Hometrust Care Limited

Silver Howe

Inspection report

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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?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Summary of findings

Overall summary

This inspection took place on 17 January 2018 and was unannounced. At the last inspection in December 2016 the service was rated overall as Requiring Improvement and we made two recommendations to the provider. At this inspection we found those recommendations had been completed. However during this inspection we found areas that still required improvement and we have made two new recommendations.

Silver Howe 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. Silver Howe provides personal care and accommodation for up to a total of 30 people. On the day of the inspection there were 28 people residing at Silver Howe. Accommodation is provided over two floors and there is a separate unit (Bluebell) with seven beds for caring for people living with dementia related illnesses. The home is located close to the town centre of Kendal.

There was a registered manager in post. A registered manager is a person who has registered with the (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We received mixed comments from people living and visiting at the home about whether there was sufficient staff. During the inspection we observed people were left unattended for short periods in the communal lounges and dining areas including on the dementia unit. However we saw most people had their needs met in a timely manner.

We have made a recommendation that the provider reviews the dependency needs of people living in the home to ensure the numbers of staff on each shift are sufficient to meet people's needs at all times.

The storage and records for medications had improved since the recommendation we made at the last inspection. We saw medicines were being administered and were being kept safely. However the records for topical medications were not as consistent in quality as the ones for other medications.

Where safeguarding concerns or incidents had occurred these had been reported by the registered manager to the appropriate authorities and we could see records of the actions that had been taken by the home to protect people.

Staff had completed a variety of training that enabled them to improve their knowledge in order to deliver care and treatment safely.

People were only deprived of their liberty if this had been authorised by the appropriate body or where applications had been made to do so. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service

supported this practice.

Where the need for consent was required it was not always obtained from the relevant person.

We have made a recommendation that the provider review their best interest decision making process to ensure it follows guidance outlined in the Mental Capacity Act 2005 in order to gain the appropriate authority for consent.

People were supported to maintain good health and appropriate referrals to other healthcare professionals had been made.

We observed staff displayed caring and meaningful interactions with people and people were treated with respect. We observed people's dignity and privacy were actively promoted by the staff supporting them. People living in the home spoke highly of the staff and told us they were very happy with their care and support.

People were supported to access activities that were made available to them and pastimes of their choice.

Auditing and quality monitoring systems were in place that allowed the service to demonstrate oversight of the safety and quality of the home. Areas of concern that we found during this inspection were promptly addressed by the registered manager.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

Some areas of safety of the service required improvement.

Staff were not always visibly present where some people required a level of supervision.

Prescribed medicines were stored and managed safely. Records for topical medications were not as consistent in quality as ones for oral medications.

Staff knew how to protect people from harm.

Is the service effective?

Requires Improvement

The service was not always effective.

People said they enjoyed the meals provided and appropriate assessments relating to nutritional requirements had been made.

Consent to care and treatment had not always been obtained involving, where required, the relevant person.

Staff had received the appropriate training to fulfil their roles.

Care plans and records showed that people were seen by appropriate professionals, when required, to meet their physical and mental health needs.

Is the service caring?

Good

The service was caring.

People told us they were being well cared for and we saw that the staff were respectful and friendly in their approaches.

Staff demonstrated good knowledge about the people they were supporting and knew their likes and dislikes.

We saw that staff maintained people's personal dignity when assisting them.

Is the service responsive?

Good

The service was responsive.

We saw there were activities which people took part in.

People felt able to speak with staff or the management team about any concerns they had.

Plans were in place to ensure people could record the support they wished to have at the end of their life.

Is the service well-led?

Good

The service was well-led

There were processes in place to monitor the quality of the service.

Staff told us they felt supported and listened to by the registered manager.

People living at the service and their relatives told us the home was well led and had noted improvements in the service under the current registered manager.

Silver Howe

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 17 January 2018 and was unannounced.

The inspection team consisted of two adult social care 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.

Before the inspection, the registered manager completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service to plan our inspection and the areas to look at.

We also looked at the information we held about the service and information from the local commissioners of the service. We also looked at any statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. Some people who lived at the home could not easily tell us their views about their care. 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. It is useful to help us assess the quality of interactions between people who use a service and the staff who support them.

During the inspection we spoke with the registered manager, six people who used the service, four relatives and/or visitors and eight staff including ancillary staff. We observed how staff supported people who used the service and looked at the care records and medication records for seven people living at Silver Howe. We also took note of the comments provided in the most recent service satisfaction surveys completed by people who use the service, relatives, staff and a variety of visiting professionals.

We looked at the staff files for four staff that had been employed. These included details of recruitment, induction, training and personal development. We were given copies of the training records for the whole team. We also looked at records of maintenance and repair, the fire safety records, food safety records and quality monitoring documents.

Requires Improvement

Is the service safe?

Our findings

We received mixed comments from people who lived and visited Silver Howe about staffing in the home. One person said, "I don't think there is enough staff but the quality of staff has improved." Another person said, "There is more or less enough staff. Sometimes I have to wait for help." We were also told, "Christmas was rough because of staff shortages and some staff working too many shifts."

