

Alliance Care (Dales Homes) Limited

Houndswood House Care Home

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?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 1 March 2017 and was unannounced.

Houndswood House provides accommodation for up to 50 people who require nursing and personal care, including people living with dementia. There are two separate units in the home, Magnolia Lodge for people living with dementia and Primrose House for people who require nursing care. At the time of our inspection there were 30 people living at the home.

There was a support manager who was managing the day to day running of the home. However they were not registered with CQC. The regional manager told us that they were in the process of trying to recruit a new manager who would be registered with CQC. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

When we last inspected the service on 4 and 12 October 2016 we found the provider was not meeting the regulations and were in breach of regulations 9, 10, 17 and 18. There were not always sufficient numbers of suitable staff available to meet people's needs. Governance arrangements were ineffective. Activities were not suited to people's abilities or interests. People did not receive person centred care and people's dignity was not always maintained. At this inspection we found that although improvements had been made. Further improvements were required to ensure compliance with the regulations was achieved.

People were unable to tell us whether they felt safe living at Houndswood house. However we observed improvements had been made to help keep people safe. Staff mostly understood how to keep people safe and risks to people's safety and well-being were assessed and were being kept under regular review to help to keep them safe. However staff did not always have access of peoples risk assessment and this put people at risk of injury.

People's medicines were managed safely. They were administered only by trained Nurses who had received training and had their competencies checked.

People had their needs met in a timely way and we observed there were sufficient numbers of staff who had the right skills and experience to support people safely. There was a robust recruitment process in place. This helped to ensure that staff who were employed at the service were suitable to work in this type of service.

Staff received support from their managers. This included both one to one supervision and team meetings. Staff told us they felt supported, although there had been several changes in the management structure which had meant a lack of consistency.

People received the assistance they needed to eat and drink adequate amounts of food and fluid to help

keep them well. People were supported to maintain their physical and mental health and staff made referrals to healthcare professionals when required.

We observed staff to be kind and caring. Staff were knowledgeable about people's individual requirements in relation to their care and support needs and preferences. People and or their relatives had been invited to participate in the planning of their care where they were able to and where this was appropriate.

People were supported to participate in some activities that were provided. However this was an area that required improvements. Activities were not always suited to people's abilities. Feedback from relatives also indicated that there was less engagement at the weekends and it was not always evident how people who were cared for in their bedrooms were engaged.

People and their relatives were supported to give feedback about the service. People were able to raise any concerns they had and told us that in most cases they were confident they would be listened to and any issues they had would be addressed.

There were systems and processes in place to monitor the quality of the care and support provided for people who used the service. Where shortfalls were identified actions were in place to make the required improvements. The environment continues to be in need of refurbishment and this is planned to commence in May 2017. However we discussed how the environment could be maintained at an acceptable level until such time as the refurbishment is completed.

We received mixed feedback from people's relatives. Most had seen some improvements but felt the home was still undergoing a period of transition with many changes of staff and management at the service. There was a detailed action plan in place which was being kept under regular review since the last inspection.

At this inspection we found the service to be in breach of Regulations 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we asked the provider to take at the back of the full version of the report.

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 

This service was not consistently safe.

Risk assessments were completed to help keep people safe.
However staff did not always have access to these

Staff understood how to recognise potential abuse, and knew the process for reporting concerns.

People's care was provided by appropriate numbers of staff who had been through a robust recruitment process.

People's medicines were managed safely.

Is the service effective?

Good 

The service was effective

People received care and support from staff who had been appropriately trained and supported for the roles they performed.

People's consent was obtained and they had had their capacity assessed in line with MCA guidance.

People were supported to eat and drink adequate amounts to maintain a balanced and varied diet.

People were assisted to access health care professionals to ensure that their health and wellbeing was maintained.

Is the service caring?

Good 

The service was caring.

People were treated in a kind and caring way.

Staff demonstrated a good understanding of people's needs and wishes and responded accordingly.

Staff had developed positive and caring relationships with people and knew them well.

Staff were respectful of people's wishes and treated them with dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

People's care was provided in accordance with their assessed care needs.

Activities were limited and were not always suited to individual preferences and abilities

There was a complaints process in place and we saw that complaints were investigated and responded to.

People and their relatives were able to raise concerns and that in most cases they would be acted upon.

