

Worcestershire County Council

Howbury House Resource Centre

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

Summary of findings

Overall summary

About the service

Howbury House Recourse Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Howbury House accommodates 32 people in one adapted building across one floor, which is separated into eight units. There were 30 people living at the home at the time of our inspection.

People's experience of using this service

There were not enough staff on duty to keep people safe and meet their needs. Potential risks to people's individual care needs were not consistently monitored and reviewed. People continued to tell us they felt safe from abuse. Staff had a good understanding in how they protected people from harm and recognised different types of abuse and how to report it. People's medicines were managed and stored in a safe way. Safe practice was carried out to reduce the risk of infection.

People's care continued to be assessed and reviewed with the person involved throughout. People were supported to have a healthy balanced diet and were given food they enjoyed. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. Staff worked with external healthcare professionals and followed their guidance and advice about how to support people following best practice.

Staff treated people as individuals and respected the choices they made. Staff treated people with respect and maintained their dignity.

Staff recognised that people who lived with a dementia illness needed better support with fun and interesting things for them to do. Changes in people's care was communicated clearly to the staff team. People had access to information about how to raise a complaint. People were supported with end of life care in a dignified and respectful way.

There was a lack of oversight of people's individual care needs and reviews of their care. Care records were not always accurate or complete. The registered manager was visible in the home, listened and responded to those who lived in the home and the staff who worked there. The checks the registered manager made to ensure the service was meeting people's needs focused upon people's views and experiences.

Rating at last inspection

The last rating for this service was Good. The last report was published 07 April 2017.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We have identified breaches in relation to insufficient staffing levels at this inspection.

Please see the action we have told the provider to take at the end of this report.

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always Well-Led.

Details are in our Well-Led findings below.

Requires Improvement ●

Howbury House Resource Centre

Detailed findings

Background to this inspection

The inspection

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

Inspection team

This inspection was carried out by one inspector.

Service and service type

Howbury House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During inspection

We spoke with four people who used the service and five relatives. We 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 spoke with eight care staff, a senior carer, the chef, the team leader, the registered manager and the provider's representative. We looked at aspects of three people's care records and other records that related to people's care such as medication records, audits and other records about the management of the service.

After inspection

The registered manager sent us further information about audits they completed and documents regarding staff's roles and responsibilities.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection this key question was rated as "Good". At this inspection this key question has now deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing

- We saw times where staff were not available in some of the communal areas of the home to ensure people remained safe. For example, on two separate occasions we saw two people who lived with dementia needed assistance, as they had tipped their cups of tea over themselves and their table. While these two people had not come to harm, it meant there were times when people were potentially placed at risk of harm.
- The home was separated into eight small units. Staff told us there were not enough staff in some units because of people's high level of dependency. We saw some examples where one staff member worked in a unit where some people required two staff members for personal care and mobilising. Staff told us they supported each other by working across the different units, however, they also needed to give people their medicines and help people with their meals. It also meant there were times when people were unsupervised who may need assistance to ensure other people remained safe. Staff told us they often felt stretched for time, and because of this had to focus on completing tasks rather than on person-centred care and support.
- Staff told us they were consistently stepping down from their allocated role to deliver front line care. For example, senior carers were supporting carers, while the registered manager was stepping into the senior carer's role. Staff told us that delivering care would always take priority, but this then meant that other areas were neglected. For example, 'resident of the day' where care records were monitored and reviewed monthly to identifying a slow change in needs and support was not consistently taking place.
- Staff could not recall any incidents or times when people had come to harm, as they maintained good communication across the home. However, staff reported that it was not a safe way to continue working, as people's needs were increasing.
- Staffing levels were not based upon people's individual needs and dependency level. We found that where people's dependency needs increased, staffing levels had not changed or reviewed to ensure they continued to have sufficient staff to meet people's needs.
- The providers representative told us they had requested additional staffing in August 2019 and were developing a business case to increase funding for this. However, this had not come into effect and they were unclear how long it would take the provider to confirm their decision. Following the inspection, the registered manager told us they had implemented a 'dependency tool' so they could use this as a guide to determine staffing levels going forward.

This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- A new team leader role had been introduced in July 2019, while the role was still being established, we

saw they were beginning to have a positive impact to the overview of people's changing care needs.

Assessing risk, safety monitoring and management

- Risk associated with people's individual care needs was not consistently assessed, monitored and reviewed. For example, in one person's care record, we could see the person had been assessed for monthly weights. We saw the person had their weight recorded in September 2019, however prior to this their weight was last recorded in December 2018, which noted a 10kg weight loss. While the person's current weight was reflective of their admission weight and they were still within a healthy range of weight, this demonstrates individual risks to people were not being monitored or reviewed consistently. We showed this record to the registered manager and provider's representative who agreed that this was not acceptable.
- From speaking with staff, it was clear they understood people's current risks, such as risk of pressure damage to skin, risk of falls, dehydration and how they were to manage these.
- The registered manager told us any changes in people's risks were discussed daily with the staff team, and they were able to demonstrate they understood people's current risks and how these were being managed. However, there was no oversight of known and potential risks to ensure these were continually monitored and reviewed, such as identifying weight loss.
- The registered manager showed us a new computerised system that was being implemented, which would help staff better record information in a timelier way and give the registered manager oversight to assess and monitor risk. They felt these systems would mitigate the risk of people not having their weight recorded as it would alert staff that these actions had not been done and prompt them to take action.

