

Tracs Limited

Honeybrook House

Inspection report

Honeybrook Lane
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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Good



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 inspection took place on 10 November 2014 and was unannounced. At our previous inspection no improvements were identified as needed.

Honeybrook House provides accommodation and personal care for people with a learning disability and autism. The home is registered to accommodate a maximum of 10 people. At the time of our inspection nine people lived at the home.

At the time of our inspection there was 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. Since our inspection we have received an application for the registered manager to remove their name from our register as they have taken a new role within the company. The home has a new deputy manager in place who now has responsibility for managing the home.

Summary of findings

We had not been notified of two Deprivation of Liberty Safeguards (DoLS) authorisations which were in place. DoLS are safeguards used to protect people where their liberty to undertake specific activities is restricted. The registered manager had also not applied for DoLS authorisations for two more people who had restrictions placed on them within the home.

We saw that systems were in place to monitor and check the quality of care and to make sure the environment was safe and well maintained. However we found that some records were not always completed correctly by staff.

People were supported by staff who knew their needs, behaviours and preferences. Staff knew how to protect people against the risk of danger and harm and how to report concerns they may have. They understood how to help keep people safe and followed instructions to reduce risks that had been identified. There was evidence that learning from incidents and investigations took place and changes were put in place to improve the service.

Most staff knew how to support people in line with the Mental Capacity Act 2005 (MCA). The MCA sets out how to support people who do not have capacity to make a specific decision. Systems were in place which made sure people's rights were upheld when they had to make decisions about their care.

People were supported by sufficient numbers of staff who had the skills to meet their needs. Staff had received appropriate training and felt supported in their roles by

the registered manager. The registered manager had recently reduced the number of agency staff working at the home and was employing permanent staff. People had started to benefit from a more stable staff team and were building positive relationships with the newer staff members.

People were supported to express their views and be involved in making decisions about their care. Care records were personal to each person and gave clear information on the needs of the person and what was important to them. This helped staff to support people as individuals and be aware of their hobbies and interests.

Feedback from relatives about how staff cared for their family members was positive. We saw staff treated people with kindness and compassion and were aware of each person's needs. People's privacy and dignity was respected and staff encouraged people to maintain their independence.

Most relatives and staff we spoke with told us communication within the home was open and honest. Some relatives told us they were not always kept up to date on what was happening with their family member. Relatives were comfortable raising concerns and complaints with the staff and registered manager. Staff were encouraged to report concerns and question practice if needed.

You can see what action we told the provider to take at the back of the full version of the report.

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 safe.

People were protected by trained staff who knew how to protect them from harm and abuse.

There were enough staff working to meet people's needs and ensure their safety.

Good



Is the service effective?

The service was not consistently effective.

The manager had not acted in accordance with the Deprivation of Liberty Safeguards. They had not informed us or the local authority of when some people had restrictions in place.

Staff were trained to support the people they cared for and were supported in their roles.

Requires Improvement



Is the service caring?

The service was caring.

People were treated as individuals. Staff treated people with kindness and compassion.

Staff supported people to be involved in making decisions about their care and support.

People's privacy and dignity was respected. People's relatives were welcomed into the home and felt included in their family member's care.

Good



Is the service responsive?

The service was responsive.

People's wishes and preferences were respected. They had support from staff to follow their hobbies and interests.

People, relatives and staff opinions were sought by the provider. Relatives felt comfortable raising concerns and complaints and that these were acted on.

Good



Is the service well-led?

The service was not consistently well-led.

The manager had not submitted appropriate notifications to us regarding DoLS authorisations.

Although quality assurance procedures were in place these had not identified an issue with some medicine records.

Requires Improvement



Honeybrook House

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.

The inspection took place on 10 November 2014 and was unannounced.

One inspector completed the inspection.

Before our inspection we spoke with the local authority to gather information they held about the home. They reported no concerns about the home. We also looked at our own systems to see if we had received any concerns or compliments about the home. We analysed information on statutory notifications we had received from the provider. A

statutory notification is information about important events which the provider is required to send us by law. We used this information to help us plan our inspection of the home.

Before the inspection we had asked the provider to complete a Provider Information Return (PIR). This is a form which asks the provider to give some key information about the home, what they do well and improvements they plan to make.

As part of our inspection we spoke with one person, six relatives and four staff. We also spoke with the registered manager and the provider's nominated individual. We reviewed three records which related to consent, assessment of risk and people's needs. We looked at four records relating to people's medicines. We also looked at other records which related to staff training, recruitment and the management of the home. We spent time observing how people spent their time and how staff interacted with people. This was because some people living at Honeybrook House were not able to tell us in detail what it was like to live there.