We observed there were times that no staff were present in the communal areas to respond to peoples requests for example assistance with mobility. This was more noticeable during the morning as in the afternoon the activities coordinator was present in the main lounge and went to get a care worker if people requested support.

We looked at the staffing rotas for two weeks before the inspection, the week of the inspection and for the following week. We saw that there was a structured team of staff and a designated senior on every shift. We saw that the number of staff on each shift varied on the odd occasion where absences had occurred. The numbers of staff on duty was determined by the dependency needs of people living in the home. There were five care workers in total on the morning shift. One of which was based on the Bluebell unit.

We observed the staff team worked collaboratively to ensure that support, when it was requested, was provided by one of the other three care workers to support on Bluebell unit. This was observed to cause a short delay in people receiving support. The registered manager collated information about people's needs and that indicated the numbers of staff required on each shift. We discussed our observations and the comments people had made about the differences of experience about staffing with the registered manager.

We recommend that the provider reviews the dependency needs of people living in the home to ensure the numbers of staff on each shift are sufficient to meet people's needs at all times.

At the last inspection we made a recommendation that the provider completed written individual care plans to manage PRN (as and when required) medications and ensured the storage of controlled drugs met with legal requirements. During this inspection we saw medicines were stored appropriately and a new medicines cabinet had been installed for storing controlled drugs. We found suitable care plans, risk assessments and records were in place in relation to the administration of medicines. However we noted and informed the registered manager the records for the administration of topical medicines were not as consistent in quality. We saw there were new plans in place that outlined when to administer PRN medication. There were procedures in place for the ordering and safe disposal of medicines.

We looked at four staff files for recruitment and saw that most of the necessary checks on employment had been completed. We discussed with the registered manager how they ensured that all of the checks about previous employment relating to working with vulnerable adults or children were made .At the last inspection we made a recommendation that the provider followed their own policy and procedures when employing people. We saw that the registered manager had made changes in the audit checks on the

recruitment of staff to ensure they followed the policies.

Records relating to any risks associated with people's care and treatment were current and accurate. Each care record had detailed information about the risks associated with people's care and how staff should support the person to minimise the risks. Staff we spoke with had a good understanding of how to protect people from harm. They understood their responsibilities to report any safeguarding concerns to a senior carer or to the registered manager.

We looked at records of the accidents and incidents that had occurred. These had been reviewed in detail by the registered manager and where actions were required to prevent further incidents these had been implemented. We also saw that where necessary appropriate treatment had been sought and notifications to the appropriate authorities had been made.

The premises were well maintained and decorated. Maintenance checks were being done regularly and we could see that any repairs or faults had been highlighted and acted upon. There was a cleaning schedule in place and records relating to premises and equipment checks to make sure they were clean and fit for the people living there.

Requires Improvement

Is the service effective?

Our findings

People living at Silver Howe told us they enjoyed the food. One person said, "The food is good and I do enjoy it." Another person told us, "The food is really good and there is plenty." We saw meals were served where people chose to have them. A relative said, "The food is quite good and my relative has a very good appetite but the presentation could be better." We observed that not all people received timely support with their meals on the Bluebell unit as there was only one care worker supporting them.

We saw people had nutritional assessments completed to identify their needs and any risks they may have when eating. Where people had been identified as at risk of malnutrition and weight loss we saw that this had been appropriately managed. We saw people were offered snacks, fresh fruit and drinks throughout the day.

We looked at the staff training records which showed what training had been done and what was required. We saw staff had completed induction training when they started working at the home. Staff had received regular updates on important aspects of their work such as continence care. Staff we spoke with told us they received regular supervisions to support them in their roles and often had their competencies checked.

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are 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 were being met. At the time of the inspection appropriate authorisations were in place and relevant applications had been made to the local authority for people living at the home whose liberties were being deprived.

We saw that people and their relatives had been involved, consulted with and had agreed with the level of care and treatment provided. Best interest meetings had been held to assist people who were not always able to make difficult decisions for themselves. However we did not see that the best interest decision process had been recorded consistently for people living in the home. We also found the consent to care and treatment was not always obtained from the relevant person. Checks had not always been made to confirm if those people consenting had the legal rights to make decisions.

We recommend that the provider review their best interest decision making process and the obtaining of consent to ensure it follows guidance outlined in the Mental Capacity Act 2005.

We saw from people's records that there was effective working with other health care professionals and support agencies such as local GPs, community nurses, mental health teams and social work teams. People were supported in managing their health and wellbeing needs by appropriate referrals being made to external services. A relative told us, "The doctors and district nurses come in all the time and if my relative needs them, the staff will call them in." Another person told us their relative had been in the home for five months and the improvement in their health is marvellous." A health professional commented, "Staff are always positive and professional on my visits."

We saw that people had been able to bring some personal items into the home with them to help them feel more comfortable with familiar items and photographs around them. Bedrooms we saw had been personalised to help people to feel at home and people were able to spend time in private if they wished to.The décor and signage on Bluebell unit was very conducive to supporting people living with dementia.

Good

Is the service caring?

