

Worcestershire County Council

Howbury House Resource Centre

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

We inspected Howbury House on the 17 February 2015. Howbury House provides intermediate care beds to people to support admission prevention and timely discharges for approximately up to six weeks. They also provide permanent and respite services for people with dementia related illnesses. 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.

We found that people were kept safe by staff who knew how to protect people. We found that people were cared for in a supportive way that did not restrict their freedom.

Summary of findings

The provider of Howbury House had ensured the building was safe for people who had poor mobility or for those that lived with dementia. There were sufficient staff on duty to meet people's needs.

People's medication was stored and managed in a way that kept people safe. People received their medication at the correct times by staff who were trained to do so.

People were cared for by staff who had the knowledge and skills to meet people's care needs. People had access to healthcare professionals and were supported to appointments, such as the doctors and physiotherapists and occupational therapists.

People we spoke with were complimentary about the food and their dining experience. Staff knew people's likes and dislikes and respected their wishes. We observed people received regular drinks and staff supported those who needed assistance.

People told us that all the staff were caring and that staff were respectful and talked to them calmly. Some people who lived at Howbury House were unable to tell us verbally if the staff were kind and caring however we observed that people were relaxed and calm in the home. People told us that they were listened to and an active part in the planning and treatment of their care. We saw

care staff spoke kindly to people and maintained their dignity when providing assistance. People were supported to remain independent and received assistance when they needed it.

We found that the service was responsive towards people's social needs. Staff showed us how they used people's history and past experiences to develop activities that people enjoyed and that they were personalised to their choice. Staff knew people's likes and dislikes and respected their wishes.

People and relatives told us they found staff and the registered manager approachable and told us they could raise any complaints or concerns should they need to. Everyone we spoke with told us that they had never needed to complain or had anything to complain about.

Through regular meetings we found that the registered manager promoted a positive culture, in which they invited people to talk with them about any concerns they may have.

We found the registered manager had systems in place to ensure that the quality of the care was monitored. Checks in areas such as medication and environment were carried out and completed monthly. Where there were any actions following these checks they were followed up and improvements were made.

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 kept safe as staff recognised signs of abuse and how to respond to any concerns correctly. We found that there was enough staff on duty to meet people's needs and keep them safe. People's medicines were stored and managed in a safe way.

Good



Is the service effective?

The service was effective.

Staff had the knowledge and skills to meet people's care needs. They had access to health professionals and were supported to attend doctor appointments. People had access to enough food and drink to keep them healthy.

Good



Is the service caring?

The service was caring.

Staff spent time with people in order to get to know them and their likes and dislikes. People's independence was supported and staff encouraged people to make their own decisions about their care. We found that people's privacy and dignity was respected.

Good



Is the service responsive?

The service was responsive.

People received personalised care that was responsive to their individual interests and needs. People felt confident to raise a complaint should they need to.

Good



Is the service well-led?

The service was well-led.

The provider promoted a positive culture which encouraged people, their relatives and staff to help develop the service. People who used the service were given opportunities to be included in the way the service was developed.

There were procedures in place to monitor the quality of the service and where issues were identified there were action plans in place to address these.

Good



Howbury House Resource Centre

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 17 February 2015 by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The inspection was unannounced.

Before our inspection we looked at the notifications that the provider had sent us. Notifications are reports that the provider is required by law to send to us, to inform us about incidents that have happened at the service, such as an accident or a serious injury.

On the day of our inspection we spoke with eight people who lived at the home and three relatives. We also spoke with four staff, the cook, the maintenance man, the deputy manager, the registered manager and an operations manager. Not everyone who lived at Howbury House was able to communicate verbally with us. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We pathway tracked four people who lived at Howbury House. Pathway tracking is a method of looking at the experiences of care for a sample of people who used the service. This is done by following a person's care pathway through the service provided to see if their needs were being met. We also looked at the providers audits, these included audits of medication, complaints, incidents and accidents and staff training.

Is the service safe?

Our findings

People at Howbury House told us they felt safe. One person told us, “Safe, oh gosh, yes. From the minute you walk through the door. I arrived very late at night and the care I got was brilliant”. Another person said, “Safe, oh yes. It's just the whole place, the care. Everything's good”. One relative we spoke with told us, “[The person] is in safe environment. I think [the person] does feel safe”. We observed people in the home, how they interacted with staff and others who lived there. We saw that staff spoke with people in a respectful manner and people told us they were comfortable with the care provided.

Staff were able to tell us what they believed poor practice meant and examples of what they would immediately report to the management team. We found there were suitable arrangements to safeguard people against the risk of abuse, including reporting procedures and a ‘whistleblowing’ process. We saw that advice about how to report concerns was displayed and included contact details for the relevant local authority. The registered manager documented and investigated safeguarding incidents appropriately and had reported them to the local authority and the Care Quality Commission (CQC) where necessary. This showed that people were kept safe by staff who knew how to protect them.