Is the service safe?

Our findings

Five relatives we spoke with told us they were happy their family member was safe living at the home. One relative said, “Yes, I’m happy [person’s name] is safe there”. We saw staff supporting people safely and in line with their assessed needs. Staff interacted with people in positive ways which showed they respected their identities and reduced the risk of discrimination. We saw staff supporting people to make decisions about what they would like to do with their day. Some people required one to one supervision from staff when they were in communal areas of the home. We saw this was carried out in line with their care plans. We saw that staff were aware of people’s safety when supporting them around the home, such as with preparing meals and drinks in the kitchen.

We found there were effective systems in place to monitor incidents and people’s behavioural support needs. Staff told us that any incidents were recorded immediately and discussed by the staff on duty. One staff member said, “We always have a debrief after an incident. They [The manager and senior staff] will make time for it”. Incident reports were seen by the manager and discussed with staff so lessons could be learnt and people’s plan reviewed if needed. Plans were in place to help people calm down safely if they became upset or angry. Staff we spoke with told us they felt their training and the support they received helped them to understand a person’s behaviour and how to care for them safely.

All the staff we spoke with knew how to protect people from harm and abuse. They knew how to recognise any signs of abuse and who they must report it to. Staff understood their responsibilities in relation to concerns they had about people’s safety and to report this to the manager. They also knew outside agencies they could report concerns to. We saw that risks to people and the environment had been taken into account and measures were in place to reduce these risks. This included their road safety awareness, fire safety and security within the home. Records of people’s personal property were in place and their electrical equipment had been tested to make sure it was safe to use.

Relatives we spoke with told us they felt there were enough staff. Two relatives told us a lot of agency staff had been used in the past. The manager confirmed this and told us they had used a lot of agency staff but this had reduced recently as they had recruited new staff. We saw that people had support when they needed it and were not kept waiting. People received attention from staff when they asked for it and when they needed it. On the day of our inspection we saw staff supporting people to complete daily activities and support them in the kitchen. All staff we spoke with told us they felt staffing had improved recently. The manager told us that the provider worked out staffing levels based on people needs but she could request extra staff when required such as when people need one to one support.

We looked at two staff’s recruitment files who had recently started working at the home. We saw evidence that appropriate employment checks were completed on new staff before they had started working at the home. This meant the provider had systems in place which ensured that new staff had the required employment checks prior to starting work at the home.

We looked at how medicines were managed in the home. We saw that one person was being safely supported by staff to take their own medicine. Staff told us this helped to promote this person’s independence. The manager told us that only trained staff gave people their medicines and we saw that these staff had been trained appropriately. The manager told us how staff ordered and disposed of medicines. We found these systems were safe. We looked at records staff had completed on what medicines they had given to people. These records were completed correctly and showed that people had received their medicines when they were required to have them. Some people had their medicine ‘as needed’ such as pain relief. We saw there were clear protocols in place for staff to follow. These protocols gave information on what these medicines were, when people may need them and how to give them to people.

Is the service effective?

Our findings

We looked at how the provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). DoLS are required when all other less restrictive ways of keeping people safe have been looked into and the decisions about depriving a person of their liberty is sought with by the local authority.

The manager had told us on the provider information return (PIR) that no one was subject to a DoLS authorisation. At our visit we found that four people were subject to a DoLS. Two of these had been authorised by the local authority but the manager had not notified us of these. Two more people had restrictions in place but the manager had not applied for the appropriate authorisation.

We saw records which confirmed these two people were on increased supervision and not free to leave the building on their own. The manager confirmed that although she was aware of the requirements of DoLS she knew that these two people were being restricted without the correct authorisations in place.

Staff we spoke with could not tell us who had a DoLS authorisation in place at the home. They were able to identify some people who had restrictions in place but could not tell us this was as a result of a DoLS authorisation. Staff also gave us different names of people who they thought had restrictions in place. This meant that people were not protected against the risk of unlawful restrictions placed on them.

We found that the registered person had not made suitable arrangements to ensure service users were protected against unlawful control. This was in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Since our inspection we have been informed by the new deputy manager that these DoLS applications have been sent to the local authority for their approval. We have also received notification of the two DoLS authorisations which were in place at the time of our visit.

We looked at how the provider was meeting the requirements of the Mental Capacity Act 2005 (MCA). The

MCA ensures that the human rights of people who may lack mental capacity to make particular decisions are protected. Most staff we spoke with understood the implications of the MCA and how this affected their practice. Staff gave examples of how they helped people understand their choices by using picture cards or plain language. We saw that people's capacity was considered when consent was needed or when risk assessments were carried out. We saw that where decisions were made on people's behalf best interest meetings had been held in line with the requirements of the MCA. These decisions included matters relating to medicines and people's finances.

