Leonard Cheshire Disability

Honresfeld - Care Home with Nursing Physical Disabilities

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?	Requires improvement

Overall summary

This was an unannounced inspection which took place on 24 and 25 February 2015.

We previously inspected this service on 24 July 2014 and found that one of the five regulations we assessed was not being met. We made a compliance action that required the provider to make the necessary improvements in relation to assessing and monitoring the quality of service provision.

Following the inspection of 24 July 2014 the provider sent us an action plan telling about the action they were going to take in order to ensure compliance with the regulations.

Honresfeld is situated in Littleborough and is registered to provide personal and nursing care and accommodation for up to 28 adults over the age of 18 years with physical disabilities. There are 28 single

Summary of findings

occupancy bedrooms. This was an unannounced inspection which took place on 24 and 25 February 2015. There were 24 people living in the service at the time of our inspection.

The home had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission 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 found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

Although people who used the service told us they felt safe they expressed concerns about staffing levels and the frequent use of agency nurses.

Current staffing levels were inadequate which meant that people's care and support needs were not being met safely.

We saw that the systems in place for the management of medicines did not properly protect people who used the service.

We found that recruitment procedures were thorough so that people were protected from the employment of unsuitable staff.

Safeguarding procedures were robust and members of staff understood their role in safeguarding vulnerable people from harm.

Members of staff received regular training in order to ensure they had the skills and knowledge to provide effective care for people who used the service. However, the registered nurses expressed concern about the lack of training available for them in procedures relating to catheter care.

Although people who used the service had differing views about the meals provided we were told that alternatives to the menu were always available.

People were registered with a GP and had access to a full range of other health and social care professionals.

People who used the service told us they liked living at the home. We saw that members of staff were respectful and spoke to people who used the service in a courteous and friendly manner.

We saw that care plans included information about people's personal preferences. These plans were reviewed regularly and updated when necessary to reflect people's changing needs.

Leisure activities were routinely organised within the home and in the local community. A computer with internet access was also available for people to use at any time.

People who used the service and their representatives were encouraged to express their views about the service by completing an annual survey. Regular meetings were also held for people to discuss leisure activities and trips out.

We saw that systems were in place for the registered manager to monitor the quality and safety of the care provided.

Members of staff had some concerns about how the home was being managed. We have alerted the company's operations manager to these issues to enable further investigation.

Summary of findings

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. The arrangements in place for the management of medicines did not properly protect people who used the service.

Staffing levels were not always sufficient to safely meet the needs of people who used the service.

Members of staff knew the action they must take if they witnessed or suspected any abuse.

Requires improvement

Is the service effective?

The service was usually effective. People told us the meals were usually good and alternatives to the menu were always available.

Registered nurses had not been provided with training in some procedures related to catheter care.

People were registered with a GP and had access to other health and social care professionals.

Requires improvement

Is the service caring?

The service was caring. People who used the service told us they liked living at the home and received the care and support they needed.

We saw that members of staff treated people with dignity and respect.

Good

Is the service responsive?

The service was responsive. People who used the service were given the opportunity to take part in activities organised within the home and in the community.

Peoples care plans were reviewed regularly to enable members of staff to provide care and support that was responsive to people's needs.

A copy of the complaint's procedure was available in each bedroom. No complaints had been made to CQC or the local authority during the last year.

Good

Is the service well-led?

The service was not well-led because staff had unresolved issues about how the home was managed. However, a meeting with the managers and representatives of the staff association had been arranged to try and resolve the problems.

There were systems in place for assessing and monitoring the quality of the service provided.

Requires improvement

Honresfeld - Care Home with Nursing Physical Disabilities

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.

Our unannounced inspection at Honresfeld took place on 25 February 2015. During the inspection we spoke with four people who used the service, four visitors, 11 care workers, three registered nurses, the cook, the care supervisor/ deputy manager and the registered manager.

The inspection team consisted of two inspectors.

Before our inspection visit we reviewed the information we held about the service. This included notifications the provider had made. We did not request any further information from the provider prior to this inspection. We contacted the local authority safeguarding team and the commissioners of the service to obtain their views about the service. We had also received information from two anonymous sources expressing concerns about staffing levels at Honresfeld.

During our inspection we observed the support provided by staff in communal areas of the home. We looked at the care records for four people who used the service and medicines administration records for eight people. We also looked at the training and supervision records of three members of staff, minutes of meetings and a variety of other records related to the management of the service.

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Requires improvement

Is the service safe?

Our findings

Two people who used the service told us they felt Honresfeld was a safe place to live. One person said, "Yes I feel safe. There is plenty of staff." Another person said, "I have my own personal carer. I'm definitely safe." However, two people expressed concerns about staffing levels, their comments included, "There could be more staff", and "Sometimes we are short on nurses." One visitor said, "There is not enough regular staff, too many agency staff. The agency staff are not clued up enough to help people so vulnerable." Another visitor said, "I do feel he's safe. But I'm always concerned I have to push to get what he needs."