People and relatives told us the home was well managed and that any maintenance problems were dealt with promptly. We saw monthly checks took place to identify any area in the home that may need attention and to keep people safe. For example, checks were carried out on water temperatures wheelchairs and fire and emergency lighting was tested. There were also appropriate levels of security were in place to keep people safe without restricting movement throughout the premises. The provider had managed risks of injury to people by suitable adaptations to the garden. This ensured the environment was safe at Howbury House.

Staff we spoke with knew about the risk assessments that were in place for people and how to report new risks to the management team. We saw risk assessments were in place that identified when and how people were to be supported. For example, one person was at risk of developing pressure sores. We saw that appropriate

assessments and equipment had been put in place to ensure that reduced their risk of developing a pressure sore. This ensured that people were supported appropriately and in a way that kept them safe.

We observed and spoke with people about staffing levels in the home. People told us there were enough staff on duty to keep them safe and meet their needs. One person told us, “There seem to be a good amount of staff. Always sufficient when I've needed them. I've used the bell and they're not long to come”. Another person said, “They're always there. There's always somebody coming and checking on you”. Staff that we spoke with told us that there were always enough staff on duty. One staff member who we spoke with said, “Staffing levels, we're ok”. We observed during our inspection that staff readily responded to people in a timely way. We also saw staff spent time talking with people on a one to one basis or in groups. Staff were not rushed and spent as much time as people needed with any assistance they provided. For example, sitting in the lounge with people involved in conversation, or providing a group activity. We spoke with the management team about staffing levels and we were told that they had the flexibility to adjust staffing levels should people's needs change. We saw that people's dependency needs were reviewed on a regular basis. The information was used to make decisions about staffing in a way that reflected people's changing needs.

We looked at how the provider managed medicines at the service. We spoke with people who used the service and they told us there were never any concerns with their medicines. One person told us, “They bring medication, they come around [to rooms], always on time.” Another person told us, “I get injections and all my medicine. I take a lot and I'd know if anything wasn't done”. Staff told us that they had received training in safe handling of medicines and their competency was checked regularly. We saw training records that confirmed this. An audit of medicines found that medicine administration charts (MAR's) were used to record what medicines were given and when. This showed that risks had been reduced to ensure people received the right medicine at the right time by staff who were trained.

There were suitable arrangements for the safe storage, management and disposal of medicines. These included

Is the service safe?

procedures for giving medicines in accordance with the Mental Capacity Act (MCA) 2005 where people lacked capacity. Medicines were stored securely and where necessary, in a temperature monitored environment.

Is the service effective?

Our findings

People who were at Howbury House told us they thought the staff knew them well and were confident when they supported them. One person said, “They know what they are doing, I couldn’t walk five weeks ago, now I can. It’s absolutely amazing what they have done for me”. Another person told us, “Oh gosh, yes. You’d be able to see competence and they’re confident. They go above and beyond”. Another person said, “Oh, yes, they do. They know what I need.” A relative told us, “[The person] gets good treatment here”.

We spoke with staff about the training they received. One staff member told us, “The training keeps you up to date”. Another staff member told us, “I am always having training, it’s always very good”. One staff member told us about a recent dementia training course they had attended as the provider had recently admitted new people into the home who had dementia related illnesses. The staff member told us, “The dementia training put you in their position so you can help understand it better. I know that they can be re-living moments, so looking through their old photographs with them puts a smile on their face”. All staff we spoke with told us they were supported by management in learning and developing.

New staff were required to complete an induction programme and not allowed to work alone until assessed as competent in practice. All staff had been set annual goals and targets to support both their personal and professional development. Staff told us that they had training in essential topics such as medication and safeguarding. This enabled them to gain understanding around best practice and to keep themselves up to date with the people’s care needs.

Staff told us they received regular support meetings and an annual review of their personal development. Staff told us that the meetings gave them the opportunity to share any concerns they had. One staff member told us, “I feel very supported. Management do their best”. Most staff told us they had regular one to one conversations with those senior to them to discuss any concerns they may have, however one staff member we spoke with told us, “They don’t happen as regularly as they should”. We spoke to the registered manager who told us that group discussions took place and issues or concerns arising from those discussions were acted upon. Staff said if they had any

concerns between meetings they would speak to management and not wait until the next meeting. Staff told us these meetings were mainly held to discuss changes at the service, best practice and an opportunity to bring all the staff together for support from each other. Having such opportunities meant staff were supported by management to do their job.

