Community Homes of Intensive Care and Education Limited

Hurst House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Requires Improvement
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

Hurst House is a residential care home providing personal care for up to ten people who have a learning disability or mental health need. At the time of our inspection there were nine people living at Hurst House.

The inspection took place on 17 March 2015 and was unannounced. The service had a registered manager who was responsible for the day to day operation of the home. 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. The registered manager was present on the day of the inspection.

People were not always safe. The service did not consistently follow safe practice around the administration, storage and disposal of medicines. There were some practices which we found institutionalised.

Summary of findings

This resulted in people's privacy and dignity not being fully respected. People's wishes and preferences were not always being taken into account when their care was planned.

Staff worked closely with health and social care professionals for guidance and support around people's care needs. The care records demonstrated that people's care needs had been assessed and considered their emotional, health and social wellbeing. People's care needs were regularly reviewed to ensure they received appropriate care, particularly if their care needs changed.

Training was available to ensure that staff had the necessary skills and knowledge to be able to support people appropriately. There were systems in place to ensure that staff received support through supervision and an annual appraisal to review their ongoing development.

There were clear values about the quality of service people should receive and how these should be delivered. The registered manager and staff told us they valued the people they cared for and strived to provide a high quality of care.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Which corresponds to the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.you can see what action we told the provider to take at the back of the full version of this 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?

Requires Improvement

The service was not safe. The service did not consistently follow safe practice around the administration, storage and disposal of medicines.

Staff were confident in recognising safeguarding concerns and potential abuse and were aware of their responsibilities in protecting people.

People told us they felt safe living in the home. We observed positive interactions between staff and people which showed people felt safe around staff.

Is the service effective?

Good

This service was effective. People were supported by skilled and knowledgeable staff. Staff received regular supervision and an annual appraisal which identified ongoing training needs and development.

People were supported to have enough to eat and drink. Where required, people had access to specialist diets.

Staff supported people to express their views and wishes and to be involved in their care. Guidance was available to staff and other professionals on how to most effectively communicate with the person.

Is the service caring?

Requires Improvement

The service was not always caring. There were some practices which we found institutionalised. This resulted in people's privacy and dignity not being fully respected. People's wishes and preferences were not always being taken into account when their care was planned.

People told us that staff were caring and kind. Staff interactions with people demonstrated genuine affection. Care staff told us they cared about and valued the people they supported.

Staff knew people well and were aware of their preferences including the way their care should be delivered, their likes and dislikes.

Is the service responsive?

Good

The service was responsive. Care records identified how people wished their care and support to be given and people told us they were happy with their care and support.

Care records were person centered and had taken into account the person's individual needs, including: personal care, health and social wellbeing.

The home worked proactively with professionals from health and social care to ensure that people achieved the best possible outcomes for their health and wellbeing.

Summary of findings

Is the service well-led?

Good

The service was well led. There were clear reporting lines from the service through the management structure.

Staff felt supported in their role by their respective line manager.

The provider had systems in place to monitor the quality of the service provided and to promote best practice.

Hurst 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 17 March 2015 and was unannounced. The inspection was carried out by three inspectors. Before the visit we looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a notification. Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This enabled us to ensure we were addressing potential areas of concern.

We spoke with four of the nine people living at Hurst House. Some people were not able to verbalise their opinion, we therefore observed their care and interaction with staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to assist us to understand the experiences of the people who could not talk with us. We spent time observing people in the dining and communal areas.

During our inspection we spoke with the assistant area director, the register manager, the cook, a senior shift leader and care workers. Before our visit, we contacted people who visit the home to find out what they thought about this service. We contacted three health and social care professionals.

We used a number of different methods to help us understand the experiences of people who use the service. This included talking to people, their relatives, looking at documents and records that related to people's support and care and the management of the service. We reviewed the care records of six people. We looked at staff records relating to recruitment, supervision and appraisal. In addition, medicine administration records, information on notice boards, policies and procedures and quality monitoring documents. We looked around the premises and observed care practices throughout the day.

Requires Improvement

Is the service safe?

Our findings

The home had a procedure and policy in place for the administration of medicine. This involved two members of staff to be present each time medicines were given to people. One care worker would administer the medicine and check the details of the medicine against the records. The other member of staff witnessed this process. Both members of staff signed the medicine record to confirm the medicine had been given. People's medicine was dispensed in a dosette box made up by a local pharmacy with doses for morning, lunch time, tea time and evening [A dosette box has compartments for days of the week and times of day which are pre-filled with the medicine]. We looked at six people's medicine records.

During our inspection we observed that people received their medicine as prescribed. However, the service did not consistently follow safe practice around the administration, storage and disposal of medicines. In addition, the registered manager had identified shortfalls in the safety of the service through the auditing of the medicines. However, they did not act on this information effectively. The person who was responsible for the auditing of medicines continued to do so after having been identified as not being competent.

