

Tamaris Healthcare (England) Limited

Howdon Care Centre

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Howdon Care Centre is a care home providing personal and nursing care for up to 90 people across four units, including a winter pressures assessment unit. The winter pressures unit is for people waiting for a care package at home or admission to a long term care facility. At the time of inspection there were 77 people living at the home, some of whom were living with dementia.

People's experience of using this service and what we found

Medicines were not managed safely. Quantities of remaining medicines did not always match the records of doses administered, so we could not be assured medicines were administered as prescribed. Guidance and records were not always in place to support the safe administration of topical medicines. A recent provider audit had picked up some of the issues we found on inspection, but an action plan was not yet in place.

Whilst a system was in place to monitor and manage risks; improvements made at previous inspections had not always been sustained. The regional manager explained the new management team at the home and systems in place, would ensure a proactive, rather than reactive approach was followed in relation to the management of risk.

Lessons learned had been identified following several incidents at the home. Action was being taken to help reduce the likelihood of any reoccurrence of these incidents. New protocols had been introduced and additional falls equipment purchased. Further coaching sessions and training were being carried out in relation to falls management since records did not always demonstrate that the provider's policy had been followed.

The provider had a history of non-compliance at the home. There had been a number of management changes at the home over recent years. There was a registered manager in post. She was the regional manager and employed in an interim position until a permanent registered manager was in post. There was a new manager in place at our second visit to the home.

An effective communication system to ensure information relating to people's care and support was passed to staff in a timely manner was not fully in place. Some staff explained the quality of handover information was dependant upon the nurse on duty.

Records did not fully demonstrate how the provider was meeting their responsibilities under the duty of candour. We have made a recommendation about this.

At the time of the inspection, there were sufficient staff deployed to meet people's needs. The home was clean and staff had access to and used PPE safely. There were no restrictions around visiting arrangements.

People spoke positively about the caring nature of staff. One person told us, "The staff are all lovely - I'm

happy." Staff also spoke positively about the people they supported. One staff member told us, "I love it here, we're a good team, it's not about the money - I love looking after them."

Management staff were honest and open with us during the inspection. They themselves exhibited caring values and spoke positively about the changes which were being made to sustain improvements at the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was good (published 24 May 2022). We carried out a targeted inspection in November 2022 to check concerns relating to IPC and the management of the service. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

We made a recommendation in the well-led key question in relation to sustaining improvements and the management and support of the home. At this inspection, not enough action had been taken and the provider was in breach of the regulations.

Why we inspected

The inspection was prompted by concerns about people's care and support, the management of falls and medicines management. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Howdon Care Centre on our website at www.cqc.org.uk.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

Enforcement and Recommendations

We have identified breaches in relation to medicines management and good governance at this inspection. Please see the action we have told the provider to take at the end of this report.

We have made a recommendation in the well-led key question in relation to duty of candour. Please see this section for further details.

Follow up

We will request an action plan from 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 continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Howdon Care 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by three inspectors including a pharmacy inspector.

Service and service type

Howdon Care Centre is a 'care home.' People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Howdon Care Centre is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post. She was the regional manager and employed in an interim position until a permanent registered manager was in post. There was a new manager in place at our second visit to the home, she was applying to be a registered manager with CQC.

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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 12 members of staff including the regional manager, registered manager, the new manager, deputy manager, clinical lead, nurse, senior care and care staff, the administrator and receptionist. We also spoke with 6 people and 1 relative. We reviewed records relating to people's care, medicines and records relating to the management of the service.

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 comprehensive inspection this key question was rated good. At this inspection the rating has changed 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.

Using medicines safely; Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Medicines were not managed safely.
- Quantities of remaining medicines did not always match the records of doses administered, so we could not be assured medicines were administered as prescribed. The provider had a medication stock count in place to check that medicines were administered as prescribed, however when discrepancies were noted, these were not always escalated for investigation.
- Guidance and records were not always in place to support the safe administration of topical medicines. We found that guidance was not clear for how often creams should be applied and some records were missing. People had patch application records for medicated patches, but these were not fully completed to demonstrate rotation in line with manufacturers guidance to prevent side effects.
- Some people were prescribed medicines to be taken on a 'when required' basis or with a variable dose. Guidance for how these medicines should be administered was missing for some people. The reason for taking a 'when required' medicine or the outcome was not always recorded to review effectiveness. This meant there was a risk people did not receive their medicines consistently.

The failure to ensure medicines were managed safely was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Management staff explained that additional audits and checks were being carried out and staff supervision and meetings were being undertaken.

