

Housman Care Ltd

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Inspection report

Housman Court
School Drive
Bromsgrove
Worcestershire
B60 1AZ

Date of inspection visit:
29 March 2023
30 March 2023

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Housman Care is a purpose built residential care home providing accommodation for older adults who require nursing or personal care for up to 30 people. At the time of our inspection there were 27 people using the service. The service provides support to older people who may also be living with dementia.

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

People did not always have risks to their health and welfare effectively managed. Care plans and risk assessments did not always reflect guidance and advice from professionals.

Audits were not always effective in identifying where actions were needed to improve the assessment and monitoring of risks and did not effectively monitor the outcomes for people.

There were systems in place to identify any potential signs that people were unsafe or at risk of avoidable harm. However, these systems did not always effectively identify where people had changes to their health in a timely manner. Staff understood their responsibilities to keep people safe.

There were comprehensive systems to ensure medicines were administered safely.

People were protected from the risks of COVID-19 by effective infection control procedures. Staff had training in relation to COVID-19 and had access to sufficient supplies of personal protective equipment (PPE). The registered manager and provider ensured that staff were kept up to date with infection control procedures that reflected current government guidance.

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.

People told us they felt safe and were happy with the care they received.

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

Rating at last inspection

This service was registered with us on 1 March 2022 and this is the first inspection.

The last rating for the service under the previous provider was good, published on 23 January 2019.

Why we inspected

We received concerns in relation to the management of people's care needs. As a result, we undertook a

focused inspection to review the key questions of safe and well-led only.

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 see what action we have asked the provider to take at the end of this full report.

Enforcement and Recommendations

We have identified breaches in relation to safe care and governance and management oversight at this inspection.

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 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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Housman Care Ltd

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 Health and Social Care Act 2008.

Inspection team

The inspection team was 1 inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Housman Care 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.

Housman Care 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

Notice of inspection

This inspection was unannounced.

What we did before the 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 (PIR). This is information providers are

required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 9 people who used the service and 2 people's relatives to gain their feedback about the service. We spoke with 7 staff including the registered manager, care staff and the provider. We reviewed a range of records. This included 5 people's care records, samples of medicine records, daily records and care plans and risk assessments. We looked at 3 staff records and a variety of records relating to the management of the service, including audits and procedures.

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



Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement. 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:

- Some people who had risks associated with their care, were not always protected from harm. For example, 1 person had been discharged from hospital following a fall. The person's mobility had been affected and they were using a wheelchair. Staff and the registered manager told us the person was no longer able to independently weight bear and required staff support to stand. The care plan stated that the person could move and weight bear independently. The registered manager acknowledged there was a risk that if staff followed the care plan this may cause further injury. The registered manager took immediate steps to mitigate this risk by reviewing the care plans and risk assessments to ensure they reflected the person's current level of need .
- Staff told us that a person was identified as having seizures, however when we looked at this person's care records there were no care plans or risk assessments regarding the seizures. This meant that staff did not have the details of what to look for or how to manage the person's needs when they had a seizure.
- When we looked at this person falls records, no action had been taken to explore any possible links between the persons seizures and an increase in falls. The person had 3 falls in 1 month when they had only had 4 recorded falls in the whole of 2022. This meant that timely referral to health professionals did not happen and there was an increased risk of further falls.
- Handovers of clinical information relating to risks were not always effective. For example, the registered manager was not always aware of the changes to a person's health where further action was required. One person had been admitted to hospital following a fall. The registered manager was unaware of the seriousness of fall or the admittance to hospital.

The provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 agree

- When we arrived for the second day of inspection, the registered manager had contacted the doctor and the person who had the falls was having blood tests and a full review of their medicines. Also, a review of the persons care plans and risk assessments had been undertaken.
- Where people required special food and drink requirements staff were aware and provided the support needed to ensure people's nutritional needs were met safely. The chef and kitchen staff were able to tell us about people's individual eating and drinking needs.

Using medicines safely

- Staff had training in medicines before they were able to administer medicines. There were comprehensive policies and procedures to ensure people received their medicines safely. People's medicines were stored safely and securely.
- People had risk assessments around medicines to assess the level of support they needed to ensure they had their medicines safely. Where people were prescribed medicine to be taken on an 'as required' basis's risk assessments and protocols were in place.
- There were daily checks on medicine to ensure medicine stock balances matched what the records indicated.
- People received their medicines in line with the prescription.