There was no clear system for disposing of medicines which posed a risk that medicines could be misused. Medicines which were no longer required were held in a drug cabinet and had not been disposed of. There was a list of medicines but it was unclear if this was up to date or related to the medicines held in the cabinet or medicines to be disposed of.

A prescribed drug was not disposed of in line with the Misuse of Drugs legislation 2005. A batch of medicine had been correctly stored had not been disposed of as legally required, as it had expired in August 2014. As required by legislation, the drug had not been signed in and out by staff. Staff were unsure as to where information about the drug should be recorded.

Medicines were missing from people's dosette boxes. In four out of six boxes, the last Sunday of the month's medicine was missing. For one person, the medicine administration record sheet (MARS) showed that two sections of the dosette box had been signed as administered by staff, yet three sections were empty. There was no information about the number of PRN medicines (PRN is medicine which is taken as and when required) carried forward. Therefore, the home did not know how much PRN medicines were being held in stock.

People were put at unnecessary risk of harm because staff did not know if the medicine they administered to people was out of date. We saw that some medicines which were in date, were stored with tablets which were out of date, some from January 2012. For oral medicines and ear drops, no date had been recorded on when the item had been opened. This could impact upon people's health and wellbeing because out of date drugs may not be effective.

The MAR sheets were not accurate or complete. A lack of proper information meant that staff could not be assured that people had received their medicines as prescribed. Records showed that medication was being carried forward, but the actual medicine could not be accounted for. Other medicine administration documents used by the home were not dated and did not give the times which medicines should be given. One person's record was missing page 1 of 3.

The MAR sheets contained out of date information. The community PRN sheets held in people's medicine records were no longer in use. An entry for one record was dated 14 March 2014 but had not been removed. Insulin which had been stored in the medicine fridge and which was administered by district nurses had not been recorded on one MAR sheet. This had not been followed up by the registered manager. Fridge and cabinet temperatures were recorded as between 3 – 8 Celsius, however when we spoke with staff they were not sure what temperature the fridge should be set at to ensure that medicines were stored safely and retained their effectiveness.

We found that the registered person had not protected people against the risk of unsafe practice around the administration, storage and disposal of medicines. This was in breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12 (f) & (g) in Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt safe living in the home and liked the staff. We observed positive interactions between staff and people which showed people felt safe around staff. People seemed relaxed in the presence of staff and approached

Requires Improvement

Is the service safe?

them when they wanted support. There were adequate numbers of staff on duty to support people. We saw that people's requests for support and assistance were responded to in a timely manner.

Risk assessments were used to identify what action needed to be taken to reduce potential risks which people may encounter as part of their daily living. The risk assessments formed part of the person's care plan and gave guidance on how care and support should be delivered to keep people safe and to enable them to maintain their independence. Such as travelling in a car, where the risk assessment gave actions to ensure the person and staff were safe whilst travelling.

Some people could put themselves or others at risk of harm if they became anxious or upset. Staff told us they received training in Strategies in Crisis Intervention and Prevention (SCIP). Staff were aware of what might trigger different types of behaviour and were able to intervene at a early stage in order to de-escalate and prevent incidents. The level of incidents occurring within the home were low which evidenced that staff were appropriately supporting people during these times.

Staff had received training in safeguarding to protect people from abuse and records confirmed training had taken place. Staff were able to describe what may constitute as abuse and the signs to look out for. There was a safeguarding and whistleblowing policy and procedures in place which provided guidance on the agencies to report concerns to. Staff were able to confidently describe how and who they would report concerns to.

There were effective recruitment procedures in place which ensured people were supported by appropriately experienced and suitable staff. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant's past performance and behaviour.

The registered manager reported safeguarding concerns to the local authority and also notified the Care Quality Commission of incidents as required.

Environmental risk assessments were in place to ensure the home and the surroundings were maintained and safe for people. Weekly fire testing was carried out and equipment was maintained for wear and tear. In the event of an evacuation of the premises, each person had a plan which told staff what support the person required to be able to safely evacuate the home.

Good

Is the service effective?

Our findings

We observed staff communicated with people effectively and used different ways of enhancing that communication. This included, touching people on the arm to gain their attention, giving eye contact and affording people time to respond to any requests or questions.

Some people used sign language or signs which were individual to them, other people used picture cards. We saw that staff understood people's communication and were able to readily respond in a way which the person understood.

Care records evidenced that where able, people had consented to their care through signing their care plan or a written statement had been made of a conversation with the person. One person told us "I know what care I need and X [care worker] always looks after me".