Systems and processes to safeguard people from the risk of abuse

- People told us they continued to be kept safe by the staff who supported them. Relatives felt their family members were kept safe from harm. Staff demonstrated a good understanding of different types of abuse and what approach they would take in the event of any concerns. The registered manager took action to protect people from harm.

Using medicines safely

- People were receiving their medicines when they should. The registered manager and staff were following safe protocols for the receipt, storage, administration and disposal of medicines.

Preventing and controlling infection

- People told us staff kept the home clean and the home was well kept.
- We saw the home was clean and smelt fresh. Staff understood the importance of infection control and we saw good practice within the home.
- Domestic staff had a rota they worked with to ensure each room was thoroughly cleaned regularly. They told us they had the equipment they needed to do their job well.

Learning lessons when things go wrong

- Staff communicated information about incidents and accidents. The registered manager monitored these events to help prevent further occurrences.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as "Good". At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People and their relatives confirmed they were involved in the assessment of their care from the beginning. It was clear that all staff knew people well and understood how to meet their individual needs.
- People told us staff were confident in their approach and had the knowledge and abilities to meet their needs.
- Relatives told us they were happy with the way their family members were cared for and were confident in the staff's abilities to care for their family member. A relative told us they were "very happy with the service".

Staff support: induction, training, skills and experience

- The registered manager had a comprehensive induction for new staff, and training ran throughout the year, to keep staff up-to-date with best practice. There was a good skill mix of staff on duty at the time of our inspection.
- Staff were confident in the care and support they provided. They told us they had received training that was appropriate for the people they cared for.
- The registered manager recognised the importance of keeping their staff group up to date with best practice and we saw this reflected in the way they supported people. They had sourced advanced training in areas such as dementia and end of life care, to enhance their staff team's knowledge and understanding.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they were given a choice of meals to eat during the day and had access to fresh fruit and snacks if they wanted. People told us they enjoyed the food and the dining experience. One person said, "The food is fantastic."
- We spent time with people during their lunch time meal and saw this was a positive experience for people. Where people required assistance, this was done respectfully.
- Where people were on a specialised diet, staff were aware of how to meet their dietary needs, such as who required a softer diet. We found there was good communication between the catering staff and the care staff to ensure people ate meals that were individualised to their specific needs.
- The chef took great pride in their work. We saw, for example, where people required a pureed diet, each food item was carefully piped to replicate the solid form of the food. They told us that presenting it this way helped people to continue to enjoy the food that they ate.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People told us they saw their doctor if needed or the advanced nurse practitioner would visit them weekly. People confirmed they were supported to attend health appointments, opticians and dental appointments, so they would remain well.
- People told us staff promptly helped them to see their GPs if they were unwell.
- We met a visiting healthcare professional during our inspection. They confirmed staff sought their advice and followed their guidance well. They felt people were supported to stay well and staff accessed their support should they have any concerns.

Ensuring consent to care and treatment in line with law and guidance

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- People told us staff would ask for their consent before undertaking any personal care. People felt staff respected their wishes and listened to them.
- Relatives confirmed they were involved in mental capacity assessments with their family member and best interest meetings. They felt that where it had been found their family member lacked capacity to make certain decisions, staff supported the person in the least restrictive way.
- Staff understood and applied the Mental Capacity Act principles in the way they supported people. The registered manager worked with healthcare professionals to understand whether people had capacity to make decisions about their care and treatment.
- Where it was felt that some people were being deprived of their liberty, applications had been submitted.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as "Good". At this inspection we found this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were complimentary about the service they received. One person said, "I can't fault the place; the staff are fantastic."
- A relative told us, "It's very nice here. The staff are so lovely with people. We haven't got any concerns."
- While staff were busy, we found this did not impact the calm and relaxed atmosphere. We heard conversations between people and staff were friendly and supportive. From listening to conversations between all staff and people it was clear that they knew people well and what was important to them.

Supporting people to express their views and be involved in making decisions about their care

- People had opportunities to be involved in their care, through resident meetings or speaking with staff on an ad-hoc basis. People told us they felt comfortable discussing their care with staff and gave examples of changes following conversations. Relatives felt staff listened to them and respected their views when supporting their family member to make decisions.
- Staff recognised what was important to people and ensured they supported them to express their views and maintain their independence as much as possible.