- Whilst a system was in place to monitor and manage risks; improvements made at previous inspections had not always been sustained. The regional manager explained that the new management team at the home and systems in place would ensure a proactive, rather than reactive approach to the management of risk was followed.
- Lessons learned had been identified following several incidents at the home. Action was being taken to help reduce the likelihood of any reoccurrence of these incidents. New protocols had been introduced, supervision systems implemented and additional falls equipment purchased. The number of falls had reduced in April 2023 following the strategies implemented. Further staff coaching sessions and training were being carried out in relation to falls documentation since records did not always demonstrate that the provider's policy had been followed.
- Checks and tests were carried out to make sure the premises and equipment were safe. Management staff explained they were planning further simulated fire evacuation training with staff.

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

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Staffing and recruitment

- At the time of our inspection, there were sufficient staff deployed to meet people's needs.
- Safe recruitment procedures were followed. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- Visiting was carried out in line with government guidance.

Systems and processes to safeguard people from the risk of abuse

- A safeguarding system was in place. People told us they felt safe. Safeguarding concerns had been reported to the local authority and notifications made to the CQC, as appropriate.

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 comprehensive inspection this key question was rated good. At this inspection, the rating has changed 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

At our targeted inspection carried out in November 2022, we recommended that the provider kept the management and support of the home under review to help ensure stability, consistency and compliance with the regulations. At this inspection, not enough action had been taken and the provider was in breach of Regulation 17 [Good governance].

- A quality monitoring system was in place. However, this was not always effective at ensuring improvements made were sustained. The provider had a history of non-compliance at the home. Breaches were identified at 10 of the 17 inspections carried out since 2011, including this inspection and the provider had failed to achieve a rating of at least good at 5 inspections since 2015.
- An effective communication system to ensure information relating to people's care and support was passed to staff in a timely manner was not fully in place. Some staff explained the quality of handover information was dependent upon the nurse on duty.
- Records relating to catheter care and medicines management were not always well maintained. A recent medicines audit had picked up on some of the issues we found on inspection, but an action plan was not yet in place.

The failure to ensure an effective quality monitoring system was in place to ensure records relating to people's care and support were well maintained and improvements at the home were sustained, was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The regional manager explained that prior to our inspection, a more robust auditing system had been introduced and the handover system was being reviewed to ensure they could evidence that important information about people's care had been passed to staff. Records and systems relating to catheter care had been standardised across the home and regular medicines audits and checks were being carried out.

- The service was going through a period of change. There had been a number of management changes at the home over recent years. There was a registered manager in post. She was the regional manager and employed in an interim position until a permanent registered manager was in post. There was a new manager in place at our second visit to the home, she was applying to be a registered manager with CQC.

- The regional manager told us that the new manager would be fully supported and the deputy manager would be supernumerary in order to assist in the management of the service.
- Surveys and meetings were carried out to obtain feedback from people, relatives and staff.

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

- Records did not fully demonstrate how the provider was meeting their responsibilities under the duty of candour. The duty of candour regulation tells providers they must be open and transparent with people about their care and treatment, as well as with people acting on their behalf. It sets out some specific things providers must do when something goes wrong with someone's care or treatment, including telling them what has happened, giving support, giving truthful information and apologising. Following our visits; the registered manager took immediate action to address this issue.

We recommend the provider ensures timely action is taken in relation to any notifiable safety incidents and records are maintained to evidence how they are meeting their responsibilities under the duty of candour.

Working in partnership with others

- In October 2022, the intermediate care unit; which was run by Howdon Care Centre staff, alongside an NHS multi-disciplinary team, changed to a winter pressures unit which was run solely by Howdon Care Centre staff.
- Staff explained this change, had at times affected communication and the joint working they previously had with external health and social care professionals and agencies. Management staff explained that meetings with stakeholders were being held to ensure the smooth running of the unit and service as a whole and make sure timely referrals were made to health and social care professionals and agencies.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People spoke positively about the caring nature of staff. Comments included, "The staff are very nice, they do anything I want" and "I'm cosy. They look after me here." Staff also spoke positively about the people they supported. One staff member said, "I love them - I think of them as I would my mam and nana."
- Management staff were honest and open with us during the inspection. They themselves exhibited caring values and spoke positively about the changes which were being made to sustain improvements at the service.

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 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	An effective system to manage medicines safely was not fully in place. Regulation 12 (1)(2)(g).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	An effective quality monitoring system was not fully in place to ensure records relating to medicines management and catheter care were well maintained and improvements made at previous inspections sustained. In addition, an effective communication system to ensure information relating to people's care and support was passed to staff in a timely manner was not fully in place. Regulation 17 (1)(2)(a)(b)(c)(f).