Is the service well-led?

Requires Improvement ●

The service was not well led.

There was no registered manager in post.

People, their relatives, and staff felt the home was not consistently well managed, due to several changes of management in recent months.

People, their relatives and staff felt managers were approachable and supportive but lacked consistency which impacted on the overall quality of the service.

The provider had systems in place to monitor and manage the quality and safety of the service to make the required improvements.

Houndswood House 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.

This inspection took place on 01 and 3 March 2017 and was unannounced. The inspection was undertaken by one inspector and was a follow up to check if the required improvements had been made.

Before our inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we observed staff assisting people who used the service. We spoke with two people who used the service, four staff members and the manager. We spoke with relatives of two people who used the service and obtained feedback from a further three relatives of people who used the service to obtain their feedback on how people were cared for at Houndswood house.

We received feedback from Commissioners involved with the care and support of people who used the service. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed care records relating to three people who used the service, recruitment files, and quality assurance documents. We looked at other records relevant to people's wellbeing. These included staff training records, medication records and quality audits.

Is the service safe?

Our findings

At the previous inspection we found that staffing levels were not always adequate to meet people's assessed needs and preferences in a timely way. At this inspection we found staffing levels were sufficient to assist people in an unhurried and appropriate way.

People were unable to tell us if they felt safe living at Houndswood House and also feedback received from relatives was mixed in terms of people's safety. We found that one person had been injured following a serious accident where the person had fallen from their wheelchair which had not been secured despite a risk assessment had been completed. Also the provider had failed to ensure that staff had completed all the safety checks which included checking that the person was safe. The accident resulted in an injury to the person. The person was checked shortly after the accident for obvious injury, but a comprehensive check was not completed until later the same day when staff found some cuts and bruising to the person's legs and feet which had not been checked earlier in the day.

The provider had failed to maintain the health, safety and wellbeing of people in their care and this was a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

We noted that a recent safeguarding concern had been raised following the examination of a person who had 'unexplained bruising'. The person was not observed to have fallen but had sustained bruising to their leg, foot, wrist and fingers.

A relative told us they felt "I think overall [relative] is kept safe. They went on to say "The staffing levels are better now because there are less people and it means that there were adequate staff in communal areas which had been a problem in the past."

Staff we spoke with were aware how to safeguard people from abuse and told us what constituted abuse and how they would elevate any concerns. They confirmed incidents they would report such as unexplained bruising or injuries or a change in a person behavior. "We saw that information was displayed in various places throughout the home for people, visitors and staff to see as a constant reminder which included the contact numbers the local authority safeguarding team.

At our last inspection we found that there were insufficient staff on duty at all times. However at this inspection we observed that there were sufficient numbers of staff to support people and this was an improvement from our previous inspection. We observed that staff were present in communal areas to help keep people safe. In particular where people had behaviors that challenged others, and some people who required constant supervision to help keep them safe. We observed that staff responded promptly to their requests for support. People and relatives told us that there had been many changes of staff and management in recent months and on occasions there were not enough staff to support people in a timely way. However this had improved over recent weeks, and had a positive impact on people's wellbeing.

The manager told us they used a dependency tool to review and assess the numbers of staff required in the

home. As the home was significantly under occupied, and the staffing levels had been maintained they were deemed to be 'overstaffed'. The manager told us they intended to maintain the current staffing levels for the foreseeable future to ensure improvements were maintained

We saw that pre-employment checks were completed prior to staff commencing work at the service which included a criminal bureau check, the taking up of a minimum of two references and an employment history. If a Curriculum Vita was provided which contained past employment history the information did not have to be repeated on the application form. This ensured that staff working at the service were of good character and were suited to work in a care setting.

We saw that risks to people's wellbeing were assessed and in most cases we found they were appropriately managed and kept under review with clear guidance for staff to follow to mitigate these risks. For example, in relation to people at risk of developing pressure sores were placed on the appropriate pressure relieving equipment and had repositioning charts in place.

People who were at risk of falls, were cared for on a low profile bed and a sensor mat was in place to alert staff if the persons got out of bed and activated the alarm. In addition there were regular checks in place for people who were cared for in their bedrooms. The checks were completed to make sure people who could not access their call bells were ok or to offer them a drink.

