

Tamaris Healthcare (England) Limited

Howdon Care Centre

Inspection report

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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

About the service

Howdon Care Centre is a care home providing personal and nursing care for up to 90 people across four separate units. One unit specialised in rehabilitation and intermediate care. At the time of inspection 61 people were using the service.

People's experience of using this service and what we found

People did not always receive person-centred care and risks to their health, safety and wellbeing were not always well managed.

Staff did not always follow government guidance relating to safe working practices regarding infection control, including the safe use of PPE. Inappropriate moving and handling techniques were used at times and accidents and incidents were not always appropriately recorded and analysed. There were not enough staff on duty on the first day of our inspection. The provider increased staffing levels on our second visit to the home which met people's needs. We have made a recommendation that the provider keeps staffing levels under review to ensure sufficient staff are deployed to meet people's needs.

Staff were not always suitably trained and skilled. An effective system was not fully in place to ensure best practice guidance was followed when providing care. The home décor did not fully meet people's needs. Some areas of paintwork and flooring were damaged. In addition, the décor did not fully support the orientation and needs of those people who were living with dementia.

People did not always receive a high quality, compassionate and caring service. Some staff were more confident and skilled than others when communicating and interacting with people who were living with a dementia type illness. Staff practices did not always promote people's independence or privacy.

Staff did not always meet people's social needs. Some people were walking around without purpose and other people spent a lot of time asleep in their rooms. Staff did not always follow care plans when providing support and some care was task orientated.

An effective system was not fully in place to monitor the quality and safety of the service. Staff morale was low following a period of change. An interim manager had started at the service from another of the provider's care homes, to support staff and manage the home.

Medicines were generally managed safely, although improvements were required in the recording of topical creams and ointments. We have made a recommendation about this.

Staff supported people with their nutritional needs and to access a range of health care professionals. People were supported to have maximum choice and control of their lives, and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

People and their relatives were involved in planning their care and their preferences were recorded. Complaints were investigated and actioned. People and relatives knew how to raise any concerns and felt confident in doing so.

Following our inspection, the provider told us action had been taken and improvements were being made.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 23 October 2018).

Why we inspected

We received concerns about the safety of the service from the local authority. As a result, we initially undertook a focused inspection to review the key questions of safe, effective and well-led only.

When we inspected we found there were concerns with the care people received, so we widened the scope of the inspection to review all of the key questions of safe, effective, caring, responsive and well-led.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

We have found evidence the provider needs to make improvement. Please see the safe, effective, caring, responsive and well-led sections of this full report.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to Safe care and treatment, Staffing (training), Person-centred care, Dignity and respect and Good governance.

During the inspection process we imposed conditions on the provider's registration to ensure that they complied with government guidance in relation to safe infection control practices. for PPE, monitor and mitigate risk, and that the provider has systems in place to have oversight of risk and infection prevention and control. The provider told us that action had been taken and measures put in place to improve infection control practices within the service.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of

quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement ●

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Howdon Care Centre

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by three inspectors 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.

Service and service type

Howdon Care Centre is a 'care home.' People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The registered manager had recently left the service. An interim manager was in place. They were an experienced manager from another of the provider's care homes. This meant the provider was legally responsible for how the service was run and for the quality and safety of the care provided. They were actively recruiting for a permanent manager at the time of inspection.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke with 22 people who used the service and 11 relatives about their experience of the care provided. We spoke with 18 members of staff including two regional managers, acting manager, care support manager, a nurse, care home assistant practitioners, a chef, the maintenance person, care and domestic staff.

We reviewed a range of records. This included nine people's care records and 13 people's medicines records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

Following the inspection

We continued to seek clarification from the provider to validate evidence found. We also reviewed evidence and information sent to us electronically including accidents and incidents, complaints, policies, staff supervisions, surveys, quality assurance records and various other documentation.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to inadequate. This meant people were not safe and were at risk of avoidable harm.

Preventing and controlling infection

- Staff did not always follow government guidance relating to safe working practices regarding infection prevention and control, including the safe use of PPE.
- An effective system to ensure that visitors were prevented from catching and spreading infections was not fully in place.
- The décor of the home did not promote effective infection control. Some areas of paintwork, flooring and equipment were not intact and therefore difficult to keep clean. In addition, a system to ensure equipment was clean, including medical equipment was not fully in place.

The failure to ensure an effective infection prevention and control system was in place was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider told us that action had been taken and measures put in place to improve infection control practices within the service.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's health, safety and wellbeing were not always effectively assessed, monitored and managed.
- Staff did not always follow safe moving and handling procedures. This placed people and staff at risk of injury.
- An effective system to ensure accidents and incidents were recorded, monitored and analysed to reduce the risk of reoccurrence was not fully in place.

The failure to ensure risks were assessed, monitored and managed was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our inspection, the provider told us action had been taken and improvements were being made.
- Checks were carried out on the building and premises to ensure it was safe.

Staffing and recruitment

- Staffing levels weren't always sufficient to meet people's needs. There were not enough staff on duty on the first day of our inspection. The provider increased staffing levels on our second visit to the home which met people's needs.

We recommend the provider keeps staffing levels under review to ensure sufficient numbers of suitably skilled staff are deployed.

- Staff were recruited in a safe way. The provider had an effective recruitment and selection policy and procedure in place which included all appropriate checks.

Systems and processes to safeguard people from the risk of abuse

- The provider had a safeguarding system in place. Staff raised no concerns about staff practices in the home.
- The local authority had placed the home into 'organisational safeguarding.' This meant the local authority was monitoring the home and supporting them to ensure the correct procedures were in place to keep people safe. The provider was cooperating fully with this.

