

## Striving for Independence Homes LLP

# Honister Gardens Care Home

## Inspection report

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### Ratings

#### Overall rating for this service

Inadequate



Is the service safe?

Inadequate



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Inadequate



### Overall summary

This inspection took place on 8 and 9 October 2015 and was unannounced.

Honister Gardens Care Home is a nursing home that provides care, support and accommodation for up to five people with learning disabilities. At the time of our inspection there were three people living in the home.

The service had a registered manager. 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 and associated Regulations about how the service is run.

Our previous inspection of July 2015 identified a breach of Regulations 12, 13, 18 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During our inspection on 8 and 9 October 2015 we acknowledged that, although some improvements had been made in areas we had identified, there were some areas that still required improvement. This meant that there was a continuing breach of Regulation 12 and Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were still some issues related to unsafe care and treatment that had not been identified by the provider's internal audit system.

# Summary of findings

Our previous inspection of July 2015 identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During our inspection on 8 and 9 October 2015 we found that improvements were still required in this area. This meant that there was a continuing breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Risk assessments did not contain sufficient detail to guide staff in providing safe care for people.

Our previous inspection of July 2015 identified a breach of Regulation 17 of the Health and Social

Care Act 2008 (Regulated Activities) Regulations 2014). The provider did not have an effective system in place to monitor and assess the quality of service provided to people. Audits and quality assurance monitoring did not identify, assess and manage risks relating to the health and welfare of people in the home.

During this inspection we found that improvements were still required. This meant that there was a continuing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider's systems for monitoring, assessing and improving the service were ineffective and appropriate measures were not being taken to consistently identify and mitigate risks for people living and working in the home.

There was a lack of oversight by the provider with regard to the overall running of the service. The provider also did not demonstrate accountability or effective leadership because they did not ensure that appropriate action was being taken to improve shortfalls, where issues had been identified.

Risks to people's safety were assessed but records were not all up to date or fully completed. The management of

some of the risks identified was not always effective because actions to reduce, remove or improve the risks to people were not always taken or recorded appropriately.

There were appropriate arrangements for the management of people's medicines and staff had received training in administering medicines.

The provider had put in place adequate controls to manage people's finances.

People had access to various healthcare professionals, according to their needs and regular visits to the home were also made by external practitioners, such as the chiropodist and a diabetes advisor.

Staff received training and they were supported through regular supervision and appraisal. We saw staff had received training in the Mental Capacity Act (MCA) 2005 and people's capacity was assessed in line with the MCA.

Staff treated people with dignity and respect and we observed care was provided with kindness and compassion.

Overall, we found significant shortfalls in the care provided to people. We identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The Care Quality Commission is considering the appropriate regulatory response to resolve the problems we found. We will publish what action we have taken at a later date.

The overall rating for this service is 'Inadequate' and the service will therefore continue in 'Special Measures'. The service will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, the service will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this time frame.

# 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 is not safe.

Risks to people's safety were assessed but records were not all up to date or fully completed. Risk management was not always effective because actions to reduce or remove the risks to people were not always taken or recorded appropriately.

Aspects of the premises were unsafe. The room of one person was in need of refurbishment and repair as it presented risk of harm to the person.

There were adequate controls for the management of people's money.

Inadequate



### Is the service effective?

The service was not always effective.

People were supported to maintain a balanced diet. However, people with swallowing difficulties were not adequately supervised.

The provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Staff understood legislation related to the Mental Capacity Act.

People had access to various healthcare professionals, according to their needs.

Requires improvement



### Is the service caring?

The service was caring.

Positive relationships had been built between people and the staff who supported them.

People's privacy and dignity were respected, however the privacy and dignity of one person was not maintained at all times because the window overlooking a street did not have curtains.

Good



### Is the service responsive?

The service was not responsive in all aspects.

People receiving care did not have access to a wide range of activities both in the home and out in the community.

People did not always receive personalised care that was responsive to their needs.