Our findings

People who lived at Silver Howe who we spoke with told us they were "Very happy" and liked living there. One person we spoke with said, "I like it here. The staff take good care of me". Another person said, "The staff are really nice. It's a nice home." We told by a relative, "My [relative] has had good care since they arrived here". Another person said," There is always such a friendly atmosphere. It's a real homely place."

We used the Short Observational Framework for inspection, (SOFI) to observe how people, who could not easily express their views, were being supported and approached by staff. We saw that the interactions between staff and people living in the home demonstrated respect and an understanding of people's needs. Staff treated people with genuine affection, care and concern.

We observed staff knock before entering people's rooms. The staff took appropriate actions to maintain people's privacy and dignity. All of the people we spoke with said the staff supported them to do as much as they could for themselves so as to maintain their independence.

We saw that people's care records were written in a positive way and included information about the tasks that they could carry out themselves as well as detailing the level of support they required. This helped people to maintain their skills and independence. Care records showed that care planning was centred on people's individual views and preferences. People and their families were encouraged to talk with staff about the person's life. This helped the staff to know the things that mattered to individuals as well as the care they needed.

We were told independent advocacy could be arranged for people who did not have relevant others to help them in making important decisions. Advocates are people who are independent of the service and who can support people to make important decisions and to express their wishes.

We looked at the arrangements in place to ensure equality and diversity and that support was provided for people in maintaining important relationships. People told us they had been supported to maintain relationships that were important to them and to follow the religion of their choice. People told us their families and friends could visit them as they wished. A relative told us, "I visit the home at different times of the day and the care appears very consistent."

Good

Is the service responsive?

Our findings

The home had recently appointed an activities coordinator who worked flexibly. They provided an afternoon of sing along during our visit. We saw that people who attend thoroughly enjoyed it and joined in. People told us about the different things they could chose to do. One person told us, "I enjoy reading and watching films." Another person said, "I don't often do a lot in the day but I do like to play skittles." A visitor to the home told us, "The entertainment is great for the age group."

We looked at the care records for seven people living in the home. Each person had a care plan that was tailored to meet their individual needs. We saw that a full assessment of people's needs had been completed prior to admission to the home to determine whether or not they could provide people with the right level of support they required. Care plans recorded people's preferences and provided information about them and their family history. This meant that staff had knowledge of the person as an individual and could easily relate to them.

From the records we saw information available for staff about how to support individuals was very detailed and current. We saw that people's health and support needs were clearly documented in their care plans along with personal information and histories. We could see that people's families had been involved in gathering background information and life stories. A member of staff said, "We read the care plans and information is shared at every handover so that we are up to date with any changes in residents' care."

People told us they had been asked about their care needs and been involved in regular discussions and reviews. We were told, "I am always asked about and involved in my relatives care. We have meetings to discuss present and future plans." A number of people who lived in the home could not easily express their views or wishes about the care and support they received. From speaking to staff and observing how they supported individuals we saw that the staff were knowledgeable about the needs of people who were living at the home.

Everyone we spoke with said they knew how to make a complaint and would feel comfortable doing so by speaking with any member of staff. We looked at how complaints were managed and found that the last formal complaint received was in June 2017. The registered manager told us she preferred to deal with issues as they arose. However we noted that the investigation into a complaint made in May 2017 had not addressed one of the issues that had been raised. We discussed this with registered manager who reassured us that she would pursue it.

We saw that people's treatment wishes had been made clear in their records about what their end of life preferences were. The records we looked at contained information about the care people would like to receive at the end of their lives and who they would like to be involved in their care.

Good

Is the service well-led?

Our findings

People we spoke with told us they thought the home was well managed. One person told us, "The manager listens to me". Relatives we spoke with told us the home had improved under the leadership of the registered manager. One person said, "Since this manager came things are going in the right direction." Another said, "There has been a vast improvement in the last eighteen months and things continue to improve." A visiting professional had commented, "The home seems to be going from strength to strength. Has great staff and the manager is fabulous."

At our last inspection in December 2016 the home was rated overall as requiring improvement and we made two recommendations to the provider. At this inspection we found that the registered manager and provider had acted on those recommendations.

The provider had asked a variety of people for their views on the quality of the service via a satisfaction questionnaire. As well as informal discussions with people and their relatives about the quality of the home, we also saw resident meetings had taken place. These were for the service to address any suggestions made that might improve the quality and safety of the service provision.

There was regular monitoring of any accidents and incidents and these were reviewed by the registered manager to identify any patterns that needed to be addressed or lessons to be learnt. Providers of health and social care services are required to inform us of significant events that happen such as serious injuries and allegations of abuse. Where required we had been notified of any incidents and accidents and appropriate referrals had been made to the local authority.
This meant we could check that appropriate actions had been taken.

The auditing and quality monitoring systems that were in place were adequate in identifying any concerns relating to the safety and quality of the home. The oversight of quality and safety in the home was also monitored regularly by registered managers of the provider's other homes that visited on behalf of the provider. Maintenance checks were being done regularly and we could see that any repairs or faults had been highlighted and acted upon. Where actions had been required to improve thing these had been noted and addressed by the registered manager.

The service worked in partnership with other healthcare professionals such as district nurses and GPs. Referrals had been made to relevant professionals when required.