Howard Court Care Home Limited

Howard Court Care Home

Inspection report

Howard Arms Lane
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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

This was an unannounced inspection that took place on 27th and 30th of July 2015.

The home was last inspected on 6th and 7th October 2014. .At this inspection in October 2014 we rated the service as inadequate. The home was in breach of the following regulations of the Health and Social Care Act (HAS) 2008 (Regulated Activities) Regulations 2010.

Regulation 9 Care and Welfare of people who use services.

Regulation 10 Assessing and monitoring the quality of service provided

Regualtion12 Cleanliness and infection control.

Regulation 13 Management of medicines.

Regulation 14 Meeting nutritional needs.

Regulation 23 Supporting staff.

Regulation 11 Safeguarding people who use services from abuse

Regulation 21 Requirements relating to workers.

Summary of findings

The above regulations have now been replaced with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that the home was no longer in breach of any of the above regulations and met all of the 2014 Regulations.

Howard Court Care Home provides accommodation for up to 28 older people some of whom may be living with dementia.

The home is owned by Howard Court Care Home Ltd and is situated in the centre of Brampton, a market town approximately eight miles from Carlisle, and close to all amenities and public transport.

Accommodation is in mainly single rooms. Some rooms have ensuite toilet facilities. There are some rooms which can be shared by two people. The home has a large lounge diner on the ground floor. Upstairs there is a small lounge and connected dining area. The 1st floor is accessed by both a passenger lift and a stair lift.

The provider is also registered to provide personal care to people in their own homes. We did not conduct an inspection of this activity on this visit.

The home has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

We judged the home to be safe because the provider had ensured that all staff had been trained to identify and report any potential harm or abuse of vulnerable adults. We had evidence to show that senior staff understood how to report, and where appropriate, manage any issues related to possible abuse.

Risk assessments related to the environment and the delivery of care were up to date. Accidents and incidents were managed correctly.

The home employed sufficient staff to meet the needs of the eighteen people who lived in the home. This was because the provider had increased staffing numbers and looked at how staff were deployed.

New staff were recruited properly and disciplinary action taken if any member of the team was not fulfilling their job role.

We found that the provider had significantly improved the way medicines were managed. People received their medicines at the times they needed them and in a safe way.

Infection control had improved. The staff team had been suitably trained and had access to personal protective equipment. The home was clean and orderly.

All of the staff had received induction training no matter how long they had worked in the home. This had been followed up by training in all the core subjects the provider felt the team needed. Some staff had received further specialist training in subjects such as dementia care and end of life care.

We checked on staff supervision and appraisal and we found that the registered manager had now updated all of these records. Staff told us they now received good levels of both formal and informal supervision which had helped them to develop. Staff said that communication at all levels had improved.

We saw that good nutritional planning was in place. People who had been quite seriously underweight at our last visit had put on weight and were no longer undernourished. One person who was overweight had been helped to lose weight. People we spoke to were happy with the food provided.

We saw evidence to show that the team had support from the local G.Ps and the community nurses. We also saw that specialists like dieticians and mental health workers came into the home. The dementia care team held regular clinics in the home so that people living with dementia would get the right levels of support.

The home's environment had improved with new furniture purchased and suitable redecoration and refurbishment was continuing.

We judged that the care staff approach was much more individualised. Staff had been training in person centred thinking and we saw a much more focussed approach on the needs and strengths of people in the home. People told us the staff team were caring, respectful and supported them to retain as much dignity and independence as possible.

Summary of findings

Assessment and care planning had developed. We now saw care planning that identified need and gave staff guidance. Care plans were reviewed, analysed and reassessed so that the most appropriate approach was followed.

Activities and entertainments were happening in the home and future planning in place for increasing activities that would meet the needs and preferences of the people living at Howard Court..

We saw that the registered manager and the provider were much more confident about how the home was running. The provider had employed a consultant who had helped them deal with quality issues and had provided training for the staff. The provider had taken appropriate action with staff who found it difficult to change their practice.

We found that the records relating to the way the service operated were up to date and detailed. Systems in the home now met the needs of the people who lived there, supported staff and ensured the environment met people's needs. This was because the homes own quality monitoring system was being followed and any problems dealt with swiftly.

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.

Staff had been trained to recognise and report any harm and abuse.

Staffing levels met the assessed needs of the people in the home.

Medicines in the home were managed appropriately.

