

Worcestershire County Council

Howbury House Resource Centre

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Howbury House Resource Centre is registered to provide accommodation and personal care for up to 32 older people, including people with dementia. At the time of our visit there were 23 people living at the home.

Howbury House Resource Centre is an adapted building with care and support provided across one floor. The home is divided into four main units and all units had communal lounge and dining areas. Not all bedrooms were ensuite but there were further bathroom facilities located on each floor. External garden areas were accessible for people and these areas were safe and secure.

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

At our last inspection, we found some improvements were required. There were not enough staff on duty to keep people safe and meet their needs. Potential risks to people's individual care needs were not consistently monitored and reviewed. There was a lack of effective oversight of people's individual care needs and reviews of their care to ensure the quality of care was what people expected. In response to our last inspection, the provider completed an action plan to tell us how staffing levels would be better managed to ensure people's needs were met.

At this inspection, we found staffing levels had been increased and people told us, staff were able to support them more effectively. However, further improvements were needed to care planning, risk management and quality assurance systems to help keep people protected and to ensure the provider had effective oversight of the service.

Care plans and risk assessments were completed, however, in some cases where support was required for eating and drinking, these were not always completed accurately or reviewed in a timely way. Other records associated with the support people received were not accurate or detailed enough.

People were complimentary of staff and said staff had time to spend with them. People felt the service was responsive to their needs. Staff knew people well and we saw during staff quickly responded to situations to help maintain an environment that promoted good care outcomes.

Staff interacted with people at their pace, unrushed and joked and laughed with each other. Staff were involved and engaged and had time to sit and chat to people which helped develop relaxed and supportive relationships.

The provider had their own staff team and had local initiatives to increase the recruitment of staff. The registered manager relied on agency staff to support safe staffing levels and the same agency staff were used for continuity of care. This meant staff who supported people knew them well. Staff had received training in key areas and staff said they felt supported to pursue additional training and opportunities to increase their knowledge and confidence.

Infection control systems ensured the home was clean. Housekeeping staff supported the home and staff wore personal protective equipment to help minimise the risk of cross infection. Maintenance and regular environmental checks on health and safety ensured the home remained safe for people.

People's overall feedback to us about the service they received was positive. People and relatives could attend meetings to share any feedback about the service. Post pandemic, plans were in place to increase the frequency of these meetings.

Visitors were welcomed and there were no restrictions on visiting arrangements.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff understood their responsibility to report any concerns to protect people from the risk of abuse.

Positive links with a local GP practice ensured people were reviewed and seen promptly. People were supported by a nurse practitioner who attended the service weekly to review and support people's physical and emotional needs. The nurse practitioner liaised with local health professionals to ensure people received external support when needed.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 08 November 2019) and there was a breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements related to the breach of staffing had been made, however other areas of the service were not managed effectively. The provider remains in breach of the regulations.

Why we inspected

This inspection was prompted by a review of the information we held about this service and to check the provider had improved certain areas identified at our last visit.

This report only covers our findings in relation to the Key Questions Safe, Responsive and Well-led which contain those requirements. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has stayed the same. This is based on the findings at this inspection.

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Howbury House Resource Centre on our website at www.cqc.org.uk.

Follow up

We will request an action plan from 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

continue to monitor information we receive about the service, which will help inform when we next inspect.

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 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 ●

Howbury House Resource 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection visit was carried out by two inspectors.

Service and service type

Howbury House Resource Centre is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Howbury House Resource Centre is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection visit was unannounced.

What we did before inspection

We reviewed the information we held, such as people and relatives' feedback and statutory notifications, as well as any information shared with us by the local authority. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with five people who received a service to get their experiences about the quality of care received. We spoke with seven members of care staff, a chef, a registered manager and an interim provider services manager.

We reviewed a range of records. This included examples of four people's care records and samples of medicine records and associated records of their care. We looked at records that related to the management and quality assurance of the service, fire safety and environmental risks and records for infection control and risk management. We also reviewed two agency staff profiles.



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 requires improvement. At this inspection this key question has stayed the same. This meant 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.