People and their relatives were invited to give feedback on the service at review meetings which were held annually, and on a more informal and on-going basis

Requires improvement



# Summary of findings

## Is the service well-led?

The service was not well-led.

There was a lack of oversight from the provider with regard to the overall running of the service.

The provider's systems for monitoring, assessing and improving the service were ineffective and appropriate measures were not being taken to consistently identify and mitigate risks for people living and working in the home.

**Inadequate**



# Honister Gardens Care Home

## 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.

We undertook an unannounced comprehensive inspection of Honister Gardens Care Home on 8 & 9 October 2015. This inspection was carried out to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection on 24 July 2015 had been made and also because of safeguarding concerns that had been reported to us.

On the first day of the inspection, the inspection team consisted of two inspectors. On the second day of the inspection was carried out by one inspector. We reviewed the information we held about the service. We considered information which had been shared with us by the Local

Authority and looked at safeguarding alerts that had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

During the inspection we spoke with the registered manager, newly appointed manager, director of the service and care staff. We also spoke with a relative of one person receiving care. Two people who lived in the home had limited verbal communication. We spent considerable time observing care and used the short observational framework for inspection (SOFI), which is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at areas of the building, including people's bedrooms, bathrooms, the dining rooms and communal lounges. We reviewed records of the service, which included quality assurance audits, staff supervision schedules, staffing rotas, food and fluid recording charts and policies and procedures. We looked at all care plans and the assessments, along with other relevant documentation to support our findings.

# Is the service safe?

## Our findings

Our previous inspection of July 2015 identified breaches of Regulations 12, 13 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because risk assessments lacked sufficient guidance and detail; there were inadequate systems for the safe handling of people's money and insufficient skilled staff.

During our inspection on 8 and 9 October 2015 we found that improvements had been made in some areas. However, there were some areas that still required improvement. This is because we still found evidence that people were at risk of harm because risk assessments were not being followed. This was evidence of continuing breaches of Regulations 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at how the risks to people's safety were being managed and found shortfalls. We found that although risks to people's safety had been assessed, records of these assessments were not all up to date or fully completed. We had concerns with regard to the effective management of some of the risks identified.

For example, we saw that risks for one person, in respect of smoking in their room and starting fires, had been assessed and the actions to be taken were clearly documented. However, during this inspection we saw evidence that suggested this person had continued to smoke in their room and staff were not aware of this. There was a smell of cigarette smoke in this person's room. We observed cigarette butts were scattered on the roof that extended from the window of the room, which suggested the person was throwing the butts from their bedroom. We also found cigarette butts under the bed mattress. There were burn marks on the duvet cover and cigarette stains on bed sheets. The deputy manager confirmed the person did not use fire retardant bed linen and curtains. This presented a risk to this person and others in the home. Identified risks to service users and others must be continually monitored and appropriate action taken.

In another example, a letter from a speech and language therapist (SALT) in the file of one person showed this person had been assessed as being at risk of choking. However, there was no associated care plan in place to explain what action staff needed to take in order to minimise the risk. The SALT assessment had concluded

sweetcorn and peas presented the person with swallowing problems and were therefore 'high risk' foods. Staff were instructed to avoid offering 'high risk' foods to this person. However, during this inspection we observed this person being given high risk food. The lunch consisted of roast chicken, mashed potatoes and country vegetable mix. The later consisted of peas, which meant the provider, had continued to expose this person to the high risk foods. Where risks are identified, the provider must introduce measures to reduce or remove the risks.

Another person's care records showed they had been assessed as being at risk of epilepsy. However, there was no specific care plan or protocol in relation to that risk. We found a general information sheet for staff about seizures. However, this did not provide information on the individual's care and what staff should do to provide care and treatment. This constituted a failure to have a complete and accurate care plan for this person, which meant staff did not have guidance about how to support this person. Therefore, this person was at risk of receiving unsafe or inappropriate care and treatment.