All the care workers and registered nurses we asked expressed concerns about staffing levels. Members of staff were also concerned about the frequent use of agency nurses employed to cover for the shifts of registered nurses who had left. Although the care supervisor explained that they tried to book the same agency nurses this was not always possible. This meant that people who used the service were being cared for by agency nurses who were not always familiar with their care needs and personal preferences.

The registered nurses were also concerned about the reliability of agency nurses and reported that on a number of occasions the agency nurse had not reported for duty. This meant that the nurse was unable to leave the home at the end of their shift and was required to work the next shift which was usually the evening or night shift. This meant that people were being cared for by a registered nurse who was tired and therefore at increased risk of providing unsafe care.

One care worker explained that because of staff shortages they were behind with baths and showers for people who used the service. The care records we looked at confirmed that one person had not been assisted to have a bath for 10 days and another person had not been assisted to have a shower for 13 days.

Three people who used the service required constant supervision and support throughout the day and one of these people also required constant supervision throughout the night. These three people were each allocated a dedicated care worker throughout the day. Additional funding had been provided to cover the cost of this support. However, there was only one other care worker allocated to that part of the home and four people in that section required the assistance of two care workers with personal care. Members of staff told us that one of the care workers designated to provide constant supervision was required to leave that person alone in order assist their colleague. This practice could put people who used the service at risk of harm or injury.

On the second day of our inspection the member of staff working in that part of the home told us that she had been required to provide constant supervision for one person whilst the allocated care worker had a break. This had left other people without a member of staff to support them. During this time the care worker heard another person who used the service crying because they had fallen. Although the person wasn't injured the lack of staff supervision increased the risk of accidents and injuries to people who used the service.

We discussed staffing levels with the registered manager and the care supervisor and on the second day of the inspection we were shown a staffing tool developed by the company. This tool mapped the care required by people who used the service against the number of staff required to carry out that care. According to this staffing tool there were sufficient staff on duty to meet the needs of people who used the service. Whilst the dependency tool showed sufficient staff to be available this was not supported by our observations and discussions.

An inadequate staffing level was a breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We discussed safeguarding procedures with three members of staff. All three staff members had a good understanding of safeguarding procedures and were clear about the action they must take if abuse was suspected or witnessed. Training records confirmed that members of staff had received training in identifying and reporting any incidents or allegations of abuse.

A copy of the whistle blowing procedure was included in the staff handbook which was supplied to all members of staff. There was also a leaflet about whistle blowing available in the staff duty room. The registered manager told us that she would take immediate action if any allegations of poor practice were reported to her.

We looked at the care plans of four people who used the service. These plans identified the risks to people's health

Requires improvement

Is the service safe?

and wellbeing such as falling, nutrition and the formation of pressure sores. Guidance for staff to follow about how to manage identified risks in order to promote people's safety and independence were also included in the care plans.

We saw that suitable arrangements were in place for the safe storage of medicines which reduced the risk of mishandling. Registered nurses were responsible for the management and administration of medicines. We looked at the medicines administration records of eight people who used the service and found these did not always include details of the amount of medicines received into the home. Handwritten instructions were not signed and witnessed by another member of staff to indicate the instructions had been copied correctly. We noted that on several occasions three medicines administration records had not been signed to state whether people had actually taken their medicines or a reason given if they had not.

We checked medicines records against current stock and found some medicines did not add up correctly. We were also unable to accurately audit some medicines because the packets were not dated when they were opened. The lack of clear and accurate records makes it difficult to check whether people have received their medicines correctly as prescribed and also increased the risk of mistakes being made.

The nurses we spoke with told us that due to the complex needs of people who used the service it could take between three and four hours to give people their medicines.

The lack of appropriate systems to ensure the safe management of medicines in the service was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We looked at the files of three members of staff. These files included an application form with details of previous employment and training, an interview record and evidence that a criminal records check had been obtained from the Disclosure and Barring Service. However, two of the files we looked at contained only one written reference. These checks helped to ensure that people who used the service were protected from the employment of unsuitable staff.

We looked round the premises and found that the home was clean and tidy. However, we saw that several members of staff were wearing clothes with long sleeves and some staff were also wearing jewellery such as rings and bracelets. This form of dress increased the risk of spreading infection and causing harm to people who used the service. The care supervisor told us that it was company policy that the staff team were not required to wear a uniform. However, the guidelines in place about work wear stated that staff should wear clothing appropriate to their role and the company would provide each member of staff with two tee or polo shirts per year. The guidelines also stated that jewellery should be kept to a minimum.