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. While staff had not had MCA training, all the staff we spoke with understood the implications of the MCA and how this affected their practice. The registered manager recognised that staff required this training and arrangements were in place for this to take place. Some staff we spoke with understood the principles of MCA and Deprivation of Liberty Safeguards (DoLS). Staff gave examples of how they helped people understand their choices by using easy to understand 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.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards which applies to care homes. At the time of our inspection no application had been submitted in line with the provider’s policies and procedures and no applications had been approved. Staff who we spoke with knew that there had been a person who had a DoLS during their rehabilitation at Howbury House and what this meant to the individual person. This meant that the provider had suitable systems in place to ensure this was managed in a safe and legal manner.

People told us they enjoyed the food at the home. One person told us, “It’s a five star hotel. I shall miss the food. The food is brilliant. It’s home-made, fresh, not mass-produced. We got heart shaped chocolates and flowers on Valentine’s Day”. Another person told us, “Excellent food. You can’t fault them. It’s incredible what they give you. Today I’ve had sausage in bread which I like, and drinks. We’ve got cold drinks next to us all the time and they bring tea or coffee to us”. One relative told us, “The

Is the service effective?

food is lovely. [The person] eats better than I do. All proper home-made cakes and pies and proper sandwiches. Choice is good, and they have plenty of time until [the person's] finished. There are vegetables in the middle of the table which sometimes [the person] eats". Another relative told us, "[The person] loves the food. They ask them what [the person] likes; even the chef came and asked [the person]. [The person] sits with two or three other people at the table and can eat in their room if they want". We observed lunch time at the home, this was a positive experience for people, the table was nicely laid and people chose where they wanted to sit. We saw people chatting and laughing with each other and staff. People were offered a choice of food and were given time to enjoy their food with staff ensuring that they were happy with their meals. Staff knew who required assistance with their food and provided this at a pace which suited the person.

People were offered hot and cold drinks throughout the day. We observed staff supported and encouraged people

to drink. Staff did not rush people and took their time to assist people to enjoy their drink. Staff we spoke with knew who required support to maintain a healthy fluid intake. This meant that people were supported to drink enough to keep them healthy.

People we spoke with told us they had access to health care professionals when they needed to and that visits were arranged in a timely manner when they requested. One person we spoke with said, "I've seen the doctor a couple of times now". A relative told us, "I was going to take [the person] to the dentist as we're working together (with the unit)". We saw in care records that people were visited by psychiatrists and a GP and attended routine appointments such as the dentist and chiropodists. This demonstrated the service worked closely to make sure there was a joined up approach to meeting people's health needs.

Is the service caring?

Our findings

People we spoke with told us they felt cared for by the staff. One person told us, “They do listen to me”. Another person said, “Fantastic care”. Another person said, “‘Oh, yes, they do care for me”. Another person said, “Caring with a smile”, “They listen, it’s important that they do”. A relative told us, ‘They’ve got the balance right here with staff. It looks spot on. You couldn’t ask for a greater deal than this” and “Yes, they listen, and they like [the person]. You can tell; they’ve got time for them”.

We asked people if staff encouraged them to do things for themselves and make their own decisions about their care. One person told us how staff had encouraged the person to go for a walk, when they did this they were met by the manager in the office and “had a chat with tea and biscuits”. Other people spoke about the Dignity Day that the provider had held. One person said, “They had put a lot of hard work into that day”. People and staff told us that the day had a 50’s theme and people dressed in 50’s clothing and ate food from that era, such as spam and pineapple upside down cake. People were able to voice their opinions for what dignity meant to them. We saw that these were written out by people who lived there and hung on the ‘dignity tree’ for people to read. People told us that on valentine’s day the cook had made an “extra special effort”.

People described how their breakfast toast was cut into heart shapes and how the valentines theme ran throughout the day. One person said, “It’s the little things like that that make all the difference to your wellbeing”.

People and relatives told us their care plans were updated regularly and were involved where they were able to. One relative told us that they were involved in the care planning and that their views were considered and acted upon. This showed that the provider supported people to make decisions about their care and they put this into practice.

We talked to people about how their privacy and dignity was promoted by care staff. One person explained how staff respected their privacy and that staff would wait outside their room to provide them the privacy they required. People told us that staff spoke kindly to them and in a respectful way. People said that staff listened to what they had to say and spent the time to respond to any questions. One relative told us, “They’re discrete with visitors and check who we are, they won’t just tell you about [the person]”. We observed people were assisted in a quiet and discreet way and care staff were professional at all times when assisting people. We saw that people were appropriately dressed in suitable clothing that maintained their dignity. We saw how staff treated people with respect and addressed people in a courteous way. Visitors told us they were able to see their relative in private and that there were no restrictions on visiting times.

Is the service responsive?