Good

Is the service effective?
The service was effective.

Staff were suitably trained and developed to meet the needs of people in the home.

The registered manager and the staff team were aware of their responsibilities under the Mental Capacity Act 20015 and had made appropriate referrals when they felt people were deprived of their liberties.

People were given suitable support to eat and drink.

Good

Is the service caring?
The service was caring.

We observed staff working with people in a kind and sensitive way.

Staff had received training and support so that they could work in a person centred way.

Care planning showed staff how to maintain dignity and privacy and how to support independence.

Good

Is the service responsive?
The service was responsive.

We judged that care planning had improved and was now of a good standard.

Activities and entertainments were being developed to meet the needs of the people in the home.

There was a suitable complaints procedure in place and people told us they felt comfortable about making formal and informal complaints.

Good

Is the service well-led?
The service was well led.

The home had made changes in the service so that there was a suitably trained and experienced senior staff team leading each shift.

The home had developed a suitable quality assurance system that had helped to identify change needed.

The provider and the registered manager had questioned practices in the home and had made suitable changes.

Good

Howard Court 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 checked 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.'

On 27th July 2015 the inspection was conducted by an adult social care inspector, an adult social care inspection manager 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. This included experience of caring for older people and people living with dementia. On the 30th July 2015 a pharmacy inspector visited the home and looked at medicines' management.

We reviewed the information we held about the service, such as notifications we had received from the registered provider. A notification is information about important events which the service is required to send us by law. We also spoke to the local authority about the progress made in the home. The local authority had arranged a quality improvement meeting which we attended.

We had taken enforcement action after our last two inspections on 24th July 2014 and October 6th and 7th 2014. The provider had voluntarily suspended admissions to the home in August 2014 until the identified problems had been dealt with. He had developed an improvement plan which was shared with the local authority. We asked for an action plan to be sent to us after the last inspection in October 2014 and we had received a suitably detailed plan. We planned the inspection using this information.

We talked to ten of the eighteen people who used the service. We also observed people in two lounges who found verbal communication difficult. We spoke with three visiting relatives and friends.

We spoke to two members of the housekeeping team and to the cook. We spoke with four care staff on duty in the morning and with two of the care staff who started work in the afternoon and observed how they worked with people. We spent time with the provider, the registered manager and the deputy manager.

We looked at a number of records in the home. We looked at six care plans in depth and read some parts of another four care files. We looked at the daily personal care delivery forms kept in bedrooms for six people. We also looked at the care staff handover book and at records kept about dietary needs.

We looked at six staff files. These included information about recruitment, induction, supervision, training and appraisal. We also looked at records related to disciplinary matters.

We saw the quality monitoring documents for the home. We looked at records related to care delivery, fire and food safety and infection control. We also saw the analysis of these records and of surveys and meetings with people in the home and other stakeholders.

Good

Is the service safe?

Our findings

We spoke to people who lived in the home. People told us they felt "quite safe…nothing unpleasant happening here…the staff are patient with people with dementia." A visitor told us: "I come every other day and I have never heard anything that worried me. The staff are very good at looking after people who are mixed up and at risk…."

When we visited the home in June and October 2014 we found that staff needed further training in how to recognise, report and manage safeguarding matters. At this inspection we found that these issues had been dealt with and that safeguarding referrals had been made appropriately.

We looked at the arrangements in place for protecting people from harm and abuse. We saw that the home had suitable policies and procedures in place. We noted that the staff team had been trained in safeguarding. We spoke with staff on duty who could explain their responsibilities in relation to safeguarding vulnerable people.

When we looked at individual care files we noted that suitable risk assessments were in place in relation to people's needs. The registered manager had made appropriate referrals to the local authority when people were at risk. We walked around all areas of the home and observed them to be clean and tidy. We saw that the provider had minimised risks in the environment and the home was safe for vulnerable adults.

We looked at accident records and found that these were managed correctly. We noted that any accidents or incidents with individuals in the home were analysed and suitable risk management plans put in place.

We asked the registered manager for copies of the last four weeks' worth of rosters for all staff by day and night. We saw that there had been an increase to the staffing levels and we judged that staffing now met the needs of people living in the home. For example we saw that there was another person employed in the evening to support care delivery.

