

Worcestershire County Council

Howbury House Resource Centre

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection was unannounced and took place on 28 February 2017. We arranged with the registered manager to return on the 3 March 2017 to finish our inspection.

The home is registered to provide accommodation and personal care, for a maximum of 32 people. There were 25 people living at the home on the day of the inspection.

At the last inspection on 22 and 24 July 2015 the service was rated as good. Since the last inspection the home has changed from providing rehabilitation services to providing longer term residential care. There was a registered manager in place at the time of our inspection. 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.

People told us they felt safe and well cared for. Staff were able to demonstrate they had sufficient knowledge and skills to carry out their roles effectively and to ensure people who used the service were safe. People told us staff were available and responded when they needed care.

People were cared for by staff who were trained in recognising and understanding how to report potential abuse. Staff knew how to raise any concerns about people's safety and shared information so that people's safety needs were met. People were supported by staff to have their medicines when they needed them.

The registered manager was aware of their responsibilities in regard to the Deprivation of Liberty Safeguards (DoLS) and had submitted applications where they had assessed that people were potentially receiving care that restricted their liberty. Staff sought people's consent before providing care and provided choices so people could choose the support they received.

People told us they enjoyed meals times and were very positive about the choice and quality of the food they received. They told us they were offered a choice of drinks throughout the day. People were supported to access health care professionals and staff responded to the advice received in providing care to people.

People told us staff were caring and we saw people were comfortable around staff providing care. Relatives told us people had developed good relationships with staff and they felt welcomed into the home whenever they visited. Relatives said people's privacy and dignity was maintained and our observations supported what relatives told us.

People we spoke with told us they got the care and support they wanted and they chose how they spent their day. Staff told us that activities could be improved to support people's interests and the registered manager was in the process of planning new activities to make improvements.

People were involved in making day to day decisions about their care and said staff listened to them and they felt confident they could raise any issues should the need arise.

Staff said that the service had been through a period of change. They acknowledged recent improvements had been made but said further improvements were needed in activities. People, relatives and staff spoke positively of the management team and of the team work of the staff team.

People and relatives said the registered manager was approachable. Staff spoke highly of the registered manager and staff said they were supported through team meetings and training to provide care and support in line with people needs and wishes. The quality of service provision and care was monitored and actions taken where required to improve people's experience of living at the home.

People and relatives were positive about the care and support they received and the service as a whole.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People received support from staff to help them stay safe. Staff knew how to recognise risks and report any concerns

Staff supported people to take their medicines when they needed them.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who received training and on-going support to enable them to provide good quality support.

Staff were knowledgeable about people's support needs and sought consent before providing care.

People enjoyed meal times and were very positive about the choice and quality of the food they received. People were supported to access external health professionals.

Is the service caring?

Good ●

The service was caring.

People told us they were supported by staff who were kind and caring.

People felt listened to and received care that respected their dignity and privacy.

Is the service responsive?

Good ●

The service was responsive.

People we spoke with told us they got the care and support they wanted and they chose how they spent their day. Staff told us that activities could be improved to support people's interests and the registered manager was in the process of planning new activities to make improvements.

People and relatives were supported by staff to raise any comments or concerns and felt listened to.

Is the service well-led?

Good 

The service was well-led.

People were cared for by staff that felt supported by the registered manager and praised the team work of the staff group.

The management team had systems in place to check and improve the quality of the service provided and take actions where required.

Howbury House Resource Centre

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 was planned to check 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.

On the 28 February we conducted an unannounced visit. We arranged with the registered manager to return on the 3 March to finish our inspection. The inspection team consisted of one inspector. As part of the inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law. We requested information about the home from Healthwatch; an independent consumer champion, which promotes the views and experiences of people who use health and social care. We used this information to focus our inspection.

During our inspection we spoke with seven people who lived at the home. We also spoke with eight relatives and two visiting healthcare professionals. 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.

We spoke to the interim provider services manager, the registered manager, a senior carer, four care staff, a member of the domestic staff and the catering supervisor. We looked at records relating to the management of the service such as, care plans for four people, the incident and accident records, quality assurance records, medicine management and two staff recruitment files.

Is the service safe?

Our findings

People told us staff looked after them and they felt safe. One person told us how staff supported them by making sure they were close by when they needed assistance. They said, "Staff are there if I need them and make sure I'm safe. It gives me confidence they are close by."

Staff we spoke with showed an awareness of how they would protect people from harm. They shared examples of what they would report to management or other external agencies if required. All staff we spoke to confirmed they had attended safeguarding training and had an understanding of the different types of abuse. Staff were confident that people were treated safely and were able to raise concerns with the registered manager if they needed to. They said they were confident that action would be taken as a result.