Systems and processes to safeguard people from the risk of abuse

- Staff understood their responsibilities to keep people safe. There were comprehensive safeguarding systems to ensure any reported concerns were actioned immediately. All staff received regular training on safeguarding.
- Staff were aware of the whistle blowing policy and told us they were comfortable whistle blowing if they felt concerns were not being actioned.
- People told us they felt safe. One person said, "Course I'm safe there's nothing to worry about here'. Another person said, "I feel happy and safe."
- The provider understood their responsibilities in reporting safeguarding concerns to the local authority and CQC.

Staffing and recruitment

- We saw that there were sufficient staff to ensure that people's needs were met. We saw that when people asked for assistance staff were available quickly, and call bells were answered promptly. One person said, "'I have a call bell I have used it 3 times, they are quite prompt'. Staff ensured they spent quality time with people outside of just meeting the basic needs. We saw conversations between staff and people about current affairs and families.
- The provider's recruitment process included checks to ensure staff were of a suitable character. Staff files showed recruitment checks were robust, which included checks on staff through the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

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

- There were no restrictions to visiting at the time of the inspection.

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 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.

Learning lessons when things go wrong

- The provider had systems to learn lessons when things went wrong, however these systems were not always effective in ensuring that actions were always identified in a timely way. The provider and registered manager were receptive to our feedback about concerns we identified on the first day of our inspection and told us about actions they had begun to take when we returned on the second day of our visit. These included reviewing how information was reported, recorded and acted upon.

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.

This is the first inspection for this newly registered service. This key question has been rated 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, 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 and registered manager had systems to monitor and review the quality and accuracy of care plans, manage accidents and incidents and ensure the good governance of the service. However, these were not always effective in identifying and managing risks to people.
- Trends regarding falls were not being identified by the registered manager in a timely way meaning that people were at risk of not having the most effective healthcare at the time it was needed.
- Systems in place to monitor changes in people's health needs were not always identified in their care records, leaving people at risk of unsafe care.
- The provider's systems and procedures did not always provide the level of information or oversight about significant changes to people's needs. This meant opportunities were missed by the registered manager to make timely referrals to healthcare professionals about people's health needs.
- Systems in place had failed to identify when statutory notifications to CQC had not been made. We found where injuries had been sustained by people, although families and the local authority and Safeguarding were informed, CQC were not.

The provider's systems and processes had failed to robustly assess, monitor and improve the quality and safety of the services and assess, monitor and mitigate the risks relating to the health, safety and welfare of service users. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We requested notifications about specific events be sent to us as legally required. The registered manager told us they accepted more learning was needed and they were reading the guidance and networking with other experienced colleagues to understand this requirement. When we visited for the second day of inspection the registered manager had already started to process retrospective notifications.
- Staff told us they felt supported in their roles and received regular supervision. They told us the registered manager was approachable.
- The registered manager was receptive to improving the service and when we arrived for the second day of inspection provided us with a reflective account of the inspection and the actions they had already taken to address the issues identified to them by us.
- Relatives told us they were happy with how concerns or complaints were handled and felt that the

registered manager was open and honest with them.

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

- There were systems to ensure staff were involved and engaged in how the service performed. Staff told us that felt there was an open and positive culture. One member of staff said, "Everyone is made to feel ownership of driving the service forward." Relatives said that while they had not attended any recent relative or resident meetings the registered manager was open to feedback.
- People told us they liked the staff and the registered manager and felt they had good relationships with them. Staff and the registered manager took time with people and encouraged them to give feedback about how they were feeling.
- Staff said they treated everybody equally and there were no barriers regarding any protected characteristics. All staff had training on equality, diversity and human rights.

Working with others

- The registered manager worked with other healthcare professionals to support the meeting of people's health and social care needs. People told us that if they were unwell the doctor was contacted, and people had a range of different health professionals involved in their care including, speech and language therapists and doctors.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to robustly assess the risks relating to the health safety and welfare of people.</p>
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's systems and processes had failed to robustly assess, monitor and improve the quality and safety of the services and assess, monitor and mitigate the risks relating to the health, safety and welfare of service users.</p>