We saw records to demonstrate that equipment used at the home was serviced regularly. This included fire safety equipment. A personal evacuation plan (PEEP) was in place and kept in the bedroom of each person who used the service. This meant that members of staff had written directions to follow about the support each person required in the event of an emergency which required evacuation of the premises. A business continuity plan was also in place. This plan provided information for staff about the action they should take in the event of an emergency which seriously affected the operation of the service.

Requires improvement

Is the service effective?

Our findings

Discussion with people who used the service and their visitors confirmed that the care provided was usually effective. One person said, "The girls who have been here a long time are good." The relative of one person said, "His named nurse is superb. So consistent."

It was clear from the information contained in the four care plans we looked at that people who used the service and their representatives had been involved in the care planning process. Where possible people who used the service had signed a consent form to confirm that they agreed with the care provided. The consent form also agreed to the sharing of information with other health and social care professionals. We saw that care plans were reviewed monthly and updated when the needs of the person changed. This meant that members of staff had up to date information about each person in order to provide consistent care.

The registered manager showed us records which clearly identified when members of staff had completed training and when further training was required. We looked at the personnel files of two members of staff and found they contained records of the training they had completed. This confirmed that a rolling programme of training was in place in order to ensure that all members of staff were kept up to date with current practice. Training included health and safety, first aid, moving and handling, infection control, fire safety, food hygiene and nationally recognised vocational qualifications in health and social care. New employees were required to complete a structured induction programme which involved completing mandatory training such as moving and handling, completing a workbook and shadowing more experienced staff until they were confident in their designated role.

All the registered nurses we spoke with expressed concern about the lack of training available for them in procedures relating to catheter care. This meant they could not provide effective care for people who used the service. When any problems with catheter care occurred it often necessitated calling an ambulance and transferring the person to hospital. This meant that people who used the service had to wait longer for treatment when they were experiencing discomfort due to a blocked catheter.

There was a system in place to ensure that all members of staff had regular supervision meetings with the registered manager or the care supervisor. At these meetings work related issues and training were discussed. The registered manager told us that the annual appraisals for the staff team were due and showed us the forms which would be completed during this process.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) is part of the Mental Capacity Act 2005 which aims to make sure that people in care homes who are unable to make decisions about their own care and treatment are looked after in a way that does not inappropriately restrict their freedom. The registered manager, the care supervisor and senior staff at the home had received training in the Mental Capacity Act 2005 and DoLS.

The registered manager told us that five people who used the service were subject to authorisations under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). We saw that appropriate documentation which had been reviewed as required by law was in place.

People who used the service had differing views about the meals. One person said, "The food could be better." Another person said, "The food some days it's good, some days not. There's another choice if I don't like it." The relative of one person said, "The food is very good. If she doesn't like what's on the menu she can pre-order what she does like." We found that people were supported to choose their own meals and the cook told us that alternatives to the menu were always available. We saw mealtimes were unhurried allowing people time to chat and enjoy their food. Care workers chatted to people and offered appropriate help and encouragement when necessary. People's weight was checked and recorded monthly or more frequently if weight loss or gain needed to be monitored.

Each person was registered with a GP who they saw when needed. The care plans we saw demonstrated that people had access to specialists and other healthcare professionals such as dieticians, speech therapists, podiatrists, dentists and opticians. Records were kept of all appointments and any visits from health care professionals so that members of staff were aware of people's changing needs and any recurring problems.

Good

Is the service caring?

Our findings

People who used the service told us they liked living at the home and received the care and support they needed. Their comments included, “I love it here. The care is good”; “They are the nicest carers I’ve ever been with” and “It is a very nice friendly home.” The relative of one person said, “She is very well looked after.” We observed members of staff supporting people in a patient and empathetic manner.

The members of staff we spoke with understood the importance of promoting people’s privacy and dignity. We saw that members of staff knocked on people’s bedroom doors before entering. We also observed that staff spoke to people in a courteous and friendly manner. One person said, “Dignity and privacy are always respected.” We saw that people had their own bedrooms which meant they had the privacy they needed. People could also choose whether to spend time in their own room or communal areas of the home. Communal rooms were spacious and suitable for a variety of leisure and cultural activities.

Arrangements were in place for the registered manager or a senior member of staff to visit and assess people's personal and health care needs before they were admitted to the home.

The person and their representatives were involved in the pre-admission assessment and provided information about the person’s abilities and preferences. Information was also obtained from other health and social care professionals such as the person’s social worker. This process helped to ensure that people’s individual needs could be met at the home.

The four care plans we looked at included a one page profile about people’s individual likes and dislikes. The members of staff we asked were knowledgeable about people’s personal preferences and knew how to provide care and support that was person centred and promoted people’s dignity and independence.

The registered manager told us that visiting was unrestricted. We noted that throughout the day of our inspection visitors were welcomed into the home. People who used the service could receive their visitors in communal areas of the home or their own room.

