

C & K Healthcare Limited

Honister

Inspection report

Ellenbrook Lane
Hatfield
Hertfordshire
AL10 9RW

Tel: 01707274918

Date of inspection visit:
01 October 2019

Date of publication:
22 October 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Honister provides accommodation, personal and nursing care to older people, some of whom live with dementia. The care home accommodates up to 19 people in one adapted building. At the time of the inspection 13 people were living there.

People's experience of using this service

Since the last inspection systems had been implemented to help address the shortfalls, promote safety and improve the quality of care in the home. We found that some of these systems had been effective and some were still 'a work in progress.' However, the atmosphere in the home had changed for the better and staff told us they felt things had improved.

Feedback about the management of the home from people and staff was positive and everyone felt the new manager had a positive impact on the home. People told us that their care needs were met and that there were enough staff. Staff told us that there were enough staff.

Care plans were detailed and included enough information for staff to be able to support people with their care needs. Mental capacity assessments were in place as needed but best interest decisions needed to be completed for some people.

People enjoyed the activities available. The range of activities had been developed and people's involvement was documented.

People told us that they received their medicines when needed. However, medicine guidance needed to be adhered to consistently. There were systems in place to promote safe practice and the manager checked and supervised staff to help ensure these were used appropriately. People told us that they enjoyed the food and people received the support they needed to maintain a healthy diet. However, staff did not always complete food and fluid charts appropriately.

There were systems in place to help ensure staff were trained and received regular supervision and staff felt supported by the management team.

The service met the characteristics for the rating of "Requires Improvement" in three key questions and "Good" in two key areas.

We have made recommendations in relation to completion of capacity assessments and best interest decisions.

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 12 April 2019). At this inspection the rating had improved. However, enough improvement had not been made and the service remained rated as requires improvement.

This service has been in Special Measures since 12 April 2019. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate in well led or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to safety at this inspection.

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

Follow up

We will ask the provider to send us an action plan stating how they will make the required improvements. We may meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the 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?

The service was not 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 caring

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well led

Details are in our well-led findings below.

Requires Improvement ●

Honister

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 was carried out by two inspectors.

Service and service type

Honister 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 who was in the process of being registered with the Care Quality Commission. A registered manager 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

The inspection was unannounced.

What we did before the inspection:

Our inspection was informed by evidence we already held about the service. We also checked for feedback we had received from members of the public and local authorities.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with the manager, the provider, and five staff members. We spoke with five people who used the service about their experience of the care provided. We reviewed four people's care records, medicines administration records and other records about the management of the service.

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 remained the same. This meant that although we found improvements in this key question, 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 our last inspection the provider had failed to ensure that medicines records were managed safely. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People had their individual risks assessed and the assessments were clear.
- Risk assessments were incorporated in care planning. For example, pressure care management, falls and mobility. Staff were seen to be working safely.
- A fire risk assessment had been carried out in 2019 and there were no actions arising from this. People's individual evacuation plans (PEEPS) were easy to follow.
- However, not all staff had attended fire drills and not all staff knew what to do in the event of an emergency. We discussed this with the manager who was involving staff in the weekly fire alarm tests to get them used to responding. Following the inspection, the manager advised us that the team leader had been signed up to a fire study day with a local care providers association and fire service. Also, fire drills were commencing the following day and to be carried out weekly until all staff had attended and feel confident in responding in the event of a fire.
- Accident and incident forms were collated to help the management team review for any themes and trends and help ensure remedial action was taken.

Using medicines safely

- People's medicines were administered, stored and recorded safely in most cases. We counted a random sample of medicines and found that two of those counted did not tally with records. The daily counting and recording system had not identified this and records were wrong. Following the inspection, the manager advised us that a full audit was completed, and staff were given further supervision and training about the two issues found.
- There were regular checks and audits in place. Staff were given information about expectations in relation to safe medicines management. We saw staff working safely.
- People received their medicines when they needed them.

Staffing and recruitment

- People told us there were enough staff to meet their needs. One person said, "It is not often we have to wait for support."
- Staff said there were enough of them to meet people's needs safely and in a person-centred way. Staff said they covered shifts between them if a colleague was absent.
- We saw that people's needs were met promptly during the inspection.
- Recruitment processes were in place to help ensure staff employed were suitable to work in a care setting. One reference was not verified, and we discussed with the management team the importance of ensuring that references were always verified.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "They keep watch on all of us carefully, it's not obvious though."
- Staff told us that safeguarding information was available around the home and staff were reminded about their responsibility to recognise and report any concerns relating to abuse.
- Staff knew how to report any concerns they had to the local authority's safeguarding team.
- There was a monitoring system for unexplained bruises and skin tears. However, we noted that two unexplained injuries did not have a recorded investigation within the home to try to establish the cause. Neither the manager or the provider was aware that these needed to be reported. We discussed the need to have a better oversight to help them identify themes and trends.

Preventing and controlling infection

- The home was clean on the day of the inspection. The housekeeper was moving around the home and cleaning all areas. People told us that the home was kept clean. There was a compliment from a relative stating they had noted improvements to the cleanliness over recent months.
- Staff had received training and had access to gloves and aprons and used them as needed. Kitchen staff dressed appropriately.