At the inspection in October 2014 we found the home to be in breach of the regulation related to recruitment because insufficient checks were made on background before a new person started in the service. We looked at staff files and we saw that staff were now appropriately recruited. The registered manager made sure that she checked on candidate backgrounds and took up appropriate references. This ensured that staff working in the home were suitable to care for vulnerable older people.

We also noted that the home had policies and procedures in relation to disciplinary action for staff. We saw evidence to show that disciplinary action was taken appropriately in the service.

A pharmacy inspector checked on medicines in the home. At our previous inspection we had found the service was in breach of the regulation related to medicines management. At this inspection we found that the service was safe because people were protected against the risks associated with use and management of medicines. People received their medicines at the times they needed them and in a safe way. Medicines were administered and recorded correctly, and were kept safely.

In October 2014 we found the service to be in breach of the regulation related to infection control. We looked at infection control management at this inspection. We noted around the home that there were suitable arrangements in place to control infection. Staff had been trained and had ready access to chemicals and equipment to prevent cross infection. The registered manager had sought the advice from the environmental health officer and had implemented his recommendations. We had evidence to show that the registered manager had taken suitable steps to limit infection when some people had been infected with a winter vomiting bug. Suitable policies and procedures were in place and infection control arrangements were kept under review as part of on-going quality management. We found the service to no longer be in breach of this regulation.

Good

Is the service effective?

Our findings

We asked people who lived in the home about how effective they judged the service to be. People told us the staff were "very good and they do get training." People we spoke to were satisfied with the way they were asked about their wishes. One person said: "They ask me if it is all right before they do things for me …" We also spoke to people about the food and drink provided and people were satisfied with the catering provided.

One visiting partner told us that they thought the staff to be: "…very good…wonderful really. They have had a lot of training recently I think. We talk a lot about what [my partner] is eating and how to help her and tempt her."

At our last inspection we judged the service to be in breach of the regulation related to training and developing staff. At our previous inspections in 2014 we judged that staff needed more training and development. At this inspection we saw that all of the staff, the manager and the provider had attended basic training. We also saw that staff had received more specialised training in things like supporting people living with dementia and end of life care. We looked at staff files and at the training matrix which showed the training delivered. We saw that the staff in this service had received good levels of training in the last year.

We spoke to staff on duty and we learned from talking to them that this training had given them a much better understanding of the theoretical background to care. We saw that staff now understood concepts like person centred care and human rights. We also observed staff putting what they had learnt into practice. The registered manager had received training on some of the management skills necessary to lead the service. From discussion and observation it was evident that the registered manager was now more confident and was able to lead from the front, providing guidance and support to the staff group.

We saw from files that supervision and appraisal were up to date and more detailed than previously. Staff told us that they could discuss their practice on both a formal and an informal basis. We judged when talking to the team that staff development had brought about more awareness of what was good practice. Staff told us that the new systems in the home allowed good communication between shifts.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

We spoke to the registered manager about her understanding of the Mental Capacity Act 2005. She had a good understanding of her responsibilities. We also spoke to staff about their understanding of capacity and of their responsibilities if they judged someone was being deprived of their liberty. Staff understood the issues and discussed "best interest" meetings that had been held. The registered manager had applied for Deprivation of Liberty authority when she judged that, due to the person's dependency, their liberty was being deprived.

We also looked at consent in the home. We saw forms that people, where possible, signed saying they gave their consent. Where people lacked capacity the registered manager firstly tried to ascertain whether any other person had a lasting power of attorney. Best interest reviews had been held and health and social work professionals consulted for people living with dementia. We saw some good examples of joint work that influenced the care planning.

At our inspection visits in 2014 we were concerned that people did not get enough support to receive suitable levels of hydration and nourishment. During July 2015 inspection we observed people being supported appropriately to eat and drink. We noted that staff were now suitably deployed to give people the right levels of support. One or two people ate their lunch before other people in the home so that they could get full staff attention. We saw that nutritional assessments were in place and people were weighed regularly.

We spoke to the cook and to care staff and they understood the need to support people when they found eating difficult. The staff team understood people's needs and preferences and advice had been sought from the Speech and Language Therapist (SALT). Where people were underweight food and fluid charts were in place. These charts and the nutritional plans had been regularly reviewed and updated by the staff and the SALT. We noted that the people we had been concerned about at the last inspection had put on weight. We also noted that one person who was classed as being obese had steadily lost weight. We had evidence to show that these changes were due to good nutritional assessment and planning.

Good

Is the service effective?

