

Williams & Spenceley Limited

Howlish Hall Residential Care Home

Inspection report

Howlish
Coundon
Bishop Auckland
County Durham
DL14 8ED

Tel: 01388609226
Website: www.howlish-hall.co.uk

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

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: Howlish Hall is a residential care home that was providing personal care to 27 people aged 65 and over at the time of the inspection. The service can accommodate up to 40 people.

People's experience of using this service: During our inspection we found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to ensuring the safe care of people, staffing and effective governance arrangements.

The service had recently used agency staff but had not reassured themselves that the agency staff were suitable to work in the home. Pre-employment checks were carried out on permanent staff before they began working in the service. Staff were supported through induction and training, although they did not receive supervision in line with the provider's policy.

Further work was required in the service to ensure people were safe. This included making emergency pull cords accessible and ensuring seating for people in the lounge was appropriate.

Checks on the service to monitor its effectiveness and quality failed to identify the deficits we found during the inspection. Some improvements such as fire safety and the updating of policies had taken place. However, this is the third successive CQC report when the service has required improvement.

Staff told us they felt supported by the registered manager who was working on shifts as a senior carer. This reduced their capacity to manage the service and implement improvements.

Improvements were required in people's meal time experiences. The approach of staff in supporting people to eat was variable and not always dignified.

Staff were trained and assessed as competent to administer people's medicines. Oral medicines were safely administered. There were gaps in the records held by the service on people's topical medicines.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. People were given choices and their decisions were respected. However, we found the documentation used to assess people's capacity was not in line with Department of Health guidance.

A new electronic system was being introduced by the provider to record people's care needs. Information had yet to be transferred and updated from the paper records to the electronic records. Further work was required to ensure these records provided clear guidance to staff on how to meet people's care needs.

Accidents and incidents were documented by staff and reviews of the information was carried out by the registered manager who checked to see if they could have been avoided.

The service employed an activities coordinator who ran daily activities. Staff supported the activities by helping people join in the games.

Risks of cross infection were reduced as regular cleaning took place. Staff used gloves and aprons to avoid the spread of any infections.

People were protected by staff who were trained in safeguarding. Staff described to us scenarios where they had made alerts to the local authority when they had concerns about people's welfare.

People were complimentary about the care they received from staff. They told us staff protected their privacy and promoted their independence.

People who used the service and their relatives were invited to participate in the service through quarterly meetings. Relatives had contributed raffle prizes to the service. Their views had been sought using a questionnaire. They had suggested improvements were required in the décor and the gardens.

Staff had asked people about their end of life wishes. These were documented in people's files together with decisions on whether to be resuscitated.

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

Rating at last inspection: The overall rating was Requires Improvement (Published 20 December 2018.)

Why we inspected: Following the last inspection the provider sent us an action plans outlining how they intended to improve the service. We carried out this inspection to monitor the improvements and address concerns raised with us by the local authority.

Enforcement: During our inspection we found a repeated breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to the lack of effective governance in the service. We took enforcement action and served the provider and the registered manager with a warning notice.

Follow up: We will continue to monitor the service through the information we receive and discussions with partner agencies. We will be speaking to the provider about their next steps to improve the service to an overall rating of Good.

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

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our Caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Howlish Hall Residential Care Home

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection team consisted of two 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. The expert by experience had a background in the provision of care for older people including those living with a dementia

Service and service type: Howlish Hall is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.'

Notice of inspection: This was an unannounced inspection.

What we did: We reviewed the information we held on the service. We also contacted professionals involved in caring for people who used the service; including local authority commissioners the local authority safeguarding team and the Infection Prevention and Control team

During inspection: We spoke with people who used the service and eight relatives. We also spoke with 10 staff including the registered provider, the registered manager, care staff, kitchen staff, domestic staff, the administrator and the activities coordinator.

We reviewed six people's care documents and gathered information from other records held by the provider. These included records about medicines, complaints, audits, and accidents and incidents. We spoke with six people who used the service.

After inspection: We reviewed the evidence provided to us during the inspection. We will continue to monitor the service.

Is the service safe?

Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations may or may not have been met.

Assessing risk, safety monitoring and management.

- Emergency pull cords were tied up or wrapped around pipes in toilets and bathrooms making them inaccessible to people who may need to call for staff assistance.
- Risk assessments did not always cover concerns apparent in external professional's assessments. This included increased risk of falls.
- A risk assessment of bed rails did not consider entrapment and the need for bumper cushions or the impact of using airflow mattresses. The registered manager said extenders were stored elsewhere in the home and were put into place once the issue had been raised.
- The large lounge contained two styles of arm chairs, which were for people who were small in stature. This led to people sitting with difficulty and staff having to drag people out of chairs. We observed on one day of our inspection poor moving and handling practices. Following our site visits the registered manager told us there were chairs of three different heights in the lounge. However, we observed people were not sitting comfortably and were unable to get out of the chairs without staff assistance.
- We drew the registered manager's attention to the lack of support for a person with swollen ankles. They told us they would look for a footstool for the person.
- Some staff did not use correct procedures when transferring people from chairs to wheelchairs using a hoist.