Learning lessons when things go wrong

- We reviewed staff meeting notes and found that manager and staff had discussed areas of practice, such as outcomes of inspections and what was needed to address these areas.
- The management team had implemented some systems as a result of things going wrong previously.

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

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 Requires Improvement. At this inspection this key question has remained the same. This meant that although we had found improvements in this key question, the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

- People's care plans were written in a way that reflected care that was in their best interests and explained why care was needed. However, best interest decisions had not been fully completed for everyone. The manager told us they knew it was needed and it formed part of their internal action plan. Although progress had been made, they had not yet fully completed them.

We recommend that the provider ensures there is an effective plan in place to ensure that capacity assessments and best interest decisions are completed promptly.

- Staff received training relating to the MCA. One staff member said, "We have to respect people's choices, this is their lives. We have to let them lead their lives."
- DoLS applications were made for everyone living at the home by the previous manager. The new manager was reviewing the applications to ensure they were still appropriate. Where they found the person had capacity, the application was withdrawn.

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

- People told us that they liked the food offered. One person said, "The food is lovely, you can have what you want. You could have ice-cream all day if you wanted. Anything."
- Food choices were available, and we saw people making different choices.
- People living in the home had a range of dietary needs. These were known by the staff team supporting them. Drinks were always available for people.
- People's care plans contained information about their dietary needs and some likes and dislikes.
- People were supported in a calm and patient way when being assisted to eat.
- Food and fluid charts were being completed for those assessed as being at risk of not eating or drinking enough. However, they had not been completed on the day of inspection and fluids were not tallied for the week leading up to inspection. The manager had raised this with staff at a recent staff meeting.
- Where people were at risk of losing weight, there were management plans in place to address this.

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

- Staff told us that people, and their relatives where appropriate, were involved in planning care.
- Care plans, in some cases, reflected people's input and that of their relatives where appropriate. However, more could be done to capture people's involvement in reviews.
- People told us that staff asked them before support was given.

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

- People were supported to have access to outside health and social care professionals. However, although staff knew people very well and supported them to make choices, many people living in the home did not have family or friends to support them and be involved in their care. We discussed the need to ensure advocacy was available from an external source for people as needed.
- A chiropodist, dentist and optician all visited the home on a regular basis. The home had a visiting hairdresser.
- We saw that all changes in health were documented.

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

- Some bedrooms were personalised, and people had their personal items around them.
- There was communal space, and we saw people using the main lounges and dining room.
- There was a pleasant garden area which people used. We saw people going in and out to have a cigarette.
- Development was needed to ensure the environment was more dementia friendly. For example, items around for people to find interesting or stimulate their senses. Including making the lounges homely for people. There was a refurbishment plan in progress to address all areas of the home and this included the use of an assessment tool for good practice for people living with dementia. Some work had been completed.

Staff support: induction, training, skills and experience

- Staff were happy with the training provided.
- Staff said they had regular one to one meetings with the manager and they felt supported. One staff member said, "I get supervision, the most recent was last week."
- Records showed that training was ongoing, and most staff had attended all training. Some training was due to be refreshed and we saw that more training sessions were planned.

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

- The home was visited by the local authority to help improve care for people. There was an action plan in

place which the management team were working through. Some progress had been made, for example, staff training and completion of the fire risk assessment.

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 the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

At our last inspection the provider had failed to ensure people were treated with dignity and respect. This was a breach of regulation 10 (Dignity and Respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 10

Ensuring people are well treated and supported

- People told us that they felt the staff were kind and respectful. One person said, "I like it here, they are very kind to us."
- People's life histories, religion or cultural beliefs, hobbies and interests were recorded in people's care plans. Staff were familiar with these and knew people well.
- Staff were attentive and stopped and chatted with people. We saw staff chatting with people while they supported them.
- Staff were happy in their work which helped to make the atmosphere pleasant. They told us they enjoyed working at the home. The manager had enrolled on a course with the local care providers agency on how to 'Build a culture with dignity' to help further develop the new ethos in the home.

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

- People told us that they felt involved in planning or reviewing their care.
- People told us that they got to choose what care they received. One person said, "You can stay in bed until you would like to get up."
- We heard staff asking people's choices throughout the inspection and gave people options to help them choose. For example, how to spend their day, what they would like to eat.

Respecting and promoting people's privacy, dignity and independence

- People were dressed appropriately.
- Staff were always respectful when speaking with someone. For example, staff complimented a person when they entered the dining room on how they were dressed and patiently supported them to walk to the table.
- Staff knocked on doors before they entered. We discussed with the manager the need to speak with people about other residents entering their rooms to satisfy themselves that people did not mind this. For example, one person sat in their room while another person wandered in and out. We asked the person if they minded this and they said that they did not mind. However, the manager must ensure that the person

was made aware that they could refuse this if they wanted.

- Care plans were stored in a secure office.

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 improved to Good. This meant people's needs were met through good organisation and delivery.