Relatives told us they had confidence in staff's skills and were happy with the way staff supported and cared for them. One relative said, "I've always had the impression that staff know what they're doing". Another relative said, "The senior staff are very capable and experienced. They (all staff) care for [person's name] well". We spoke with four staff about the training and support they received. They told us they had the training they needed to understand people's needs. One staff member told us the training had helped them to understand people's behaviour from their perspective. They said they felt this helped them to support people more effectively and understand the reason for their behaviour. We spoke with staff about the support they had when they first started working at the home. They told us they had a full induction which included shadowing colleagues and reading people's care plans to learn about people's needs and their routines. All staff told us they attended a range of training courses which gave them the skills they needed.

All staff told us they received regular one to one meetings with a senior staff member. They told us this was an opportunity for them to discuss their training and speak about any concerns or issues they had. One staff member said, "The seniors always have time for us. We have some good role models around and we are always learning".

We spoke with one person about their lunchtime meal. They told us they enjoyed their lunch and had a choice of what they had eaten. Relatives told us they were happy with the food provided and that staff were flexible with choices. We saw that at lunchtime the atmosphere was calm and unhurried. We saw staff supporting people to make choices about what they wanted to eat. Staff ate their

Is the service effective?

meals with people and contributed to making the meal sociable. We did note that although some people spilt their food they were not offered a napkin to wipe themselves clean until after their meal.

We saw that people were supported by staff to have access to snacks and drinks throughout the day. Staff we spoke with told us that menus were chosen with the people who lived at the home. One staff member told us that routines were important for people with autism so they kept to set times for meals. We saw that where needed people had access to specialists, such as speech and language therapists, to help them with their eating and drinking.

We found that suitable systems were in place to support people with their health care needs. Some people's relatives told us that they were kept appropriately informed about health concerns and issues. People had regular access to healthcare professionals such as doctors, dentists and chiropodists. We saw records that confirmed some people had received recent health check-ups. We also saw that people had health action plans in place that they and their families had been involved in writing.

Is the service caring?

Our findings

We asked one person if the staff were nice and if they were kind to them. They replied that they were. All the relatives we spoke with told us they felt staff were caring and kind to their family member. One relative said, "They (the staff) are very attentive". Another relative told us, "They've (the staff) persevered through some difficult times. They've taken the time to get to know [person's name]. They care for [person's name] well".

We saw staff had good relationships with people and worked with them in a relaxed and friendly manner. We saw staff were attentive at all times to people's needs. Staff listened to what people said to them and responded appropriately. We saw staff spend time with people and talk with them about events during the day. They involved them in conversation, asked their opinion and allowed them time to answer questions. Staff we spoke with talked about how they supported people as individuals. One staff said, "I deliver what I would like to receive. I have to understand things from the person's perspective". Newer staff told us they were getting to know people and build positive relationships with them and their families. This included understanding their needs, behaviour and communication.

We saw staff supporting people to express their views, help them to make decisions and use language that people understood. People living at the home were supported by their family, other health professionals and staff to make decisions about their lives. One staff member told us they had been working with a person's relative to help them understand their communication. They told us they used

signing and picture cards to help people understand information they were given. We saw information on people's communication difficulties and methods for staff to use to make sure people understood information they were given. The manager told us that one person had an independent mental capacity advocate. They would be involved if this person needed to make any major decisions affecting their care.

All the relatives we spoke with told us they felt involved in planning and making decisions about their family member's care. They told us they thought their family member's views were respected by staff. Most relatives told us that staff and the manager kept them up to date on what was happening with their family member. Two relatives told us they felt they weren't kept up to date and that communication was sometimes not good between staff and them. The manager had previously told us that as more permanent staff were recruited they felt communication was improving between staff and families.

We saw staff treated people with respect. Some people preferred to spend their time in specific areas of the home and this was respected by staff. Staff told us that when some people sat in a certain area it meant that they wanted to be alone and not disturbed. We saw staff observe people from a distance to make sure they were safe but did not disturb them unnecessarily when they were sat in these areas. One relative we spoke with told us how staff supported their family member to telephone them. They explained that staff would help them to make the call but then leave the room so they had privacy. Relatives told us they were welcomed by staff when they visited their family members and could visit at any time.

Is the service responsive?