These findings evidenced a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Records showed that since our last inspection there had been no accidents which resulted in people sustaining serious injuries.
- Since our last inspection improvements had been made to the fire safety arrangements in the home. Staff had received training in evacuation procedures and fire safety awareness. Two fire drills had been carried out in December and March, although these did not include all staff.
- People reported being safe and said, "They [the staff] are always very helpful" and "They [the staff] are always good to us."

Staffing and recruitment.

- Agency staff were employed in the service. The registered manager was unable to provide us with evidence that they had assured themselves agency staff had the necessary backgrounds including knowledge, skills and experience to meet the needs of people using the service.

These findings evidenced a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated

Activities) Regulations 2014.

- The registered manager showed us they had in place a dependency assessment for each person. These assessments were not aggregated to decide on the staffing levels. People had mixed views on the numbers of staff on duty. They said, "You ring the buzzer and sometimes they come straight away or as quick as they can" and "Yes they come straight away. You get all the help you can. One person told is sometimes there are enough staff on duty and said, "Its understaffed most times." Feedback from staff in the surveys carried out by the registered manager included the need for staff. The registered manager told us that the numbers of people using the service had reduced and therefore less staff were needed. We observed staff being responsive to people and found there were sufficient staff on duty to meet people's needs.
- Pre-employment checks were carried out on prospective staff to see if they were suitable to work in the service.

Using medicines safely.

- Topical medicines were stored in people's bedrooms together with topical medicine administration records. There were gaps in some of the administration records. We drew the registered manager's attention to the lack of detail around the frequency of application in two people's bedrooms. They wrote on the charts what it should be.

These findings evidenced a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had been trained in the administration of medicines and had been assessed by the registered manager as competent to do so.
- Improvements had been made to the provider's medicines policy which now included the use of pain patches.

Systems and processes to safeguard people from the risk of abuse.

- Secure arrangements were in place to manage people's personal expenditure.
- All the people we spoke with had no concerns about safety in the home or any concerns about members of staff.
- Staff had been trained in safeguarding and safeguarding alerts had been sent to the local authority.

Preventing and controlling infection.

- Staff had access to aprons and gloves to reduce the effect of cross infection.
- Cleaning was on-going throughout our inspection. The home appeared clean and tidy with no odours.

Learning lessons when things go wrong.

- The registered manager spoke with us about learning lessons when a person with additional medical needs wishes to stay in the home towards the end of their life.

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.

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Staff support: induction, training, skills and experience.

- The provider had a supervision policy, which described the content of supervision meetings between staff and their line manager. Supervision records did not demonstrate staff had been asked if they had any concerns about people or the behaviour of their colleagues towards people who used the service. Some staff had not received supervision from their line manager since October 2018. The registered manager did not have a supervision matrix in place to show when supervision was planned and carried out. They told us that they were arranging for seniors to carry out supervision. This issue had been discussed in a senior care staff meeting in December 2019.

These findings evidenced a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Applications had been made to the local authority by the staff to seek consent to deprive people of their liberty and keep them safe.
- Staff had utilised MCA guidance to put in place capacity assessments. However, we found the documentation used by the service was not in line with Department of Health guidance in terms of layout and being decision specific. In one person's capacity assessment staff had ticked the boxes to say the person had an impairment and this affected their ability to make decisions. In the second stage section staff had ticked yes to the questions about their capacity and then concluded the person needed full assistance from family and staff with most decision making. The information contained was contradictory and

therefore inaccurate.

These findings evidenced a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People were assessed before they began living in the home.
- Staff knew people well and observed when people's needs changed.
- Staff had gathered information about people's background and their preferred choices. They could tell us about people's preferences.