People told us staff helped them stay safe. One person told us, "I can shower myself but staff are there if I need them and make sure I'm safe." Staff we spoke with were clear about the help and assistance each person needed to support their safety. We spoke to staff they told us of the risks they needed to be aware of when providing care and the actions they would take to keep the person safe. For example, we saw staff helping people with their mobility and using equipment, this was done safely with staff giving reassurance throughout.

People told us staff were available if they needed them. One person said, "Staff come when you need them. They [staff] are very good." Another person told us, "If you need staff you ring a bell and they come." Seven relatives we spoke with told us they had no concerns with staff levels and staff were available to support their family members. One relative said, "There is sufficient staff at different levels to ensure it works well." Another relative commented, "There's always staff around and they always respond when needed."

The registered manager told us staff levels were based on the care needs of the people at the home. Both the registered manager and interim provider services manager confirmed that if there was an increase in the amount of support needed then the staffing would be changed to respond to this.

We checked the recruitment records of two staff and found the necessary pre-employment checks had been completed and that staff were only employed after essential checks to ensure that they were suitable to carry out their roles. Staff had a Disclosure and Barring Service (DBS) check in place. A DBS check identifies if a person has any criminal convictions or has been banned from working with people in a care setting. These checks helped the provider make sure people living at the home were not placed at risk through their recruitment process.

People that we spoke with told us staff looked after their medicines and they were supported to take their medicines when they needed them. One person told us, "My medicines are all locked up for me, staff come in twice a day, I've had no problems." One person told us how staff supported them with their pain relief, they said, "I tell staff if I am in pain and they get me my tablets."

Medication at the home is stored in individual locked cabinets in each person's room. One member of staff

told us they felt this helped with the administration of medicines, as it reduced the risk of different people's medicines being mixed up. We saw that a record was maintained of medicines given and staff told us they had received training on medication management. One member of staff told us they had recently been observed giving medicines to check knowledge and practice. We saw examples where management had identified practice issues actions, like additional training for the member of staff, had been taken.

Is the service effective?

Our findings

People we spoke with felt staff had the knowledge to support them with their needs. One person told us, "Staff know how to care for me; no worries about that!" Two relatives spoke positively about staff and gave examples of how they had supported their family member's health needs. One relative said when their family member went into the home, "We noticed a difference immediately, their health went straight up."

Staff told us they had undertaken a range of training so they could provide the support and care people living at the home needed. Staff were able to give examples of how training had impacted on the care they provided. For example, one member of staff told us about training on mobility equipment which made them more confident in their support to people.

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 told us that staff sought their consent before providing care and they could choose the support they received. We saw staff asking for people's consent before providing support. One person told us before staff supported them, "They always ask me if I'm OK with it." We saw that when one person refused support the staff member respected this and said they would come back later to check again. One person told us, "I choose what I do." We saw that where one person needed help in making an important decision, a best interest meeting had been held with their relatives, staff and their social worker.

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. The application 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 saw that the registered manager had submitted applications where they had assessed that people were potentially receiving care that restricted their liberty. We saw that people moved around the home freely and could choose how to spend their day in their own home. One relative told us, "[Family member] walks around the whole home and chats to people."

People, relatives and staff were all very complimentary about the food, which they told us was good quality and that a choice was always offered. One person said, "The food is really very good and there's a good choice both lunch and evening." Another person said, "The food is good, I really enjoy it." On the day of our inspection people told us they had enjoyed their lunch. We saw that where people required assistance with their meal, they were supported by staff at the person's own pace.

We saw that people were supported with drinks throughout the day. One person said, "They [staff] are always offering you a drink." We saw two people offered a drink; one person accepted the offer of a hot drink, which they said was their favourite. The second person said they did not want a hot drink, so a choice

of cold drinks was offered.

We spoke to the catering supervisor who was knowledgeable about people's individual dietary needs, for example where people required softened meals. They told us how catering staff met with people when they first came into the home to discuss their likes, dislikes and preferences. They told us they liaised with care staff where people required a change in their diet. For example, one person required softened food, however they did not like the consistency and were not eating well. A referral involving care staff and catering staff was made to the speech and language therapy team (SALT) a change was agreed.

The catering supervisor visited people during meals times to get feedback on the food. They told us, "I like to if people are enjoying the food." They told us they had noted that some people were choosing a later breakfast, in response they were discussing with the registered manager the benefits of making lunchtime later.