Good

Is the service responsive?

Our findings

People who used the service told us they were given choices about the care and support they received. People said they had chosen their own furniture and colour schemes in their bedrooms. One person said, "The majority of time I live as I wish."

We saw that care plans described people's individual likes and dislikes and how these might influence their routine. One staff member said, "There are a couple of people who want to get up early, they have the choice."

We found that people who were unable to communicate verbally were supported to use other methods to express their needs and wishes. These methods included the use of pictures, photographs and communication keyboards which allowed people to make known their needs in writing.

We observed that staff members responded to people's questions and concerns in a friendly and well-mannered way. However, the relative of one person said, "She was lying on her bed screaming in pain. I insisted she was referred to the pain clinic. I used to tell the nurses she was in pain but eventually I insisted."

We saw that people's care records were kept under review and were usually updated when necessary to reflect people's changing needs and any recurring difficulties. Where possible people who used the service or their representatives were involved in these reviews. However, the care records for a person who required dressings to a wound were confusing and did not provide clear directions for staff to follow. A care plan and wound monitoring chart were not in place explaining the type of dressing to be used, how often the dressing should be changed and whether or not the wound was healing. The daily report on one occasion stated that the dressing did not appear to have been changed for four days and the wound looked to have deteriorated. This meant that the person was not receiving appropriate care that was responsive to their needs.

People were encouraged to pursue their own interests and hobbies. One person told us they liked to watch the birds outside and staff had put out a bird table and a number of feeders to enhance their enjoyment.

There was a designated room where activities took place. People who used the service could access this room at any time. An activities organiser assisted by volunteers was responsible for organising leisure activities at the home. These included games such as dominoes and bingo, exercise class, music therapy and watching films. One person said, "There is an activity coordinator, she's very good." Another person said, "There's bingo, cinema and all sorts of stuff." The activities organiser told us there was also a computer with internet access in the activities room which was available for people to use at any time. People who used the service told us they went out regularly for meals, to visit the shops, theatre, cinema and local attractions such as Hollingworth Lake.

A copy of the complaints procedure was displayed in the home and included in the service user guide supplied to each person on admission to the home. One person said, "I made a complaint a while ago and it was taken up and they made changes for the better." Another person said, I can't complain at all. It is very good." The relative of one person said, "I don't feel like I could go to the manager with a concern. I would get straight on to Leonard Cheshire itself." No complaints had been made to CQC or the local authority during the last year.

People who used the service and their relatives were given the opportunity to complete satisfaction questionnaires annually in February. Comments written on the most recent survey included, 'I can't praise Leonard Cheshire enough' and 'I love the service here'.

People who used the service and their representatives were also encouraged to express their views about any aspect of life at the home. Minutes of the last meeting held in January indicated that leisure activities and fund raising had been discussed. One person said, "There is a meeting three or four times a year. We talk about the home and trips out. It happens sometimes, after we have talked about it."

Requires improvement

Is the service well-led?

Our findings

People who used the service and their relatives had differing views about how the home was managed. Their comments included, “The manager is a very nice lady to deal with. If she can help she will.”; “The manager is very approachable.” and “The manager is not very visible.”

The registered manager of Honresfeld was supported by senior managers from within the company. A care supervisor had recently been appointed to assist and deputise for the registered manager when necessary.

We brought forward this inspection because of information of concern we had received about how the home was being managed. We found that staff morale was extremely low and all except two of the 17 members of staff with whom we spoke expressed concerns about how the home was being managed. Members of staff told us that they felt stressed and did not always have time to take proper breaks because of inadequate staffing levels and the complex nursing and care needs of people who used the service. Members of staff told us that the registered manager and care supervisor (deputy manager) were unapproachable and that the office door was always closed. The manager and care supervisor told us that they had an ‘open door ‘ policy and felt they were being criticised for some of the changes they were making at the home. However, a member of staff told us that a meeting with the managers and representatives of the staff association had been arranged to try and resolve the problems. We have also alerted the company’s operations manager to these issues to enable further investigation.

There were systems in place for assessing and monitoring the quality of the service provided.We saw that audits completed regularly included health and safety, management of medicines and the environment. Details of all accidents were entered into the computer for staff at head office to analyse and determine whether any further action was required. However, we were not shown any evidence to demonstrate that care plans were audited in order to ensure that they contained all the required information.

The registered manager showed us the minutes of the most recent staff meetings. Separate meetings for registered nurses and senior care workers were held in February 2015. At these meetings issues relating to the care of people who used the service were discussed. A meeting of the staff team took place in January 2015 where care related issues and training were discussed.

Staff handover meetings took place at the beginning of each shift. This informed staff coming on duty of any problems or changes in the support people required in order to ensure that people received consistent care.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines People were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing Inadequate staffing levels put the health and safety of people who used the service at risk.