Assessing risk, safety monitoring and management

- At the last visit we found risks associated with people's individual care needs were not consistently assessed, monitored and reviewed. At this visit, we found risks to people were not reviewed or reassessed to help protect people.
- Risk management plans were not always updated to reflect changes in people's needs and abilities. In examples we saw, it was not always clear how the level of risk had been assessed and managed safely. This put people at unnecessary risk of harm.
- For example, people who were identified at risk of choking did not always receive safe support through effective risk management strategies.
- For people on modified fluids or modified meals, information for staff to manage this safely was limited or inconsistent.
- Kitchen staff prepared meals in a way that did not match what the person's care plan or advice from a speech and language therapist. In some cases, staff used their own judgement to determine a fluid consistency rather than follow specialist's advice. Speaking with staff showed they took different approaches to support people. This put people at risk of choking.
- We found two tubs of thickener in communal kitchen areas stored insecurely in a cupboard which could have been accessed by people at the home, who experienced confusion. Thickener has been subject to patient safety alerts due to the risk of choking if it is ingested and must be stored safely. We fed this back immediately and the registered manager assured us action would be taken to ensure it is stored safely in future.
- Some people identified at nutritional risk, required weekly weight checks to maintain their health and wellbeing. We looked at one person's weight monitoring who was identified as requiring weekly weight checks. Records showed they had not been weighed weekly or weighed since 29 August 2022. No one could explain to us why this had not happened, or the action taken to manage the person's continuous weight loss.
- Other risks were not always managed and recorded. We saw records for a person who could pose risk to themselves and others when they became agitated. There was no specific risk management plan to tell staff of any triggers, what works well or plans to de-escalate any situation to help keep the person, other people and staff safe.

Systems and processes were not sufficient to demonstrate risks associated with people's care were effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Regular maintenance work and health and safety checks were completed to ensure the environment remained safe, for example fire safety checks.

At our last inspection, the provider had failed to ensure there were enough suitably qualified staff on duty to help keep people safe. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 18.

Staffing and recruitment

- At this visit we found there were enough staff to meet the needs of the people living at the home.
- Our observations showed staff were on hand and attentive to support people's physical and emotional wellbeing.
- People told us they received support from a staff team who knew them well. The registered manager and provider regularly reviewed staff numbers on shift to ensure they remained sufficient.
- The provider continued to use agency staff to ensure shifts remained covered. Ongoing recruitment and recruitment initiatives were in place to help increase permanent staffing levels and reduce reliance on agency staff.
- The provider continued to use agency staff so we reviewed two agency staff profiles. Checks were completed to ensure those staff were safe to support people.

Using medicines safely

- Medicines were ordered, stored and administered safely.
- There were regular checks and audits on medicines, however boxed medicines were not counted. This meant it was not possible to accurately check the amount of medicine remaining against what was recorded on the medicines records as being given. When we raised this with the registered manager they told us they would take steps to ensure medicine counts are carried out regularly in future.
- Staff had training in medicines before they were able to administer medicines. There were policies and procedures to ensure people received their medicines safely.

Systems and processes to safeguard people from the risk of abuse

- People told us they were happy with their care and support and that they felt safe when staff supported them. One person said, "We are looked after, everything is good about here." Another person said, "All staff are nice, I feel nice and safe here."
- Staff were aware of how to raise concerns with the registered manager and information was readily accessible about how to escalate those concerns to external agencies.
- The provider had referred notifiable incidents to us which was their regulatory responsibility to do so.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

The registered manager kept updated with government guidance. Visiting was allowed and facilitated. When visiting restrictions were in place, telephone calls and calls over the internet were encouraged and supported so families could maintain contact.

Learning lessons when things go wrong

- There were processes to review and look at patterns and trends, for example through incident and accident management.
- The provider's internal teams and through provider visits, also reviewed and checked for trends and patterns. In most cases, the use of assistive technologies was used to help manage people's risks of falling.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

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 requires improvement. At this inspection this key question has stayed the same. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- At the last inspection we found care records were not always accurate or complete. For example, as people's health deteriorated care plans did not always reflect this accurately. At this visit, we found some people's plans of care continued to need more specific details for staff to provide consistent care.
- For example, one person who had recently suffered a stroke, had reduced mobility and required their fluids to be modified. We found there was limited instructions for staff to follow to ensure they received the support they needed in an individualised way.
- Another person was on medication to manage seizures. The person had a care plan for staff to follow and staff knew what to do to provide the support this person may require in the event of a seizure. We recommended the staff considered an additional record to record when the person had a seizure so their seizures, although not frequent, could be monitored. The registered manager assured us this would be put in place.
- One person had displayed behaviours that had potential to put them and others at risk. There was no specific information to guide staff to help support the person or to help staff understand any potential triggers. Before we left the service, the interim services manager had put this in place.
- Our observations of staff and how they supported people showed they were responsive to people's needs. For example, one person told us they were in pain, so we rang the call bell. Staff attended promptly and offered support as well as following up additional pain-relieving medicines with the GP which were given to the person during our visit.
- Where people needed support to walk to the toilet or to other parts of the home, staff were ready to assist without keeping people waiting.
- The use of assistive technologies was considered and used sensitively to give people their space and freedoms to live how they wanted, with minimal supervision. For example, the use of sensors in a person's room informed staff if a person was mobile so they could check the person was okay when needed.