People told us they were happy with the actions taken by the staff in monitoring their healthcare needs. One person said, "If I need to see the GP, they come in to see me here." Relatives told us staff were responsive in supporting their family members health. One relative said, "When [family member] was poorly, they [staff] responded immediately. It takes the worry away, they were hot to respond and [Family member] had medicine in place the next day." Another relative told us of the actions taken by staff when their relative was unwell. They said, "I can't fault their [staff] medical response at all."

Is the service caring?

Our findings

People told us that staff were caring. One person said, "The staff are lovely, we all get on together." Another person told how they got on well with staff. They told us, "I am happy to tell staff anything, I don't have to worry about it." We heard and saw positive interactions throughout our inspection and people were relaxed around the staff supporting them. One relative told us, "The staff are absolutely excellent." Relatives also told us people had developed good relationships with the staff. One relative said, "[Family member] is a lot more sociable since they came here. They respond to the staff and laugh with them."

The provider had received positive written feedback from relatives. For example, one relative had written, "Thank you for an excellent service and very kind, intelligent and caring staff." Another relative had written, "You have all shown such kindness to us all.....Thank you for making us feel welcome as a family."

Staff approached people in a friendly manner and we heard staff chatting with people as they walked around the home, offering people support and reassurance where necessary. For example, we saw one member of staff supporting one person as they walked to their room. They asked, "Are you OK for me to walk with you?" One person said, "All the staff are great, they look after me."

Staff spoke warmly about the people they supported and provided care for and told us they enjoyed working at the home. One member of staff said, "I love my job. All the people are like family. Every day I enjoy coming in and getting to build relationships with people."

During our conversations, staff we spoke with had a good knowledge of people's individual needs. One relative told us staff knew their relative well they told us, "Staff know the little things that make a difference; what they like and don't like." We saw that staff understood how people expressed how they felt. We saw staff responded to the body language of one person and offered support in a timely way. We also saw staff showed the warmth of touch which was important to people. For example, when one person showed signs of being anxious, a member of staff went to their side and held their hand to offer reassurance.

Staff told us they promoted people's confidence and independence and we saw that people had a sense of purpose. For example, we saw one person helping staff to dust. A member of domestic staff said, "[Person's name] likes to help some days, so I offer them a duster and let them join in." We also saw one person washing up their plate and cutlery following breakfast. A member of staff chatted happily to them as this did this and we saw from their facial expressions and body language how much they enjoyed doing this. Three relatives we spoke to told us they enjoyed seeing people join in with laying tables or sweeping the carpet as they could see this was homely and that people felt involved.

People's relatives visited when they chose. Relatives we spoke to said they felt welcomed by staff. One relative told us, "We know the staff and they know us. We are always made welcome and are never made to feel like we are in the way." One relative told us they like to join their family member for lunch and staff supported them to do this and had provided them with a copy of the menus to help them.

Relatives said they felt their family members were respected by the staff and they said staff treated them with dignity. One relative told us an example of how staff had supported their relative with dignity. They said, "They [staff] talked to [family member's name] and put them at ease so that they weren't worried or embarrassed." Relatives also told us staff closed doors and curtains when providing personal care to maintain people's privacy.

We saw that staff were respectful when they were talking with people or to other members of staff about people's care needs. For example, we saw that when staff spoke to each other regarding care they stepped out of the communal lounge area.

Is the service responsive?

Our findings

People we spoke with told us they got the care and support they wanted. People said the staff met their needs, one person told us, "They [staff] do things the way I like, I just ask if I want something and it gets done." Relatives told us staff knew people well. One relative told us they wanted their family member to stay after a period of respite. They said, "They [staff] got to know [family member] so quickly. [Family member] is much better now and we want them to stay because they are happy here." People told us they had felt staff listened to them. One person said, "I choose what I want."

Five relatives we spoke with told us communication was good and staff let them know when things changed in their family member's health in line with the person's consent. One relative told us, "Communication is good, its two way, they let me know things and I feel they listen to what I've got to say."

Staff were able to tell us about the level of support people required, for example people's health needs and number of staff required to support them. We saw staff shared information as people's needs changed, so that people would continue to receive the right care. This included information shared at staff handover, where the support required for each individual people in the home was discussed. For example, one person had a re-arranged medical appointment that they needed to be ready for. This and other updates were discussed and shared with new staff coming on shift.

We spoke to two healthcare professionals who were visiting the home on the days of our inspection. One of the healthcare professionals told us when they had previously raised issues about communication with the registered manager; they had responded and had taken action.