Our findings

One person we spoke with told us that staff sat with them every day to make a list of what they wanted to do with their day. They told us they had enjoyed the outing they had that morning and were looking forward to helping in the kitchen in the afternoon. One staff member told us that staff wrote a planner for some people each day as they preferred to have a clear and structured day. We saw one person's planner and they told us they had completed the activities which were on it. Staff told us that activities were specific to the individual person and what their interests were. One staff told us that some people had a limited attention span. Staff would find out what they wanted to do and adapt activities to suit each person. Most relatives we spoke with told us they were happy their family member was encouraged to contribute to planning their own care and choosing what they would like to do with their time.

We saw staff supporting people in a way that treated them as individuals. We saw they knew what people's preferences and wishes were and this was respected. We saw people had a 'This is me' document in their care records. This gave information about the person's hobbies, preferences and how they wanted to be supported. Records also identified what was important to the person. Staff told us that the person and their family were involved in writing and agreeing this document. Where necessary relatives were involved in identifying people's preferences, wishes and any aspirations they had.

Relatives told us they were invited to attend care review meetings every six months at the home. These were focussed on the person and were to set goals for the next six months. They spent time talking about the person's interests and what they wanted to do. One staff member said, "We talk about what they're happy with and what they're not happy with, what do they want to change". We saw records of these meetings and how the information had been used to update people's care plans.

One relative told us they had raised a complaint and were happy with the way it had been dealt with. All other relatives we spoke with told us they would feel confident in raising concerns with staff. One relative told us they would prefer to speak with staff about any concerns they had rather than making a complaint. This relative gave us an example of how they had done this and were satisfied with how staff had responded to their concern at the time. People had a copy of the complaints procedure in their personal files. We did note that this was not in a format that all people would understand. One staff member told us there used to be a complaints procedure in picture form but they had not seen this recently.

We saw that surveys were sent to people, their relatives and staff each year. This was to gain their opinions on the service. The information gained from these surveys was used by the manager to identify areas for improvement. Two relatives we spoke with told us they had not received this. We spoke with the provider about this after our inspection. They assured us they would look into this.

Is the service well-led?

Our findings

The registered manager had not informed us of two DoLS authorisations that were in place. The manager told us she was not aware we needed to be notified. This meant they had not followed their regulatory responsibility in submitting a statutory notification of these two authorisations. Following further discussion with the new deputy manager of the home we have now received these notifications.

We spoke with the registered manager about the checks they completed to monitor the quality of care they provided. They told us they monitored health and safety, medicines and staff performance regularly. Care records were checked to make sure these were kept up to date by key workers. They told us about checks the provider completed at the home. This included a food audit, records, financial records, maintenance and health and safety. We saw records which confirmed these checks took place and when needed, action was taken as a result of their findings. However, we found that the registered manager and provider had not identified that records relating to checks on people's medicines were not completed correctly by staff. Although the amount of medicines was correct staff had not signed some records. Other records did not contain full information on the medicine or the person's name. We spoke with the manager about this at the time of our inspection. They told us they would complete a check of these records and speak with the staff about recording requirements.

We spoke with relatives and staff about the culture of the home. Most relatives told us they had a good relationship with staff and the manager. Some relatives told us that they felt communication could be improved to keep them up to date on what their family member was doing and what was happening at the home. Two relatives commented that

they never spoke with the same staff member about their relative and felt that the home was not open in sharing information about incidents that had happened. They told us that because of this they did not have full confidence in staff and management. We spoke with the provider about what had been said by relatives. They assured us they would look into lines of communication within the home.

Staff we spoke with told us they felt confident in reporting poor practice to the manager. They told us they felt they would be listened to and taken seriously. Most staff felt the manager was approachable and kept them up to date with what was happening within the home and company. All staff felt supported and spoke with confidence about the people they supported and their roles. All staff spoke about team work being an important part of the home. One staff said, "The culture is very accepting. We're a team". Another staff member said, "We (staff) respect each other and the residents. We work as a team to do our best".

People, relatives and staff completed a yearly survey. The results were fed into an annual quality report. The manager told us this helped them to identify areas for improvement they needed to focus on for the following year. The results from the most recent survey showed that most staff were positive about the philosophy of the home and felt able to make suggestions for improvements. All four people who responded to the survey felt they were encouraged to do things for themselves and felt able to make a complaint and suggestions for improvements. All four relatives who responded thought staff were friendly and approachable and gave a high quality of care. One relative had written, "I am entirely satisfied with the care [person's name] receives".

We recommend that the service seek to support management regarding their regulatory responsibilities for submitting notifications.

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 11 HSCA 2008 (Regulated Activities) Regulations 2010 Safeguarding people who use services from abuse The registered person had not made suitable arrangements to ensure service users were protected against unlawful control. Regulation 11. 2 (a).