People had access to a choice of food and drink throughout the day and staff supported them when required. Where required specialised diets were accommodated. Meal times were variable, depending upon when people got up in the morning or when they were ready to eat. People told us they enjoyed the variety of food and we observed that people were offered alternatives if they did not like what was on the menu for that day. At meal times, care workers ate with people to encourage people to eat and promote meal times as a positive experience.

People were supported to maintain a healthy weight. Records showed that people's weight was monitored monthly to support this.

Each person had a health action plan which identified their health needs and the support they required to maintain their emotional and physical wellbeing. This helped staff ensure that people had access to the relevant health and social care professionals. Records evidenced that people had access to a range of professionals such as the in-house psychologist, district nursing team and a dietician.

The Care Quality Commission is required by law to monitor the application of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The Mental Capacity Act 2005 sets out what must be done to make sure that the rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care or treatment. This includes decisions about depriving people of their liberty so that they get the care and treatment they need where there is no less restrictive way of achieving this.

The service had complied with the requirements of the Mental Capacity Act 2005. Where required, mental capacity assessments had been undertaken and DoLS applications had been made. Best interest meetings had been held to ensure that decisions made were in the interest of the person. People and their family were involved, as well as relevant health and social care professionals and staff from the home.

To ensure that new staff were suitable for the role, they undertook a six month probationary period in which they completed an induction. The induction included looking at care plans, completing the mandatory training, familiarising themselves with the service policies and procedures and shadowing more experienced staff members.

Staff told us and records evidenced they received regular supervision with the registered manager or team leader. During supervision, training and skill development was discussed. Staff said they felt supported and feedback during these sessions was constructive and positive. Staff who had been employed by the provider for more than a year had undergone an annual appraisal. Following an appraisal, staff received an action plan for their future development.

Staff said they were happy with the training offered by the provider and felt they had received sufficient training for their role. The training matrix documented that staff completed their mandatory training specific training to support people's individual needs.

Requires Improvement

Is the service caring?

Our findings

There were some practices which we found institutionalised. This resulted in people's privacy and dignity not being fully respected. People's wishes and preferences were not always being taken into account when their care was planned.

During the day we observed people taking their medicine and being offered water to take their medicine with. After taking the medicine, staff asked people if they had swallowed the tablet, then asked people to open their mouth to check that the medicine had been swallowed. Staff advised us that this was their usual procedure. This approach did not consider people's individuality and personal wishes.

People were not consulted as to where they preferred their medicine to be given to them. Staff told us that all medicine was dispensed from the office. At lunch time, we observed one person who had refused to go to the office to take their medicine. After a while of trying to encourage the person to go to the office, staff gave the person their medicine where they were sitting. Staff told us that the person did not want to go into the office because they were concerned that another person may take their seat in the lounge. There was no record in this person's care plan that they may become upset if asked to leave their chair when they did not want to. Care records did not hold a record of where people preferred their medicines to be given to them.

During lunch time, we saw that people were served their meal on a plastic plate and were using plastic knives and forks (although non plastic cutlery was available). Staff told us that some people would throw their plate and they were concerned this would harm other people. Staff confirmed that people had not been given a choice of ceramic plates due to the potential risks of injury. The registered manager told us they had already ordered new ceramic crockery to enable people to have a choice. However, whilst the registered manager had considered the risks of people throwing their plates, they had failed to consider other people's right to choose their preference of crockery and utensils.

Not all people were asked permission before staff carried out care. Out of three people who were sat at the dining table, we observed that only one person was asked by staff if they wanted to wear an apron. Staff placed an apron on the other two people without asking for their permission or explain what they were doing.

People's dignity was not always respected. Throughout the day we saw that one person was supported to use the toilet which was located in the foyer of the building. On three occasions, we saw that the toilet door was open wide enough for us to see the person inside. Staff told us that this person did not like the toilet door closed and that staff would stand in front of the door to prevent people seeing in. However, this did not protect the person's privacy as we could still see into the toilet. On one occasion the staff member left the area and the door swung open. The person was unable to reach the door to close it from the inside and they were clearly visible to people in the foyer.

We found that the registered person had not fully respected people's privacy and dignity. People's wishes and preferences were not always being taken into account when their care was planned. This was in breach of regulation 17 Respecting and involving service users of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 10 Dignity and respect of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The accommodation at Hurst House was spacious and we saw that people wandered around freely as they wished or with support from staff. The home was warm, well lit and appropriately furnished. People had personalised their rooms as they wished.

Staff were friendly and caring towards people. We saw that people and staff had developed positive relationships with each other. Staff respected people's privacy by knocking on their bedroom door and waiting until being invited in. When staff entered the communal rooms they acknowledged people and called them by their preferred name. People were treated equally and we saw that staff were aware of people's personalities and respected their right to do things in a particular way, change their mind or do things differently.