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated in a dignified and respectful way and we saw staff were always respectful towards them.
- Relatives told us their family member was treated well by staff and their privacy was maintained.
- Staff told us they respected people's privacy by ensuring information about their care and support was only shared with their consent.
- We saw all staff supported people in a dignified way, and respected and promoted their privacy.
- People's confidential information was securely stored, to promote their privacy.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated "Good". At this inspection we found the key question has now deteriorated to Requires Improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Some relatives felt more could be done by staff and management to engage people. One relative said, "I think more entertainment would benefit [person's name]; the benefit of music would be great for them." While another relative said, "It would be nice for [person's name] to have someone they can talk with and have a good chat, as they are not interested in the television".
- We found some people were content with watching the television, while other people, who lived with dementia, were sat in a communal areas without anything of interest for them to do.
- Staff felt more one to one time was needed for people who lived with dementia who may not always be able to participate in group activities. One staff member said, "We used to have time to sit with a person and paint their nails, do crafts, read the newspaper, but that just doesn't happen anymore." Staff recognised they were task focused, but this was so people's care needs were being met. Another staff member said, "We just need more staff, so we can do activities and spend time with people."
- The registered manager recognised more was needed to support people with the social and emotional needs, and felt that with additional staffing, individualised activities for people could be introduced as this would give staff more time to spend with people.
- People were supported to maintain their religious beliefs, such as going to church and a priest visiting the home. Staff supported people where they could to go outside. One person told us they enjoyed going for a walk with a staff member in the afternoon. Staff told us they had explored different ways to engage with people, such taking them to an ice cream shop on a hot summer's day, and to a weekly 'tea and a natter' event which they said people had really enjoyed.
- People told us staff respected their wishes, such as when they would like to get up in the morning and when they would like to go to bed.
- Staff knew people well and recognised when they were 'not themselves' so that future action could be taken.
- We found that where people's care needs changed quickly, referrals to external healthcare professionals had been done promptly to ensure they had the care required to meet their needs.
- Staff told us, and we heard, they had a detailed handover and were aware of any changes to people's care and support since their last shift.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager had a range of communication tools and aids for staff to use, to better support communication with individuals and ensure they had information in a way they could understand.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure for people, relatives and staff to follow should they need to raise a complaint.
- People and their relatives told us they knew how to raise a complaint if they needed too.

End of life care and support

- There were no people receiving end of life care at the time of our inspection. Staff spoke of how they had supported people with end of life care in the past, and how they had worked well as a team to provide people with a comfortable and dignified death. We saw from 'thank you cards', received from family members offering their thanks and well-wishes for the support offered to people with the end of life care.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection this key question was rated "Good". At this inspection this key question has deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The purpose of Howbury House has changed over the years, from an intermediate care setting where people were supported from hospital, to become well enough to return to their own home, to a residential setting for older people where some people live with a dementia illness. This has meant that staff have adapted their approach to support people, and systems and processes to oversee the care are still developing and embedding.
- The registered manager had some systems in place to monitor and mitigate risks such as reviewing incidents and accidents and we could see that actions were taken. However, there was a lack of oversight of people's individual care needs, so that assurances could be gained that staff were continuing to monitor and review care as according to people's planned care.
- We found care records were not always accurate or complete. For example, as people's health deteriorated care plans did not always reflect this accurately. Care plans for one person said they were independent with personal care, mobilising and communicating. However, from reading the daily notes and speaking with staff, the person was cared for in bed and was fully reliant on staff for their personal care.
- The registered manager had recognised that better systems for recording care were required, and a new computerised system had been installed. Staff were in the process of reviewing care plans and putting these onto the computer system. The registered manager and provider's representative were confident that this transition would improve the accuracy and completeness of people's care records, and alert management promptly when further input was required.
- There was a good culture and approach to teamwork within the home. Staff told us they worked well together in a joined-up approach. We saw communication was effective between each staff group and each shift to ensure people received a consistent and co-ordinated service.
- Staff were clear of their roles and responsibilities. However, senior care staff recognised they did not always have time to fulfil these responsibilities due to providing front line care. The provider had recognised this and had brought a new team leader role into the service, to support the management structure of the home. We spoke with the team leader who told us that while they were still developing their role and establishing their responsibilities, they were able to support staff. We saw good outcomes for people and staff in the short time they had been there.
- The registered manager understood their responsibilities for reporting events and incidents that were legal required to the CQC. The legal requirement to display the CQC ratings of the last inspection at the

premises had also been met by the provider.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives knew the registered manager and felt they listened and were responsive to their requests.
- People and relatives told us they felt involved in the running of the service. They told us they had resident meetings where they discussed matters that were important to them and that any issues raised were responded to.
- The registered manager sent surveys to people and relatives to gain their views. We saw feedback from these were mostly positive, and where there were some negative comments the registered manager was responding to these.
- People and relatives had confidence in the care provided. A relative said, "They look after [the person] well. I would recommend Howbury House."
- There was a good culture and approach to teamwork within the home. Staff told us they worked well together in a joined-up approach.
- Staff felt valued and appreciated for the work they did. Staff were recognised and rewarded for going above and beyond as the registered manager had set up an 'Acts of Kindness' scheme, where people and relatives could put their comments and thanks forward.
- Staff confirmed they had regular meetings to discuss any changes and felt they were kept up to date with matters in the home. They told us that staffing levels had always been a topic of concern and were aware that management were looking to increase the staffing levels.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing There were insufficient staff to meet people's care and social needs