At the last inspection we found people were not protected against the risk of unsafe premises. At this inspection we found although some improvements had been made, people were still at risk. The provider had carried out checks on the premises to make sure they met safety requirements, including servicing from external contractors. However, we found the room of one person was in need of refurbishment. The person had a tendency to break furniture and fittings. We found one door of the wardrobe was missing and was placed against the wall; the heating cover was broken; one basin tap was broken; a towel hanger and paper holder were broken. The broken towel hanger had sharp and jagged edges protruding, which presented a risk of harm to the person. We asked the deputy manager to have this removed during this inspection.

The above findings are evidence of a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider did not always deploy experienced staff to make sure that they can meet people's care and treatment needs. On both days of this inspection the provider employed an agency staff to cover shifts. The agency staff was new and was working their second shift on the first day of this inspection. We found that the provider did not have

## Is the service safe?

an effective induction system to make sure agency staff were provided with relevant information to ensure people's safety. We found the agency staff was not aware of some specific medical needs of people because they had not been given time to read people's care plans. After the inspection the registered manager told us the agency worker had been working on and off at the provider for three months

However, during the inspection we observed people received appropriate support and did not have to wait if they requested assistance from staff. Staff were visible and regularly checked to make sure people were safe. The registered manager told us they were in the process of recruiting and in the meantime were using regular agency staff.

At the last inspection we found people were not cared for in a clean and hygienic environment so were not protected against the risk of infection. At this inspection we found the provider had taken steps to address this. Anti-bacterial gel dispensers were located throughout the home. We looked around the home and saw the home was clean and hygienic. We found people were cared for in a clean and pleasant environment. The provider showed us evidence they had ordered a carpet to replace the old one.

The home had policies and procedures in place to protect people in order to ensure risks of abuse were minimised. Staff had received training in safeguarding people. They understood the procedures they needed to follow to ensure people were safe. They were able to describe the different ways that people might experience abuse and the correct steps to take if they were concerned that abuse had taken place. They told us they could report allegations of abuse to the local authority safeguarding team and the Care Quality Commission if management staff had taken no action in response to relevant information.

At the last inspection we found shortfalls in relation to the management of people's finances. We identified that financial controls and arrangements regarding people's consent were inadequate. At this inspection we found the provider had taken steps to address this. There was a

revised procedure for managing people's money. This ensured a manager employed by the provider other than the registered manager took responsibility for safeguarding the finances of people who used the service. We also saw that money belonging to each person was kept securely in a locked place with the key held by the person in charge of each shift, records of receipt in of money and expenditure for each person was kept and each transaction was countersigned by a second member of staff. There was a financial audit trail kept for each person using services.

Staff were aware of the provider's safeguarding policy. They knew the provider's whistleblowing policy and they said that if needed they would report any concerns they may have to external agencies. However, the safeguarding policy had not been updated and did not make reference to the role of the DBS. Staff must have access to current procedures and guidance. The registered manager stated that it would be updated.

There was a record of essential maintenance carried out. These included safety inspections of the portable appliances, gas boilers and electrical installations. The fire alarm was tested weekly to ensure it was in working condition. Fire drills had been carried out for staff and people and one of these had been carried out after dark. The home had an updated fire risk assessment. Each person receiving care had a personal emergency evacuation plan (PEEP) in place. These described step by step how each person was supported to evacuate the building if there was an emergency.

There were suitable arrangements for the recording, storage, administration and disposal of medicines in the home. We checked medicine administration records and found all medicines administered had been recorded and each entry had been signed appropriately. There were no gaps in both medicine administration records. Medicine administration records tallied with the stocks in the medicines cabinet. Medicines that were to be administered 'as required' (PRN) were included on the medicine administration records and there were appropriate guidelines for their administration.



# Is the service effective?

## Our findings

We looked at how people were supported to eat and drink well. We found where people required special diets to manage their health needs, such as difficulty with swallowing food and drink, advice was sought from healthcare professionals. For example, one person had swallowing difficulties, and a SALT had been involved in completing a safe swallowing assessment. However, during this inspection we saw that guidance for this had not always been followed to support this person to eat and drink safely.

