. Relatives had signed on behalf of their family members when they were unable to sign for themselves. People and their relatives told us they were involved in agreeing their plans. One relative said, "We were all involved in their care plan." Another relative told us, "We get invited to planning meetings." We saw one person had meeting minutes from a best interest meeting that involved staff, family and health care professionals. This showed us that decisions about people's care and welfare were taken in accordance with the law.

We saw people's care plans included end of life preparation where required. One person's plan contained best interest meeting minutes that involved family members, staff and a consultant. The best interest decision was to place a Do Not Attempt Cardio Pulmonary Resuscitation (DNA CPR).

We saw evidence of health care professionals giving input into people's care and welfare. We read in people's daily notes that health professionals had been contacted. For

example, we saw one person had a Speech And Language Therapist (SALT) and another person saw a Tissue Viability Nurse (TVN). Staff told us if they saw something of concern they would act immediately and tell the nurse and a referral was made.

We saw a menu on the wall for all people to see. The registered manager told us the menu was a four week rolling menu that changed seasonally. The menu reflected a balanced diet was on offer. For example, on the day of inspection we saw at lunch time people were having chicken stew with Yorkshire pudding and vegetables. People told us they enjoyed the food. They said there was plenty of food and alternative food could be arranged if needed. One person we spoke with said, "Food okay." A relative told us, "The food is fine, they make special food for [my relative] so that they can eat it as they have no teeth, and they enjoy their meals." Other comments included: "Food nice" and, "The food is okay but sometimes I don't like it, but I eat it, don't like to complain," and, "It's nice here, the food is nice and I get enough, I'm well looked after no bother." We saw people had nutritional assessments which included body weight as well as appetite and ability to eat' checks in their care plans. Where people had struggled with eating, support from relevant health professionals had been requested.

The registered manager told us how the training worked for the home. Members of staff were given time slots to complete on-line training. We looked at the training matrix for the home. The matrix showed us overwhelmingly that people were up to date with their mandatory and specialist training. Staff told us they are supported and given allocated time to complete their training. This showed us staff were trained in the skills required to complete their roles. We checked pin numbers and found nurses were registered with the Nursing and Midwifery Council (NMC). This showed us staff were registered with the appropriate body in order to maintain their registration.

We found staff were supported in their roles. Team meetings were held every two months. We reviewed the last meeting minutes and found they had discussed health and safety, changes in the service and guidance from the CQC. Staff told us they had regular supervisions with their line managers. But they felt the registered manager had an 'open door policy' and was approachable. On an annual

Is the service effective?

basis staff received an appraisal which reviewed the previous 12 months of their employment and set goals for the next 12 months. This showed us that staff were supported to fulfil their roles effectively.

Is the service caring?

Our findings

People were treated with dignity and respect by staff and they were supported in a caring way. Staff talked with people and involved them in activities. We saw staff explaining what they were doing before they did it. Care workers used people's preferred names and we saw warmth and affection being shown to people. People recognised care workers and responded to them with smiles which showed they felt comfortable with them. Care workers took time with people. Tasks or activities were not rushed and they worked at the person's own pace. We saw examples of staff respecting people's dignity but knocking on their doors before entering and discretely asking them if they required support with personal care. This showed us staff had an awareness of people and how to protect their dignity.

People who used the service were happy with the staff and they got on well with them. One person said, "I get on well with the staff." Another person told us, "They look after me." A third person told us, "I'm well looked after no bother" and another said, "Most of the staff are nice, others don't have time to talk to you, I don't have visitors, so I like to talk to the staff if they are not too busy." Staff were respectful of people's privacy and maintained their dignity. Staff told us they gave people privacy whilst they undertook aspects of personal care, but ensured they were nearby to maintain the person's safety, for example if they were at risk of falls.

Relatives told us they were involved in care planning for their family members. They said they had been regularly invited to planning meetings and frequently spoke with staff about any changes. Some relatives said, "Yes (person's name) needs are met, if we or (person's name) needs anything we just ask and they respond quickly", "We were all involved in her care plan, the staff here are kind and compassionate, [person's name] is happy here, we had a recent review and we were all involved and happy with the outcome." Another relative told us, "The staff are so helpful,

the staff understand [person's name] and work with them, we get invited to reviews." At the time of our inspection, no one made use of an advocacy service although we saw advocacy posters on notice boards. The registered manager told us where people had no family and a best interest decision was required, an advocate would be brought in. This showed us the home was aware of advocacy and when to refer people to the service.

Relatives also told us they found staff to be professional and friendly at all times. They told us staff knew their relative well and treat them in a warm comfortable manner. People said they had no concerns with staff. For example relatives said, "The staff here are kind and compassionate", "The staff are very caring here, if I mention something [person's name] needs it is done quite quickly I am here every day, but the staff always keep me informed if there is anything." Another relative told us, "When I first came in here I was impressed by the friendliness of the staff, most of the staff are long term here."

Staff told us they knew people as well as they could. Staff said they had read people's care plans which included a brief history of the person. One staff member told us, "Staff speak to the residents or family to try and get to know about their past, we have a sheet we fill in about their likes and dislikes which is put in the front of the care plan." Another said, "There are also some [people whose first language was not English] in the home and staff try and learn words in their chosen language and have phrase books." We observed staff saying phrases to people whose first language was not English. This enabled the person to fully understand what was happening and the staff member to understand the response. Staff demonstrated a good understanding of how they supported people to be as independent as possible and how this helped them to feel valued. One staff member told us, "All staff have a good knowledge of residents and are always speaking to them or their families" and, "We get people to do as much as possible for themselves."