We looked at a number of care files and daily records and we found evidence to show that people received good health care support. The local GP's and district nurses visited the home. Each file now had a health profile and plan in place. Staff were working with the local surgery on end of life planning. Some people had received support from the dietician, speech and language therapists, occupational therapists and other health specialists. A number of people had received support from the mental health team. Regular 'clinics' with the specialist dementia care team were held in the home so that the staff team got support for people living with dementia.

At this inspection we noted that there had been improvements to the premises and the service was no longer in breach in relation to the premises and environmental standard. We saw that these improvements continued with upgrades to bedrooms and bathrooms. New equipment had been purchased and the home was orderly, clean and homely.

Good

Is the service caring?

Our findings

We spoke to people about how well cared for they felt. One person said: “The staff are all very nice.” We spoke to a number of people who judged that the staff team were caring and “kind and respectful”. People living with dementia responded well to the staff on duty and could tell us the staff were “all very nice people”.

We also observed staff working with people. We noted that staff were more observant than they had been at previous inspections. We saw sensitive and caring interactions. Staff were able to communicate with people living with dementia. We saw that they pre-empted people's needs. We noted that staff sat quietly with people and took time to listen when there were communication problems.

We noted that the staff had been trained in matters of equality and diversity, understanding dementia and person centred thinking. A number of new members had joined the team and they were keen to put into place what they had learned. We also spoke to a number of people who had worked in the home for some time and they talked about how they had been encouraged to reflect on their practice. We spoke to one person who told us that the changes in the team had created “a group of really caring people…our staff who have been around for a while are very good and the new ones are a breath of fresh air.”

We saw a number of examples of staff explaining personal care interactions to people living with dementia. We also spoke to other people in the home who told us that the registered manager and her team had always tried to involve them. They told us that they had been much more involved in care planning in the previous months and that there had been some residents and relatives meetings held. One visiting friend said that they judged the whole staff team to be “wonderful” and “I see the manager and the owner all the time…I would like to live here myself if that time comes…care couldn’t be better.”

We spoke to people who said that they felt that their needs and wishes would be kept confidential. We saw that the staff treated people with dignity and we heard that they respected privacy. People were given keys to their bedroom doors where possible. A number of people preferred to spend some time in their own room and this was supported.

When we looked at the written plans of care we noted that each of the plans encouraged some form of independence. We saw in plans for people who were very frail and living with dementia that there was guidance for staff to encourage people to do some things for themselves with support. Some people enjoyed going out into town alone and some people were encouraged to manage some of their medicines. We had evidence to show that the staff team were less risk averse than they had been.

Some of the staff team had undertaken training on end of life care. We asked staff about this and they said that they worked with local community nurses. We noted in care files that people had been asked about their end of life wishes, including their wishes if they needed to be resuscitated. This had been done with individuals, their families where appropriate and local healthcare practitioners.

Good

Is the service responsive?

Our findings

We asked people about responsiveness and people told us that they were asked about their needs and wishes and care plans were in place. They also said that they were asked about entertainments and activities. One person said that they had been helped to go out into town more often. Another person said they had helped with the garden and had enjoyed this.

In 2014 we had judged the home to be in breach of the regulations related to care provision because care planning lacked detail and did not reflect individual needs. At this inspection in July 2015 we looked at a number of care plans in depth and checked some aspects of other care plans for people in the home. We saw that each person had been re-assessed. Some of these assessments had been done by social workers and healthcare professionals. The staff team had also re-assessed people's needs. We noted that there were risk assessments in place on each file.

We saw that care plans had improved. The care plans now gave good levels of guidance for staff. Staff told us that they read the care plans on at least a weekly basis. We asked staff about the content of some care plans and they were able to explain these fully to us. The care plans were reviewed when any changes came about and were looked at routinely every month. We noted that there was good analysis of changes and new care plans put into place when necessary. For example we noticed that the staff team had worked in an analytic way with one person. The staff had tried to manage an issue for the person and had tried different approaches. This had been done over a number of weeks and an innovative solution had been found for the problem.

The care needs of every person in the home had been reviewed. Initially these reviews had been undertaken by social workers or mental health workers. We noted that after the initial reviews the staff team were undertaking their own reviews of care. The outcome of a number of these reviews was that the registered manager asked for more help and support from other professionals. She told us that she now felt comfortable about asking for support and had built up a network of professional colleagues she could call on when people in the home needed more support than could be provided by the team alone. We saw evidence to show that care planning was working well for people in the home and that staff understood that the process needed updating on an on-going basis.