We spoke to people about their day, what they liked to do and how staff supported them. One person told us they liked rock and roll music and we saw them humming along with a member of staff who had put their favourite music on the radio. We saw other people playing a board game with a member of staff and chatting together. Two people told us they preferred to stay in their rooms and watch TV. One person told us, "There are things to do and they [staff] always ask me to join in but I choose to stay in my room at the moment." We asked relatives about the activities for people. One relative told us, "There's enough for [family member], there's singers and games they join in those; its [family member's] choice. "

We asked staff about the activities for people and four staff told us they felt activities could be improved and that the registered manager was currently looking at improvements. One member of staff said, "We provide a good caring service but we need to improve activities and the time we spend with people." We spoke to the registered manager and they told us their reviews of people's experience of living at the home showed that people would like more activities. We saw they were working on an activities plan to discuss with staff and also had a resident and relatives meeting planned to discuss activities ideas.

People said they felt able to complain or raise issues should the situation arise, however people we spoke with told us they had no complaints and had not had to raise any issues. One relative told us although they had no complaints, "I can approach staff if I have any concerns, I wouldn't hesitate. I know it would get

sorted." The provider had a complaints procedure in place and we saw that written complaints received had been investigated by the provider and the conclusion of the complaint recorded.

All staff we spoke with told us if they had any concerns they could report them to the registered manager and they were assured that action would be taken.

Is the service well-led?

Our findings

People were positive about the home and the care they received. One person said of the home, "I can't fault it, it's excellent." Another person said, "It's well run, I'm settled here and I've no complaints." Relatives also told us they were felt the home provided a good service and was well managed. One relative said told us, "It [management] is all in place, you are asked to sign in, its clean and tidy, communication is good and the care is good. We are very happy." Another relative said, "The home was recommended to me and I came to see the home unannounced. The senior carer who showed me round was very open and honest. It's all been very good."

We saw that the registered manager talked to people and visitors, who all showed they were familiar with them. We saw the registered manager chat with one person asking them about their day and about their family who were due to visit. A relative commented, "[Registered manager] is round and about and is a friendly face. I'm more than happy to chat with them."

Staff told us the registered manager was approachable and they could ask them for advice. One member of staff said, "[Registered manager] is always available to talk. If you've a problem they will sit and listen and discuss it. They are always willing to lend a hand and help." One of the healthcare professionals we spoke with told us they found the registered manager to be approachable and very knowledgeable.

Since the last inspection the home had changed from providing rehabilitation services to providing longer term residential care. This had resulted in some staff changes and also a different approach for staff. Staff told us since the change in October 2016, things had been improving over time. One member of staff said, "It's been a difficult time but the manager is doing their absolute best and things are getting better." Another member of staff said, "It's been a big change but the staff team have worked together. We learn something new every day."

Two members of staff said since the home had changed to provide more long term care they considered they would benefit from more dementia care training. We discussed this with the registered manager. They told us they were arranging for staff to attend a dementia training course, two staff had already attended and more staff were now enrolled.

All staff we spoke with were very complimentary about the team work of the staff group. One member of staff said, "The staff group are brilliant. Everybody works so well. We've all worked at different homes before so we know Howbury is a good home." Another member of staff commented, "It's the good teamwork of all the staff that makes it a happy environment for people. It's got a nice atmosphere about it."

Staff told us they were supported by the management team and that they received regular supervisions and staff meetings. The supervisions gave them opportunity to discuss issues and also discuss any further training needs. One member of staff said, "It's a team effort here, we support the management team and they support us back."

The registered manager told us that as the residential service developed they were continuing to assess systems and make changes. For example, we looked at care plans for four people and found differing paperwork was in place. The registered manager told us they were currently reviewing care plans and making them more person centred, for example, new care plans would capture more information about people's life history and interests to help inform activities they would like to do in future.

We saw that since the change in service, some checks and audits had been completed inconsistently, for example, mediation audits. When we spoke with the registered manager they acknowledged this and showed us an audit check they had used previously and were currently amending to reflect the changes in the service provided. They planned to re-introduce the audit to develop the checks already in place and further reduce the risk to people.

The registered manager's skills and knowledge were supported by meetings with the interim provider services manager who visited the home regularly look around the service and also provided advice and support. They also met with the registered managers of the provider's other locations to discuss updates and what had worked well. The registered manager told us they felt this supported them to be aware of changes and information that was up to date and relevant which they could then pass on to the staff team.

We met with the interim provider services manager. They told us they received a copy of all CQC notifications completed by the registered manager and these were discussed in their monthly supervision meeting to check actions were completed and ensure learning. They said the provider had also introduced a peer review scheme, in which managers visited others homes to look at different areas of the service. Where any areas for improvement were identified, actions would be taken. The registered manager at Howbury House also peer reviewed other services as part of this scheme and they told us this was providing a useful learning tool.