There was a robust system in place to order, store and dispose of medicines when they were no longer required. People were supported to take their medicines as prescribed. Medication administration records had been completed when people took their medicines. There was a system in place to monitor that people had received their medicines. There were daily stock counts at the end of each medicines round so that any potential errors were quickly identified and actioned. We found the records reconciled with the stocks balances we check. A recent pharmacy audit had been completed with no significant concerns noted.

Is the service effective?

Our findings

People were unable to tell us if they felt staff who supported them were suitably trained and experienced. We received mainly positive feedback from relatives. One who told us "I think in the main staff have received training, but some are better than others". Another told us "I feel more confident with some of the more regular staff but not always with agency staff".

Another relative said "I don't have any concerns about their abilities, I think they do get training and most do know what they are doing". Staff confirmed they had received an induction when they started work at Houndswood House and were provided with ongoing training to support them in their role. Two of the staff we spoke to felt supported by the management team. However two staff members who provided feedback as part of the inspection said that there had been so many recent changes of managers which was unsettling for them and people who lived at Houndswood house. A member of staff told us they had supervision with their line manager who was a senior carer. Staff supervision records demonstrated that staff had received some individual discussions about their performance and training and development needs.

The manager showed us the training plan which detailed what training staff had already completed and when they were due for refresher and updates. Training included a selection of mandatory topics such as administration of medicines, safeguarding, moving and handling, fire safety and infection control. Other topics which had been completed by some staff included end of life care, skin integrity and dementia care.

We found that consent to care had been obtained from people in line with the Mental Capacity Act (MCA) 2005. People's capacity to make decisions had been assessed where necessary. For people who lacked capacity to take decisions, best interest processes involving health care professionals and people's family members were involved in making these decisions.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The manager had submitted deprivation of liberty applications to the local authorities for people who had restrictions on their liberty such as being under 'constant supervision'. to keep them safe. Some authorisations had been approved and some were still pending an outcome.

People gave mixed feedback about food. However we noted that this was an area that had improved since our last inspection. For example we saw that people had access to a range of snacks in the communal lounges and drinks were replenished frequently. Snacks were offered to people who could not access them by themselves. A small fridge was kept in the lounge so that people could see what was on offer. We

observed the lunch time meal experience in both dining areas and we saw that this was a relaxed and enjoyable experience for most people and staff assisted people in a timely way when required. Food served was presented nicely and people were given a choice. For example we saw that staff showed people two plates with different food choices so that people could see and visualise what they wanted to eat.

We saw that when people who did not eat their meal they were offered an alternative or lighter meal. Staff were aware of people's dietary needs, such as those who required a vegetarian option or soft or pureed meals. Food allergies and intolerances were recorded in people's care plans and the chef was aware of these requirements. People were weighed regularly and where weight loss or gain was a concern a referral was made to the SALT team (speech and language therapy) or a dietician which ensured staff had appropriate support to enable them to meet people's nutritional needs.

People's day to day health needs were maintained by staff who supported them to attend appointments. People were supported by a range of health care professionals, including the Nurses the GP who visited the home regularly and other professional including the chiropodist, opticians or the dentist. Records conformed people's healthcare needs were managed and records completed to say what intervention people had had. For example there had recently been an outbreak of chest infections in the home and we saw that these had been managed effectively through the home referring people to see the GP in a timely way. At the time of our inspection two people had urinary tract infections and two people had eye infections which were treated effectively.

Is the service caring?

Our findings

At the previous inspection we found that people's dignity was not always supported and maintained. However we found that some improvements had been made in respect of staff respecting people's dignity. However further improvements were required to maintain compliance with this regulation. People were not able to tell us if staff were caring. However we observed staff to be kind and compassionate when they addressed people and taking time to explain how they were going to support them. Relatives feedback overall was positive in relation to the attributes of staff. One relative told us "The staff are wonderful, they really do try hard." Another relative told us "Most of the staff are good, others I know less about but still do a good job I think."

We saw that staff were patient when they assisted people and gave them the time they needed and did not rush them. We observed a member of staff offering a person a snack and the person was not responding they were looking at the staff member vacantly. The staff member showed the person the snacks and talked about what each option tasted like. After a few minutes we observe the person enjoying a piece of cake. The staff member concerned demonstrated patience and understanding of the persons condition but persevered which resulted in the person being able to enjoy the snack.