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

- Kitchen staff had copies of the guidance provided by the Speech and Language Team (SALT), which described people's dietary needs. They described to us how they fortified food for people at risk of losing weight.
- The practice of staff making sure people had enough to drink was variable. People were given drinks from a tea trolley and then fell asleep with their drink getting cold. Jugs of juice were available in the lounge. On one of our inspection days the jugs of juice remained full. On another day staff routinely offered people the juice.
- In people's daily records staff were documenting their intake of food and fluids had been good. In one person's care plan their food intake was to be monitored to ensure they were receiving sufficient calories to prevent deterioration in physical health. In the absence of fluid balance charts and daily food charts the registered manager told us seniors asked staff about people's intake before they wrote their comments.
- Staff monitored people's weights. According to the records one person lost 4.3kgs in one week. We drew this to the attention of the registered manager who said they would ask the staff to re-weigh the person. Following the inspection, the registered manager told us the person had been reweighed and had lost 0.5kgs. They had since regained their weight.
- Improvements were required at meal times. On the first day of our inspection the lunch service was disorganised and did not portray a pleasant experience. We observed five people were asleep at the tables and were drowsy all the way through lunch. Interaction with people was limited to prompting people to eat. Some of the time they would rub the spoons or cup along people's mouths to get them to eat and drink. Staff placed meals in front of two people, one of whom kept falling asleep into their lunch and the other who appeared unable to eat independently. No assistance was offered to these people until a staff member had finished with another person by which time their food would have been cold. On our other inspection days, we found better practice at mealtimes.

Staff working with other agencies to provide consistent, effective, timely care.

- A visiting professional was assessing a person and asked the member of staff a number of questions about their care needs. The staff member could respond to each question and provide relevant information.
- At the request of staff, other agencies such as the Speech and Language Therapy (SALT) team and dieticians had been involved with people to address their care needs.

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

- Relatives who responded to a questionnaire about the quality of the service had commented on the current state of the building and stated it needed redecoration. The provider discussed with us the improvements they planned to make.
- Improvements to the kitchen had already been made which supported easier meal preparation and improved the ability of staff to clean the kitchen environment.
- Signs were in place to guide people to bathrooms and toilets. One corridor had been decorated with beach

memorabilia to give a seaside feeling.

- The main lounge requires some work to enable people not to have to sit around the walls, out of TV eyesight and have access to table-based activities.

Supporting people to live healthier lives, access healthcare services and support.

- Records showed staff supported people with their healthcare needs.
- Staff contacted district nurses and GP's when required.

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.

People did not always feel well-supported, cared for or treated with dignity and respect. Regulations may or may not have been met.

Ensuring people are well treated and supported; respecting equality and diversity.

- Staff spoke to people and their relatives with kindness. They chatted with people about their background and their family members. They provided reassurance when required.
- People appeared clean and were well dressed.
- All the people we spoke with said that carers knock on doors before entering, keep them covered when bathing and close doors when using toilet. One person said, "Yes when they finish with you they don't sit over you." Staff were aware of what checks were required to ensure the well-being of people who wished to stay in their room.
- For the most part of our inspection staff treated people well. Staff used humour to engage people and demonstrated they had taken the time to get know people in their care. One member of staff had sought local history books to support a person's interests. Another person told us they liked to watch the birds out their window. However, we found the bird feeder was dirty and without bird food.
- People commented on the staff. One person told us staff treated them with dignity and said staff were, "Always nice and polite."
- Since the last inspection the provider had put in place an equality and diversity policy. Staff had received training in the subject.

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

- The registered manager spoke with us about one person for whom they had provided an advocacy service. They understood the use of an advocate to help the person be involved in decisions and have someone who could speak in their best interests.
- Resident and relative meetings were held on a quarterly basis to involve people in the service. Relatives had brought Easter goods into the home for a raffle to raise money.
- Staff gave people choices about what they wanted to do during the day.

Respecting and promoting people's privacy, dignity and independence.

- Staff carried out people's personal care needs behind closed doors. They knocked on people's doors before entering.
- People's independence was promoted by staff. One person said, "They let me do what I can manage" However, where people needed support to eat and drink some people's dignity was compromised. One staff member continued to feed a person using a spoon after commenting on the person's face that they did not like what they were eating.

Is the service responsive?

Our findings

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

People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- The provider had purchased a new electronic system for documenting care records. Staff had begun to try to transfer information onto the new electronic records. Further work was required to plan what information needs to go in each section so senior care staff who wrote the plans knew and understood how to consistently use the records. Risk assessments on the electronic system required additional structure so staff could understand the identified risk and knew what steps were required to mitigate the risks.
- There was a pre-admission assessment in place which contained limited information. Further in-depth assessments were required to enable staff to focus on specific care needs and describe what actions needed to take to meet their needs. Each care plan contained multiple areas of identified needs, which lead staff to writing limited information on how to meet each of these needs. Whilst paper files contained relevant and person-centred information, how the information was structured prohibited easy reading.
- An activities coordinator was employed in the service. When they arranged activities, they considered people's abilities. Staff worked with the activities coordinator to enable people to join in.
- Activities for the day were displayed on a white board in the entrance to the home. We observed people, who wished to be involved, joined in ball and skittles games and dominos. People chose a film for their afternoon entertainment.
- Due to the layout of the large lounge, people sat around the room against the walls and some were unable to see the TV. They fell asleep and did not watch their chosen film.
- Religious services were held in the home and people were given the opportunity to participate in them.