We also saw that consideration had been given to the care of people with living with dementia. A number of staff had completed training on working with this group of people. Staff also said they had learned a lot from the specialist dementia team who came into the home. Care plans showed different techniques to employ if people became agitated and upset due to the symptoms of dementia. Signage in the home had improved and new 'dementia friendly' door locks had been put on every bedroom door. Staff could talk about re-orientation, distraction and emotional reassurance. Staff said that people were much calmer because they used the right techniques at the right time. The night staff were being encouraged to wear night clothes so that the way they presented themselves helped people orientate themselves at night. The registered manager and some of the senior team had been on a training course that they said had helped them "think out of the box and really understand how it must feel to be living with dementia".

The care staff team organised activities for people in the home. We judged that these activities were suitable given that a number of people in the home were very frail or living with dementia. We learned that the staff team started to think of activities for these people. For example we saw that home now used knee rugs for people living with dementia that had different textures and things to 'twiddle' with. We also heard about entertainments and parties in the home. We observed staff doing some music and movement with the group of people in the lounge. We saw evidence of games and reminiscence sessions having taken place. The registered manager said that once the number of residents increased they were going to employ a dedicated activities organiser because she felt that they could do more activities with groups and individuals.

We looked at the complaints procedure for the service and this was in order. The registered manager said that there had been no formal complaints made to her. We had received no complaints in the months since our last inspection. We asked people about making complaints and were told that in the first instance they would go to the

Good

Is the service responsive?

registered manager or the deputy. The people we spoke to were aware that there was a formal complaints procedure but no one felt that they needed to use this. Copies of the complaints procedure were readily available.

Good

Is the service well-led?

Our findings

The people who lived in the service were asked, where possible, about how well led they thought the home was. We spoke with one person who told us that they were satisfied: "The manager has made a lot of changes recently and seems to have lots of new ideas: "Another person said: "[The manager] understands me and I can go to her at any time and we have [a new deputy manager] who is good too. I spend a good bit of time with [the provider] and could tell him if anything was wrong or if I wasn't happy." Two visiting relatives told us they were more than satisfied with the way the home was managed. One of them said "I don't even need to ask as they come to me ….and keep me up to date."

The registered manager for the service had been employed for a number of years in the home but was relatively new to the management role. We saw that since the problems identified in 2014 the provider had helped the registered manager access training in management. She had been given support to continue with a management qualification. She was now being supported by the deputy manager who was also undertaking management training.

We noted that the provider, the registered manager and the deputy manager had all attended in-house training as well as separate sessions on managing resources and deploying staff. The registered manager told us that much of the learning had come about because the provider had employed a consultant to look at the areas where improvements were needed. She also told us that she had gained information from other people who had come in from the local authority or from the health service. She had networked with a wide range of other professionals.

We judged that in the previous months the provider and the management team had looked at how the home was operating, had realised that there were a number of omissions and problems in the service. They had used a professional consultant but had also developed and devised systems for themselves. For example we saw that the registered manager and the deputy manager had developed a care planning system for the home that took elements from different systems. This meant that the system very much belonged to the staff team and met the needs of people in the home.

The registered manager had also devised a quality assurance system for the service. When we visited in the past we had judged the service to be in breach of the regulation related to quality management and good governance. We had seen that there were some quality monitoring forms around but that they were not being used to the best effect. At this visit in July 2015 we saw that a complete system of monitoring quality was in place. We noted, for example, that a new system for monitoring personal care had been devised. The senior staff in the home were expected to check on records of personal care delivery twice a day. The registered manager made sure that this system was operating correctly. Records were in place to show that care delivery was of a good standard.

There had been two surveys in the previous year for people who lived in the home and people who visited. We look at some of the responses and saw that the respondents were happy with the improvements that were being made in the home. We also saw that a number of residents and relatives meetings had been held and that the registered manager was thinking of more ways to involve families and friends in the home.

We saw that the registered manager had also analysed the quality monitoring in the home. This applied to care delivery, records of maintenance and good housekeeping. The provider, the registered manager and the deputy had worked together to develop systems and to look at plans for the future. They had considered things like training and future staffing needs and were continuing to work on developing the environment. We judged that the service was now no longer in breach of this regulation.