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

- At the last inspection, staff had limited time to sit and engage with people and relatives said people would benefit from music and radio.
- At this visit we found staff had time to be with people, to talk and sit with them which was important for people who had episodes of anxieties. During our visit we saw a person become anxious, staff de-escalated the situation, guiding them to a chair and spent time speaking with them which made the person become calmer.
- The registered manager told us how they supported people when Her Majesty Queen Elizabeth II passed

away. Conversations were had with people and television programmes were shown to help people reminisce, celebrate as well as share in the nations support to the royal family.

- The provider had invested in voice activated technology that helped people choose particular music or preferred radio stations. During our visit we saw staff played dominoes with one person and staff played a game of cards with others.
- Important family links were maintained to help keep people and their families connected. Visiting was supported and if families were unable to visit, the use of technology helped families keep in touch over the internet or telephone.
- Local links with the local community were being strengthened. For example, church and pastoral visits took place.

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.

- Most people were able to understand the literature in its written form. Any alterations could be made to those documents, such as large print.
- People's sensory needs to support good communication were recorded in their care plans.
- Staff told us how for some people, they spoke more directly to that person, used hand gestures, considered facial cues so they could gauge a person's understanding. In some cases, staff spoke louder for people with reduced hearing.

Improving care quality in response to complaints or concerns

- The provider had systems for people, relatives and staff to raise any complaints or concerns they had about the service.
- People were involved in day to day choices so when people's actions or signs showed they were unhappy, staff supported people to prevent any concerns escalating.

End of life care and support

- The provider had systems in place to support people when they come to the end of their life.
- At the time of our visit, no one was receiving end of life care. The registered manager aimed to support people's wishes to remain at the home for end of life whenever possible, with external healthcare professional support.
- Statutory notifications had been received from the provider that showed people received the right care and support at the end of their life.

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 requires improvement. At this inspection this key question has stayed the same. 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; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

- At our last visit we found systems to monitor and improve the service were not always effective. There was a lack of oversight of people's individual care needs and care records were not always accurate or complete.
- At this visit we found areas of governance and quality assurance previously identified continued to require improvement.
- Increased scrutiny and oversight by the provider was necessary to ensure improvements were made, sustained and embedded into the service. For example, to ensure risk management remained robust and to ensure where actions for improvement were needed, these were completed.
- Oversight of important records did not always take place. Current systems to monitor care records and the quality of care did not consistently identify gaps we found relating to food and fluid charts. When gaps were identified by management checks, these were not always acted on by the registered manager or senior staff.
- Systems to review people's risks were not effective. Issues we found at this inspection had not been known or if they had been identified, actions had not been taken. When we discussed this with the registered manager, they were not aware or informed through their own checks that improvements actions were required.
- Systems to review care records continued to require improvement. A provider audit in September 2022 identified a person needed a behavioural risk assessment but it was not actioned. The interim services manager said the expectation was this should have been completed with immediate effect.
- The registered manager completed a monthly 'check the checker' audit which included checks on medicines administration. In the August 2022 audit, it was noted 'some gaps - address at next senior meeting'. There was no information to show where those gaps were and who they related to so it could be followed up. In the previous month's check, we found 'some gaps' recorded again but in each monthly check, there was no follow up to the previous months to show what improvements had been made to prevent similar issues reoccurring.
- Systems to audit and monitor medicines required improvement to ensure boxed medicines were routinely counted to ensure they were given safely The interim services manager told us previous audits had not been completed using the correct form, which explained why it was missed on the examples we saw.

The providers systems and processes failed to identify, drive and sustain improvement through effective quality assurance. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our visit, the interim services manager sent us a list of priority actions that they had implemented to improve the quality of service. This included further training around dysphagia, better recording through documentation training and improvements to the completion of some specific audits.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider and registered manager encouraged feedback from people, relatives and staff through questionnaires to improve the service people received.
- The registered manager explained meetings for people and staff had been suspended due to the COVID-19 pandemic, but they had resumed now restrictions had been lifted.
- Staff had regular handovers between shifts to share information about people

Working in partnership with others

- The registered manager was establishing better working relationships with other healthcare professionals to improve outcomes for people.
- Staff worked with healthcare professionals to make sure people's health needs were met. We saw evidence in people's records that referrals had been made in a timely way.
- People were able to see GP's, community nurses and advanced nurse practitioners.
- The registered manager was involved with external networks to help them keep updated and informed with health and social care related topics and changes.

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 registered manager understood their responsibility to be open and honest when things had gone wrong. The registered manager and provider were honest with the outstanding actions that had to make from their own improvement action plan post our last visit.
- The provider had met the legal requirements to display the services latest CQC ratings in the home.
- The registered manager and provider responded positively to our visit and took immediate steps to address the issues we raised at the time of our visit.

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 did not adequately assess and protect people against risks by doing all that was practicable to mitigate any such risks.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not ensured robust quality systems or processes were fully effective to monitor the service appropriately, including people's safety.