Using medicines safely

- Staff generally managed people's medicines safely. Staff had undertaken medicines management training and had their competencies assessed.
- There were shortfalls in the recording of topical creams and ointments.

We recommend the provider ensures best practice is followed regarding the recording of medicines.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff were not always suitably trained and skilled. An effective system was not fully in place to test learning and ensure staff were suitably skilled. Shortfalls were evident in staff knowledge and practice in areas such as infection control, dementia care and moving and handling.

The failure to have an effective system to ensure staff were suitably skilled was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our inspection, the provider organised refresher training in these areas, which staff were completing.

- Staff received regular supervisions and annual appraisals to support them in their roles.

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

- Staff did not always provide care to people in line with standards, guidance and law. An effective system was not fully in place to ensure best practice guidance was followed when providing care. This included current government guidance for managing the risks associated with COVID-19, dementia care and HSE guidance on moving and handling.

The failure to ensure care and support was assessed and delivered in line with standards, guidance and the law was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Staff supported people to maintain a balanced diet. However, mealtimes were sometimes task orientated rather than person centred. The provider told us that this was being addressed.
- People enjoyed their meals and felt they got enough to eat and drink. Comments included, "The food is excellent. I love the food here" and, "The food is nice, plenty of choice and always plenty of drinks."
- Risks associated with eating and drinking, such as choking, were fully assessed and safety measures were detailed in care plans.

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

- The home's décor, particularly in Unit 4, did not fully meet people's needs. The décor did not fully support

the orientation and needs of those people who were living with dementia.

- The provider was working with an external dementia team to review the décor in the home with a view to making improvements for people with dementia living in the home.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to maintain their health. Staff supported people to access other health care professionals such as GPs, when required.
- Care records documented engagement people had with health care professionals. Guidance from health care professionals was incorporated into care plans.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff supported people in line with MCA and best practice guidance.
- Staff received regular MCA training and sought consent from people prior to providing support.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our previous inspection, this key question was rated good. At this inspection this key question has deteriorated to requires improvement. This meant people were not always well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- We were not assured people received a high-quality, compassionate and caring service given the concerns identified during inspection. We have taken this into account when rating this key question.
- Staff did not always communicate sensitively when supporting people. For example, one staff member said, "Use your spoon, you can't eat that with a fork."
- Some staff were more confident and skilled than others when communicating and interacting with people who were living with a dementia type illness.
- The environment, especially in Unit 4, did not fully promote people's dignity or sense of wellbeing.
- Some staff practices did not always promote people's independence or maintain confidentiality. For example, staff discussed people's toileting needs in a communal area. Some staff encouraged people to sit down, rather than spending time to ascertain their needs or supporting people to explore their surroundings.

The failure to respect and promote people's dignity and independence was a breach of Regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People told us they were involved in making decisions about their care. Comments included, "They [staff] discuss my care plan and ask if there is anything I like" and, "I can make my own choices."
- Some people had relatives who advocated on their behalf which was clearly documented in care records.
- Care plans included people's choices and preferences in relation to their care.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant people's needs were not always met.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them; Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff did not always meet people's social needs. One person told us, "They do not have enough activities."
- On the first day of our inspection, some people were walking without purpose or motivation or sitting without any staff interaction. Staff had little time to spend with people because of the reduced staffing levels.
- More planned activities took place on the second of our inspection. However, there were still missed opportunities for providing person centred care based on the hobbies, interests and needs for those who lived there.
- People did not always receive person-centred care. Care plans instructed staff how to support people in line with their needs and wishes. However, staff did not always follow people's care plans and care was more task orientated at times.

The failure to ensure people received person-centred care was a breach of Regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider was meeting the AIS. The management team told us that information was available in a variety of formats to meet people's needs.

Improving care quality in response to complaints or concerns

- Complaints were recorded, investigated and actioned. People told us, "I would know how to complain but I have no complaints" and, "I have no complaints, the girls are very nice."
- Complaints or concerns raised were appropriately actioned in accordance with the provider's complaints procedure.

End of life care and support

- End of life care was provided at the home. Staff worked with members of an external multi-disciplinary care team to ensure people's needs were met at this time.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The quality and safety of the service was not effectively monitored. Shortfalls were identified in relation to infection control, the management of risk, person centred care, training and governance.

The failure to have an effective system in place to monitor the quality and safety of the service was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our inspection, the provider told us that action had been taken and improvements were being made.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics;

- The service had been through a period of change and unsettlement which had affected staff morale.
- The registered manager was no longer in post. A new interim manager was in place following our first day of inspection. They were an established registered manager from another of the provider's homes.
- Staff explained that during COVID-19 they had worked together as a team to help promote people's wellbeing.
- A system was in place to involve people, relatives and staff in the running of the home.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their legal responsibility to be open and honest when something goes wrong. They submitted notifications to CQC for significant events that had occurred at the service, such as accidents and incidents.

Working in partnership with others

- Staff worked in partnership with other health professionals. People's care records showed involvement and guidance from other agencies such as GPs and speech and language therapists.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider failed to ensure people's social needs were met and that they received person-centred care. Regulation 9
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect The provider failed to ensure staff always respected and promoted people's dignity and independence. Regulation 10
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks to people's health, safety and wellbeing were not always effectively assessed, monitored and managed. Regulation 12
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance An effective system was not fully in place to monitor the quality and safety of the service.

Regulation 17

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

The provider failed to ensure staff were appropriately trained and skilled to support people safely and meet their needs.

Regulation 18

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to ensure an effective infection control system was in place that it was followed by staff. Regulation 12

The enforcement action we took:

We have imposed conditions on the provider's registration to ensure people are protected from the risk of potential harm.