Improving care quality in response to complaints or concerns.

- The provider had a complaints process in place. There had been no complaints since our last inspection in November 2018.

End of life care and support.

- Although the service no longer provided nursing care, staff were open to working with people who wished to remain in the home towards the end of their life.
- People had records in place to show they did not wish to be resuscitated should their heart stop. Relatives had been involved with this decision.
- End of life care plans had been discussed with people and their relatives. Staff had documented people's wishes and the role of their family members in arranging their funeral.

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.

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- The registered manager provided direct support to people. This reduced their capacity as a manager to drive improvements and implement new systems, such as the new electronic care records. Discussions had taken place within the service to trial the role of a deputy manager. The expectation of this role at the time of our inspection was unclear.
- During the inspection the registered manager was unable to provide us with a supervision or training matrix. Following receipt of the draft report the registered manager sent us a copy of both matrices including a list of courses staff were expected to complete in 2019. The training matrix did not include training undertaken by the majority of care staff before the end of November 2018. Staff first aid qualifications were not on the matrix. The supervision matrix did not contain any dates to show supervision took place.
- People's personal information and sensitive data had continued, since our last inspection, to be kept in an unlocked cabinet in an insecure office that was not always supervised.
- The registered manager had implemented daily walks around the home to carry out checks. These checks together with health and safety audits by the registered manager failed to detect the lack of accessible emergency pull cords.
- Care file audits had not been undertaken in 2019. Consequently, deficits we found during our inspection had not been addressed.
- Supervision records which are required to be kept by the service were not available to the inspection team.
- Insufficient information had been obtained by the service to ensure agency workers had the appropriate knowledge and skills to meet people's care needs.
- CQC have published two previous reports following inspections of this service when it was rated requires improvement. During this inspection we found continued regulatory breaches. This demonstrates a failure to act on feedback on and make required improvements to return the service to a rating of good.

These findings evidenced a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us staff appear to be happy in their work.
- Staff told us they felt supported by the registered manager.
- The registered manager explained that due to the lower numbers of people using the service they were required to work as a senior carer.

- The manager held meetings with staff to discuss issues in the home.
- Statutory notifications about important events in the service had been made as required to CQC.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others.

- Surveys to measure the quality of the service had been carried out with people who used the service, their relatives and staff.
- The registered manager spoke with us about the community links in place. They told us they had contact with the local school and the local parish priest came into visit people.
- The registered manager described an initiative to use a volunteer gardener to improve the grounds.
- The application form staff were required to complete to apply for a post at the service asked them if they had additional needs such as a disability which the service would need to accommodate.

Continuous learning and improving care.

- Equality and diversity policy in place. Staff had been allocated equality and diversity training on a new e-learning system.
- A new electronic system was being put into place for people's care records. There was not a plan in place against which progress, including staff development to use the electronic records, could be monitored. The registered manager told us it was taking longer than expected to implement.
- Fire service personnel had visited the service and told us the provider had made the required improvements to fire safety in the building. Improvements had also been made to the kitchen facilities.

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 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to do all that was reasonably practicable to mitigate risks to people who used the service. Regulation 12(2)(c)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff had not received supervision and appraisal as was necessary to enable them to carry out the duties they are employed to perform. Regulation 18(2)(a)

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered manager failed to establish systems or processes operate them effectively to ensure compliance with Regulation 17(1)</p> <p>The registered manager failed to mitigate risks to people Regulation 17(2)(b)</p> <p>The registered manager failed to maintain accurate and contemporaneous records in respect of each service user. Regulation 17(2)(c)</p> <p>The registered manager failed to maintain records in regarding persons employed in the carrying on of the regulated activity. Regulation 17(2)(d)</p> <p>The registered manager failed to act on feedback from CQC in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services. Regulation 17(2)(e)</p> <p>The registered manager failed to evaluate and improve their practice in respect of the processing of the information referred to in the above paragraphs. Regulation 17(2)(f)</p>

The enforcement action we took:

We service a warning notice on the registered manager. The provider was required to be compliant with the regulation by 12 July 2019.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to establish systems or processes operate them effectively to ensure compliance with Regulation 17(1)</p> <p>The provider failed to mitigate risks to people Regulation 17(2)(b)</p> <p>The provider failed to maintain accurate and contemporaneous records in respect of each service user. Regulation 17(2)(c)</p>

The provider failed to maintain records in regarding persons employed in the carrying on of the regulated activity. Regulation 17(2)(d)
The provider failed to act on feedback from CQC in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services. Regulation 17(2)(e)
The provider failed to evaluate and improve their practice in respect of the processing of the information referred to in the above paragraphs. Regulation 17(2)(f)

The enforcement action we took:

We service a warning notice on the provider. The provider was required to be compliant with the regulation by 12 July 2019.