People who live at Hurst House had varying levels of support needs, some of which were complex. Staff were knowledgeable about the people in their care and were

Requires Improvement

Is the service caring?

mindful of people's emotional wellbeing. A care worker told us they had developed a 'social story' for one person. This had helped the person to recognise what happened to their health and emotional wellbeing as they got older.

We saw that if individual people were agitated or distressed, staff used effective techniques to reassure and calm them. Staff told us that as some people could not verbalise their wishes clearly they looked for other 'cues' such as facial expressions or sounds.

People had access to advocacy support with regard to making decisions about their care and support and finances. An advocate supports people to understand their rights and encourages them to speak up if they need information to make an important decision or are unhappy about how they have been treated.

Good

Is the service responsive?

Our findings

Care staff told us the information and guidance given in the care plans enabled them to safely and consistently deliver care and support in the way in which people wanted. One person told us "This is my home, I am not leaving from here". Another person nodded when we asked if they liked living at Hurst house.

Each person had a care plan which was tailored to their individual preferences and abilities. There was detailed information about the level of support people required in relation to their health, mobility, social and personal needs. Risk assessments were in place which enabled staff to keep people safe and maintain their independence. Behavioural support plans were also in place which linked in with the in-house psychologist who provided guidance and support to staff on managing behaviours that may challenge.

People and their relatives had been involved in the discussions and planning of their care and support. Care plans were signed by people or their relatives to show their agreement with the support which was given and how the care would be delivered.

Care plans had been reviewed on a monthly basis and changes made when required. One healthcare professional told us "People are becoming more involved in how their care is delivered and staff have a good understanding of people's needs which can be very challenging at times".

Peoples preferences for the way their care was delivered was documented in their care plans. From decisions about what to wear, to personal care routines and daily routines to likes and dislikes with food. Staff told us they supported people to visit their family. There were no restrictions on when family and friends could visit the home.

During the day three people went out with staff for a drive. One person said "We are going to have a drink in a café". Staff told us that people participated in a range of activities such as shopping, helping with household tasks such as setting the table, attending the gospel church, going to the day centre or working as a volunteer. People also enjoyed music therapy sessions and swimming in a local hydrotherapy pool.

Before people moved into the home, the management team undertook a pre-admission assessment to ensure the home could offer the appropriate support the person required. Care records contained a pre-admission assessment. This included reviewing the person's health, emotional and social needs to assess if the home could meet their needs.

There was a complaints procedure in place and staff told us that they encouraged people to speak up if they were not happy with something. The complaints procedure was to available to people in a picture format.

Good

Is the service well-led?

Our findings

The service had clear values about the quality of service people should receive and how this should be provided. The registered manager and staff told us they valued the people they cared for and strived to provide a high quality of care. A care worker told us "This is something I have always wanted to do, my job is about making a difference to people's lives and to make sure they are well looked after". Another care worker told us "We aim to give people a really good quality of life, to be healthy and well cared for and to put a smile on their face".

The registered manager and assistant area director completed a range of audits on the quality of the service provided. This included audit of care records, staff supervision, staffing levels, complaints, staff training, incidents and accidents. In addition, unannounced inspections were carried out by the operations team. The registered manager had identified the errors in the medicine audits and gave the person who was responsible for the audits, additional support and training. However, over a period of some months, the person continued to make errors and was not competent to continue auditing the medicines. At the time of our inspection the manager was following up a competency meeting with the person who had been removed from this duty. The medicine audits were now to be carried out by a senior member of staff and the registered manager.

There were contingency plans in place in the event of the loss of facilities, such as gas or electricity or the evacuation of the premises. The building and the environment were audited by the registered manager to ensure internal and external areas were well maintained. There was a development plan in place for the home.

The registered manager told us they were looking to change the dining room and lounge and people would be consulted for their views on the redecoration.

There were regular staff and management meetings, which were used to keep staff up to date and to reinforce the values of the service and how they expected staff to work. Staff also reported that they were encouraged to raise any difficulties with the management team.

Staff told us they felt valued by the provider and the registered manager. One care worker said "The manager is very nice, really approachable. It's a really good team and we get on well with each other". Staff were encouraged through the employer incentive scheme to reduce their level of absence caused by sickness. In addition, the Choice Care Academy gave staff access to learning opportunities from foundation to advanced level in recognised qualifications.

The registered manager ensured they kept themselves and staff up to date with best practice. The provider disseminated information on changes in legislation and best practice to home managers. The registered manager accessed various resources through the British Institute of Learning Disabilities (BILD).

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 12 HSCA (RA) Regulations 2014 Safe care and treatment **The service did not consistently follow safe practice around the administration, storage and disposal of medicines.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect **The registered person had not fully respected people's privacy and dignity. People's wishes and preferences were not always being taken into account when their care was planned**

This section is primarily information for the provider

Enforcement actions

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