Staff demonstrated they understood their needs and they respected people`s privacy and dignity. Staff told us they always knocked on peoples doors and don't just walk in. We observed staff knocked on bedroom doors and waited to be invited to come in. Staff spoke to people in an appropriate tone, made eye contact and were observed bending down to the same level as people they were addressing. We saw staff offering people choices about where they sat, what they wanted to do and supporting them for example from one room to another when they appeared to lose their way.

People's relatives told us they were invited to be involved in the development and review of their relatives care plans. The manager told us they had a system in place so that each day of the month two people's care plans were reviewed and this was the same date each month so that relatives were able to plan ahead and knew in advance when their family members care review was happening. We saw letters in peoples care records inviting family to attend. This meant that people were given an opportunity to contribute to the care plan development and review. The environment had improved since our last inspection but still required improvement. For example in the communal area on Magnolia unit furniture was soiled and curtains were ill fitted. People's individual rooms had bed linen which was faded and in some cases the rooms lacked a 'personal touch', this was especially the case for people who lived with dementia. However generally the atmosphere in the home was better, calmer and staff were observed to have more time to spend with people and were not so 'rushed'.

During our inspection we observed a steady flow of visitors to the home throughout the inspection and staff were very welcoming and 'engaging'. Staff had meaningful conversations with visitors and we saw they had developed relationships with the people they supported.

We saw that peoples care plans were improved contained more detail about people's life histories and this was particularly beneficial for staff to assist people who live with dementia. Staff were able to tell us about

people's preferences, routines and how they liked to spend their time,
People and staff confidential records were stored securely. Staff knew they were responsible to help protect and maintain people's private and confidential information.

Is the service responsive?

Our findings

At the previous inspection we found that people did not always receive appropriate support to participate in meaningful hobbies and support and engagement was not always personalised. We found that some improvements had been made in respect of the range and type of activities that were available. However further improvements were required to maintain compliance with this regulation.

People were unable to tell us if they felt the service was responsive to their changing needs. However we did receive feedback from relatives who told us the service had improved in recent weeks. One relative told us "We do usually get invited to participate in care plan reviews and have been asked recently to provide life history information." We saw from care plans we reviewed that there was evidence of people and relative involvement. Care plans were written in a way that demonstrated people's involvement in respect of their individual routines and preferences. For example we saw that one care plan specified preferred times to get up and went on to say if [person] refuses come back a bit later and offer to assist them again.

People's care plans were reviewed regularly which helped ensure they continued to meet people's needs. People's relatives were invited to attend monthly care plan review meetings. The review meetings were scheduled to coincide with when the person was 'resident of the day' which meant not only did their care plan get reviewed they could choose to be pampered in a variety of ways. For example the person may choose a bubble bath, or getting their nails done. We found that when a change to people's needs was identified actions were put in place to respond to these changes. For example a sensory mat had been ordered to help monitor a person who was cared for mainly in their bedroom and to help prevent them from falling.

Care plans also included information in relation to people's end of life care or in some cases people had a DNAR (do not attempt resuscitation) where a person had a chronic health condition or where resuscitation was unlikely to be successful.

Staff were able to describe in detail people's preferred routines, likes and dislikes, backgrounds and personal circumstances and this was effective in helping them to provide personalised care which met their individual needs. We observed staff responding to people's needs for example in the communal lounge where a person was observed to be agitated with another person staff immediately intervened and distracted the person so that the risk of escalation was reduced. In the case of another person they were shouting for staff to move them to another area of the lounge which was occupied by another person. Staff explained that the other person was sitting there first and offered them other options until they became calmer. The staff member sat with the person and provided reassurance and was soon chatting and appeared to be content with where they were seated.

We saw that staff sat with people at various times during the day. This had a positive impact on people, and was an improvement from the previous inspection when staff had little time to engage and interact with people. We saw people smiled and although some could not communicate verbally noted that they engaged through body language for example by stroking the care workers hand.

At our previous inspection in October 2016 activities were not person centred and not always recorded

effectively. In particular people who were cared for in their bedrooms did not have personalised engagement. However during this inspection we found that people were more involved and individual activities planners had been introduced. The regional manager told us they were doing some further work to develop the activities and to explore in more details people's individual likes and interests to help create a more personalised approach.