A weekly menu was displayed and people were supported by the staff to choose their meals. We observed that care staff assisted people and ensured that they had drinks. People were able to eat and drink with minimal supported. Staff told us that people went out shopping with them. This was confirmed by a social care professional who observed one person writing a shopping list with the care staff.

Discussions with staff and the deputy manager, together with care records seen, showed that people had access to various healthcare professionals, according to their needs. Records showed that people attended appointments with healthcare professionals, including GP, chiropodist, community specialist nurses, and opticians. Staff ensured people accessed health and medical support in timely manner when needed. Healthcare professionals we contacted told us they had no concerns about the quality of care at the home.

Records showed staff were up to date with their essential training in topics such as moving and handling, infection

control and safeguarding. A training matrix was available and contained the names of staff currently working at the home together with relevant training they had completed. However, the provider did not operate an effective induction process. One staff had been in post for three weeks but had not been offered a formal induction. The registered manager showed us an induction pack but this had not been implemented. There was also no formal induction for agency staff.

During this inspection we examined how the Mental Capacity Act (MCA) 2015 was being implemented. This law sets out the requirements of the assessment and decision making process to protect people who do not have capacity to give their consent. Staff understood the importance of ensuring people consented to the support they provided. They told us if they had any concerns about people's ability to consent, this would be discussed with the registered manager. They were knowledgeable about the MCA 2015, and how important it was for people to agree to support provided. We saw the registered manager had completed this MCA process when it was needed. For example, we saw that MCA assessments had been completed to support people with managing their finances.

We also looked at the Deprivation of Liberty Safeguards (DoLS) which aims to make sure people are looked after in a way that does not inappropriately restrict their freedom. There was one DOLS authorisation for a person living at the service. We saw the provider had followed the correct process to gain authorisation. Staff had received the relevant MCA and DoLS training and we confirmed this from records.



# Is the service caring?

## Our findings

People were not able to verbally tell us about their relationships with staff in the home due to their complex needs. However, the way in which people responded to the staff was positive. A social care professional told us that staff they had dealt with were always kind and caring.

Staff treated people with dignity and respect. They were aware that all people who used the service should be treated with respect and dignity. Staff said they would ensure that doors were closed when they assisted people with their personal care. They informed us that they would knock on doors before entering bedrooms and close the curtains if necessary, which we observed. However, the bedroom of one person did not have curtains. The deputy manager told us the person pulled the curtains down during challenging behaviour episodes. This meant this person's privacy was not maintained at all times because the window overlooked a street.

We observed caring interactions taking place between staff and people receiving care. When people were displaying signs of distress staff gently reassured them and offered to go out for a walk or relax in the garden. Following staff intervention people appeared visibly relaxed and calmer.

We observed that the interactions between staff and people were caring. Throughout this inspection, staff prioritised people's care and support, for example, they broke away from conversations with us when people required assistance.

All bedrooms were for single occupancy each person had their own bedroom as well as access to communal areas such as the kitchen, lounge, gardens and bathrooms. This meant that people were able to spend time in private if they wished to. Bedrooms had been personalised with people's belongings, such as photographs and ornaments, to assist people feel at home.

All permanent staff we spoke with had a good knowledge of the people they were caring for. It was evident they had worked with the same people for some time and had become very familiar with their likes, dislikes and preferences. For example, permanent staff were deployed to work with people who had more complex needs.

Staff held regular meetings where people could make suggestions regarding their care and activities they liked. The minutes of these meetings were available. Care staff assisted people make choices regarding what clothes they wanted to wear.

# Is the service responsive?

## Our findings

Our previous inspection of July 2015 recommended that the provider sought advice and guidance from a reputable source, around activities for people with learning disabilities. This was because their social needs were not always being met. We observed people sitting in the lounge with very little or no stimulation.