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

- People were happy about the care they received. One person told us, "Sometimes other residents shout and yell. Staff speak to them in a kind way, soothe them when they are distressed."
- We noted that everyone looked clean and tidy. We also saw that staff were prompt when assisting someone if they needed to change their clothes. For example, when they spilt a drink.
- Care plans were detailed and included enough information for staff to be able to support people for care needs.

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

- People told us that they enjoyed activities provided. One person said, "[Activity organiser] is very helpful and friendly. She asked me the first time we met, how I like to pass the time."
- Staff told us that they felt activities in the home had improved since the last inspection and activities were offered every day. The activity organiser worked weekdays and care staff offered them at weekends.
- There were no tactile objects around the home for people living with dementia to hold or see. This was an area the manager told us they were planning to develop.
- On the day of inspection, we saw a cake sale taking place and charades. People were enjoying it. The activity organiser knew people and their interests well.

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.

- There were aids available to support people with communication when they were unable to verbalise or hear choices. One person had a white board and marker which staff used in all interactions with them to help the person understand what they are saying.

End of life care and support

- At times, the service offered end of life care. Care plans were put into place for supporting people. However, the plans did require more detail about how staff could provide comfort and reassurance to people and consider the holistic approach.
- Plans stated if a 'Do not attempt cardio pulmonary resuscitation' (DNACPR) was in place. The person's

preferred place of death was noted and if family were to be informed.

Improving care quality in response to complaints or concerns

- Records indicated that complaints and concerns had been investigated and responded to.
- People told us that they could speak with the manager if they had any concerns. One person said, "Wouldn't worry me if I had concerns, I would tell someone."
- There was a low number of complaints recorded and people told us they were happy.

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 Inadequate. At this inspection this key question has now improved 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.

At our last inspection the provider had failed to bring about improvements in a timely manner and identify concerns found on inspection. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- At the last inspection in May 2019 the appropriate checks and systems were not in place to ensure people received safe and appropriate care, or ensure regulations were complied with. At this inspection we found there was a new manager in post and that action had been taken to address many of the shortfalls found.
 - The service has been rated as requires improvement for the last three inspections. Although at this inspection we have found that progress has been made and the service was improving, the provider must ensure that the next inspection finds them to be rated as Good.
 - The systems used to promote the expected standards in the home included an external assessor carrying out checks, a provider visits and the new home manager completing audits to establish their own baseline.
 - The manager and provider had used the internal governance systems to help them identify issues in the home. An action plan was developed. However, some issues remained as 'a work in progress.' For example, medicines records checks by staff had not always identified the issues.
 - While the management team had ensured that the principles of the Mental Capacity Act had been adhered to, records were not yet fully completed, and this was outside of their timeframes they had set for completion.
 - Audits and checks had identified some areas of development. For example, food and fluid chart completion and medicine recording issues. We saw that the manager was regularly checking these areas and feeding back to staff as needed.
 - We also found that records were not always completed consistently. We reviewed care entries and found in most cases these were completed. However, there were gaps in relation to baths and showers. We discussed with the manager if this was recording issue or baths and showers were not happening as care notes stated, 'personal care given'. Where monitoring charts had been put into place to help ensure everyone had opportunities for baths or showers, these charts were not always completed. The manager told us they were still working on recording charts that worked for the home.

- The provider had introduced an external assessor to the service who was carrying out monthly visits and providing them with actions to help ensure they adhered with standards and best practice. We saw progress was being made with the actions. For example, with the personalisation of care plans.

Continuous learning and improving care

- The learning from the home's recent issues and ongoing performance issues had been shared with the staff for any required actions to be taken. This had a positive impact in relation to the care people received and atmosphere in the home, there had also been improvements in relation to governance and provider monitoring.
- People and staff felt that the home had improved, and everything was going in the right direction.
- Feedback from the manager following the inspection included actions taken straight away to address the areas we raised as needed attention.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- People knew the manager and told us they liked her. One person said, "See this one (pointing to the manager), she is a good one, a really good one." Another person said, "[Manager] is very kind, stops and talks, she's got the real spirit of care homes. She joins in as well, gives out drinks."
- People and staff told us that the manager was visible and approachable. We saw people speaking with the manager freely and comfortably.
- A staff member told us, "I really like the manager, she is always around, checking on everything and giving advice to us."

Engaging and involving people using the service, the public and staff

- People had meetings to discuss the service and there were opportunities to give feedback. One person said, "They invite you to make to make complaints and suggestions. There used to be a box, now a red letterbox."
- Care staff meetings included information about issues in the home, expectations and how they would improve. A staff member said, "Everybody just mixes together, if someone has a good idea then we go with it" There has been a lot of improvement in past 5 months."
- There was a suggestion box that people could use to share their feedback and also a survey to gather people's views. One staff member said, "If someone has a good idea, now we run with it."

Working in partnership with others

- The management team had been working with other agencies to help make improvements.
- The provider was working with the local authority to improve the service provided.
- The service had a membership with a local care provider's association to help ensure knowledge of practice and legislation was up to date.