There was a complaints policy and procedure in place and relatives told us they knew how to raise concerns. One person told us "I have made several complaints, but due to changes of management they have not always been addressed. However in recent weeks things have improved". We reviewed complaints and saw that they were investigated and responded to and we saw that complaints were managed in accordance with the provider's policies and procedures. We saw also that compliments and positive feedback was recorded and that the service had received many thank-you cards and letters which contained positive feedback. One family told us "The staff here are wonderful; they have stuck with the service despite all the problems. That really shows how much they care about the people".

Is the service well-led?

Our findings

At our previous inspection of Houndswood house in October 2016 people's relatives had told us that they did not feel that the management at the home was stable or consistent with several changes of management over the last three months. One person said "We never know what's going on." Another person told us "It's so unsettling, I feel we are the last to know, they make decisions which affect our family members and us and we just have to accept it". However at this inspection we received more positive feedback and improvements had been made. Further improvements were required to maintain compliance with this regulation.

One relative told us that the home will no longer be accepting people who live with Dementia after the home has been refurbished and relatives had been given notice to find alternative homes for their family members. This had impacted on the confidence of the relatives of people who lived at Houndswood House, who had expected their family members would have a home for life.

There was no registered manager in post and the home had not had a registered manager since the registered manager and deputy manager both left the service following an inspection in August 2016. The current manager had only recently started to work at the service and told us they were "Still finding their feet." However we found they had provided some stability and demonstrated to us that they had an 'overview' of the home and had an action plan in place to address many of the shortfalls identified at our previous inspection. For example the environment was in a poor state of décor with soiled furnishings and malodours in parts of the home where over a period of time odours had manifested themselves through poor standards of cleaning. This had been due to staff shortages historically and when the previous registered manager had utilised domestic and activities staff to support care staff vacancies. At our previous inspection in October 2016 some staff told us that they felt that the registered manager had not always been approachable or supportive. They went on to tell us that the recent changes of management had been negative for both the people who lived there and the staff. One staff member told us "It takes time to get to use to working with a whole new management team who don't really know the ropes. They come in and do what they can but it is not easy for staff who know the home well."

At this inspection staff told us that the management team was approachable and that they felt supported. Two people told us the manager was more visible. However two relatives who gave feedback told us they never see the manager as they are busy in the office.

Staff told us they felt the management team was trying to work with them despite some unrest in recent times. We observed that staff were more relaxed and at ease which helped alleviate concerns for people who used the service and their relatives." Another staff member told us, "The staff are happy and do try to work well as a team."

The manager demonstrated that they knew most of the people who lived at Houndswood House and the staff team. They were familiar with people's needs, personal preferences and family relationships.

The staff and the manger told us that they were working on achieving more regular staff support arrangements and that there were now staff meetings held which enabled them to discuss any issues that arose in the home. The minutes of these meetings showed that all areas of the service were discussed including the any shortfalls and areas that required improvement.

The staff and management team had strived to make the required improvements and these had been achieved in some areas. The manager and regional manager were realistic about what had been achieved and recognised there was still work to do. There were regular daily checks undertaken daily and the manager was planning evening and weekend visits as well.

Audits that were completed which included such areas as checks on bedrails, call bell system monitoring and fire checks. We noted that where issues had been identified through this system of audits these were passed on to the relevant person to address. Senior management undertook a comprehensive monthly audit of the service. We reviewed the findings from the January 2017 audit and noted that some issues which had been identified had now been rectified. Others had timescales for when they expected the issues would be addressed. However during our inspection staff told us that the lift on Magnolia unit was not working properly and two people had moved to other bedrooms as they could not access their own bedrooms which were located on the first floor. The manager told us they were waiting for a part for the lift and was expecting it to be fixed the following week. However to date the lift had still not been fixed and this had a negative impact on people who used the service. Two people who reside on the first floor were being assisted to use the stairs to help keep them safe.

Providers of health and social care are required to inform the Care Quality Commission, (CQC), of certain events that happen in or affect the service. The manager had informed the CQC of significant events in a timely way which meant we could check that appropriate action had been taken. However we had not been advised of the issue regarding the lift and this was discussed with the manager who told us they would send in a retrospective notification and keep us appraised of developments.