During our inspection on 8 and 9 October 2015 we observed, people did not have sufficient social or mental stimulation. People did not have access to a wide range of activities both in the home and out in the community. The provider was not providing care or activities for people in a responsive or person centred way. There were no examples of specific activities provided bespoke to people's individual hobbies and interests, or examples of one to one activities, other than occasional chatting or activities that were arranged on ad hoc basis. For example, on the first day of this inspection we observed two people were supported to attend a birthday party at another care home.

Whilst we saw evidence of regular staff recording and reviewing of people's needs and liaison from a range of community health care professionals, we found information about this was sometimes missing, because it had been recorded elsewhere in the home. Supplementary records for people such as eating and drinking charts had not always been accurately signed in a timely way. This meant it was not always possible to tell if people had received the support that met their needs. This was an area, along with the provision of varied and personalised activities, which required improvement.

We looked at people's care documentation. We saw their needs were assessed and relevant support plans were drawn up based on the assessments. Areas covered

included, mobility, communication, personal care, daily living, health needs and medication. The support plans gave details of preferences, interests and aspirations. Behavioural plans had been developed with the support of specialists. These plans involved both the input of psychiatrists and the community learning disability team. Where people had behaviours that challenged the service the staff team with support from healthcare professionals had developed behavioural management plans, which we saw were used by staff to counteract some of the issues.

We observed staff responding to people's different ways of communicating in a way that showed their needs were met. Staff were not hurried and took time listening and communicating.

People were given a copy of the complaints procedure, which was written in relatively easy read style. A pictorial version of this was also available on display in the communal area of the home which helped to make it accessible to people. The registered manager said they had not received any complaints or concerns. There was a system in place to make sure any concerns or complaints would be recorded together with the action taken to resolve them and the outcome.

People and their relatives were invited to give feedback on the service at review meetings which were held annually, and on a more informal, on-going basis. The service also operated a satisfaction survey to gather the views of people and their relatives. We saw the results of the latest survey which were very positive.

**We recommend that the service seek advice and guidance from a reputable source with regard to activities for people with learning disabilities.**

# Is the service well-led?

## Our findings

At our previous inspection of 24 July 2015 we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered provider did not have an effective system in place to monitor and assess the quality of service provided to people. Audits and quality assurance monitoring were not effective at identifying, assessing and managing risks relating to the health and welfare of people in the home.

During this inspection we found that improvements were still required. This meant that there was a continuing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider's systems for monitoring, assessing and improving the service were ineffective. As a result appropriate measures were not being taken to consistently identify and mitigate risks for people living and working in the home. This demonstrated a failure to address the issues identified at previous inspections, including the last inspection in July 2015. The provider had failed to implement their action plan, which stated they would have effective governance systems by June 2015.

The provider was not operating effective quality assurance systems to assess, monitor and mitigate risks relating to people's health and welfare. Whilst audits of the environment and care records were carried out, we found these had failed to identify shortfalls we identified and take action to ensure people who used the service were properly protected. For example, risks to people through

choking and epilepsy were not identified through effective management. We also saw for example; items of furniture and bedding in people's rooms that needed replacement because they were damaged. This meant that people were at risk of harm.

An accurate, complete and contemporaneous record was not being maintained for each person. People's records were stored in a number of different locations which made information difficult to find. Out of date information was mixed up with current information which meant there was a risk that people could receive inappropriate or unsafe care. The registered manager told us that they were in the process of updating the care plans to a new format. However we have been told this in our previous inspection.

At the last inspection we raised concerns about leadership at the home. During this inspection the deputy manager was not aware where the managers were and there were failings we identified at the home that needed a manager to address.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Our previous inspection found that personal and confidential information about people and their care and health needs was not always kept securely and in a way to protect their privacy and confidentiality. At this inspection we saw that sensitive records were kept securely, so only those people who were authorised could access them. This helped to keep people's sensitive personal information private and secure.

This section is primarily information for the provider

## Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

People who use services were not protected against the risks of unsafe care and treatment.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The provider had not ensured that leadership and quality assurance systems were effective to make sure people were safe and they received a good service.