Our findings

People and their relatives told us that the provider ensured that people's preferences and choices were discussed in detail. This knowledge was reflected in people's care provided and their records. People we spoke with told us staff knew them well and knew what their likes and dislikes were. We observed times where staff would sit and talk with people about topics that interested them. One person told us, "There are activities here, they're excellent. We had staff helping people make cakes and decorating them. And they had a dignity day; it was amazing that they worked so hard. Students came and did nails and hairdressing. There's bingo. I have company, you can mix with people or not and can have your own space. We can eat together or alone, you've got a choice". Another person said, "They come to my room and talk with me". Another person said, "I work now with a group of staff. I can speak my mind. They do listen to me". On the day of the inspection we saw that the vicar was visiting a person. The vicar told us they visited once a month to provide people with a communion service. One person who attended the service said, "We have pastoral care from the church and the vicar came down today to give communion". This demonstrated that staff actively encouraged people to follow their interests and maintain their social activities inside the home.

People and relatives told us that they were involved in the planning and decision making of the persons care as much or as little as they wanted. One person told us "I am getting stronger every day. I've got six weeks here and I have a say, I know I've got to put weight on before I go". One relative told

us that the staff listened and understood and this was reflected in the way staff cared for the person. The support plans demonstrated the service had conducted a full assessment of people's individual needs to determine whether or not they could provide them with the support that they required. Plans of care were in place to give staff guidance on how to support people with their identified needs such as personal care, activities, communication and with their night time routine. The staff we spoke with demonstrated that they were aware of people's current needs and how they supported them.

Every person we spoke with said that they felt confident enough to speak to staff or people in management if they had any concerns or complaints. One person said, "I haven't had any need to complain and I would if I did. There are a lot of dedicated helpers here. I could ask them". Another person said, "There is a booklet on complaints and I was told about it. If I had a concern I'd tell my family immediately". A relative said, "I have no concerns or complaints. [The person] would tell us if they had a concern. They would tell everybody". All of the staff we spoke with explained what they would do if someone made a complaint to them. One staff member told us, "If it was something I could handle myself then I would sort it out. But [the registered manager] is always on the end of the phone if I needed them for something I wasn't sure about". The provider had not received any complaints since our last inspection in July 2014. The provider had a complaints procedure in place, the information was clear and easy to understand and accessible to people.

Is the service well-led?

Our findings

People told us they felt happy to approach the registered manager. We saw people were comfortable approaching them during our visit. People told us they knew what was happening for themselves as individuals and what plans were in place for the overall service. One person told us, “Generally, I know what this service does. You get general meetings. Our last one was a fortnight ago, and we talked about things we want to change, but there wasn't anything else I needed”. The service provided people with a homely experience and an individual approach was taken in regards to residents having their say about the way the service was run. One person told us, “High class, top drawer”. It was clear the registered manager knew people and staff well and throughout our inspection we saw the registered manager listened to people and provided reassurance. People told us that seeing the registered manager and deputy manager regularly meant they were able to voice their thoughts and opinions and they were listened too. This meant that people felt involved and there was an open communication system for all people who used the service.

Staff told us they had opportunities to contribute to the running of the service. They said that this happened through staff meetings. One staff member said, “We are listened too”. This showed that the registered manager recognised the importance of an open and transparent culture and that people could raise concerns with confidence.

We found and people told us that the registered manager was visible in the home and actively took part in people's care. One person said, “Yes, I can talk to [the registered manager]. Their great”. Another person said, “The manager is lovely, we have a laugh together”. Another person said, “I met them at dignity day. They are lovely, very approachable. Everybody is”. Staff told us that the registered manager was approachable and did their best to support them, one staff member said, “I feel very supported by the manager”.

The registered manager told us that surveys were sent to people every month. We looked at a sample of surveys that had been returned. The responses were positive. Such as, “One of the nicest place where everyone was so friendly and helpful”. Another was “food was excellent, could fault them. Perfect!” And, “Found excellent care, wonderful place, much needed”. The deputy manager explained that there were no actions following this survey and were happy with the positive comments received.

People we spoke with told us they had not had any accidents or incidents while they were at the home. One relative we spoke with explained that the person had had an accident and they felt this was handled well, with appropriate action taken. We looked at how incidents and accidents were monitored that occurred in the service. Records showed that each incident was recorded in detail, describing the event and what action had been taken to ensure the person was safe. Accident forms had been reviewed so that emerging risks were anticipated identified and managed correctly.

The provider is required by law to notify CQC of serious incidents that have happened in the home. We found that the provider had notified us when there had been an incident. This showed they promoted an open culture and met the legal requirements.

The provider completed monthly audits in areas such as care plans, environment, medication and training. We saw action had been taken when a shortfall had been found which ensured positive improvements were made for people. For example, we could see that some staff health and safety training was about to expire. The registered manager explained that arrangements were in place to ensure that staff received the training to keep them up to date. This meant that the provider had systems in place to assess and implement high quality care.