Is the service responsive?

Our findings

People told us they had a choice of activities in the home. Activities were held in groups or as a one on one session. We saw in most cases people were encouraged to get involved in activities. People that used the service said, "I play bingo", "Like reading", "I like doing crosswords and reading, we have a quiz once a week" and, "I join in the dominos and do jigsaws, we have had a BBQ and we have themed days." People's relatives also told us they saw activities in the home. Comments from families included, "(person's name) joins in the activities they do and the staff are always open to suggestions, they go out when the weather is fine" and, "I know there are activities going on but my relative is not interested in them, they have themed days and something always going on during the week."

We looked at the care plans for four people. All the care plans we looked at had a 'pre-admission assessment'. This initially told the provider if the person's needs could be met. This assessment then fed information that formed the basis of people's care plans. Assessed areas of needs included people's mobility, medication, environment, pressure ulcer and personal care. This assessment was then supported with information from the staff about areas of support required. For example, one person's care records covered support areas such as maintaining a safe environment, pressure ulcer prevention, personal care, communication and expression of pain. At the beginning of the inspection we asked the registered manager what areas they thought could be improved. They told us that care plans could be more person centred and work had been undertaken to start addressing this. We saw team meeting minutes included a discussion around care plans and correct wording to be used. The registered manager told us updated plans would be reviewed by senior staff. The plans we viewed gave some examples of people's personal preferences such as 'enjoys a joke' and 'likes gardening' but

no specific section for personal preferences. However we saw the registered manager had noted to staff the need for a 'likes and dislikes' section to be included in people's care plans.

We looked at four people's care plans. All the care plans we looked at had a 'pre-admission assessment'. This initially told the provider if the person's needs could be met. This assessment then fed information that formed the basis of people's care plans. Assessed areas of needs included people's mobility, medication, environment, pressure ulcer and personal care.

The service was responsive to people's needs because people's care was reviewed monthly. People's care plans were regularly reviewed and reflected their needs. For example we saw one person's care file was reviewed following intervention from a Speech And Language Therapist (SALT). The SALT identified a change in this person's needs and the care plan had changed to reflect this. This showed us staff were involved in reviewing this person's care needs and local healthcare professional support was sought. The person had become more reliant on staff and additional support was provided by staff to meet the person's needs.

People knew how to make a complaint. People and their relatives told us they felt listened to by the registered manager and staff. One relative said, "Issues are dealt with appropriately and immediately in my experience." Another relative told us, "I have no complaints" and, "I know I can see the manager at any time." The provider had guidance on how to make a complaint which was in their policies and procedures. This listed contact details for Bradford Social Services and the Care Quality Commission. The provider's complaints policy also stated all complaints would receive a written response within three weeks. There had been no recent complaints received by Howgate House however the registered manager talked us through the process if a complaint was received.

Is the service well-led?

Our findings

Relatives said the registered manager was approachable and effective. Relatives told us that they had confidence in their actions and felt they listened to any issues or concerns raised. Some of the comments relatives told us were, "Yes overall I think the service is well led and issues are dealt with appropriately and immediately in my experience," "The registered manager has their eye on the ball with regards to the staff and residents" and, "When I first came in here I was impressed by the friendliness of the staff."

We saw the home had a quality audit system that rated areas of the service against outcomes previously inspected by the Care Quality Commission (CQC). The registered manager told us these would be changing to reflect the Key Lines Of Enquiry introduced by the CQC. This quality audit system was conducted by a separate company that used a document called "in pursuit of excellence." Each area that was audited had been rated to show areas of key improvement. Following each audit, an action plan was produced. We looked at the action plan produced in April 2014. We saw all actions included the person responsible for completion and a time scale for completion. For example, the action plan identified human rights and diversity to be included in staff supervision and new chairs to be ordered for upstairs lounge. On the day of inspection we saw sufficient numbers of chairs and supervision records included agenda items for diversity.

The provider had a quality assurance (QA) manager. The QA manager attends the service on a monthly basis to conduct their own audit. Their audit covered a different area each visit. For example in October the inspection covered care plans, health and safety, and kitchen and dining; the November audit covered care plans, medication, home presentation and business contingency. This audit

produced an action plan which actions are to be completed for the next visit. This showed as new issues arose; the service was able to constantly review practice to improve quality.

Staff meetings were regularly held and minutes of the meetings were recorded and made available to all staff. We saw a record of staff meeting minutes. During one meeting staff were involved in discussion about the Mental Capacity Act, the five key questions that the Care Quality Commission ask and how to improve quality within the home. Best practice guidance was discussed during these meetings. For example discussions around the 'In pursuit of excellence' audit.

The service encouraged feedback from the people that used the service. Residents meetings had taken place and were recorded. Actions from previous meetings were discussed at the following meeting. We saw 'residents' meetings' had been booked in for 2015. We noted the following dates booked in, 17th February, 17th April, 15th June and 18th August. Dates entered were announced to people so they knew when the next meeting was and could plan for it if they wanted.

The home did have a registered manager in place. Staff were motivated, caring, well trained and supported. All members of staff we spoke with were positive about the support they received from the registered manager. Staff told us they felt part of the team and respected by the provider and registered manager. Staff told us their views were listened to and good practice around care was promoted. Staff said, "Any problems or concerns I know I can speak with the manager", "Were supported to improve the service and asked for our ideas" and, "We have a positive atmosphere in the home." All of the staff we spoke with were knowledgeable about people and the home and were positive in their descriptions. We observed staff were comfortable in their roles and when they spoke with people they treated them with dignity and respect.