

Housman Care Ltd

# Housman Care Ltd

## Inspection report

Housman Court  
School Drive  
Bromsgrove  
Worcestershire  
B60 1AZ

Date of inspection visit:  
15 November 2023  
22 November 2023

Date of publication:  
12 January 2024

### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Requires Improvement** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Housman Care is a purpose built residential care home providing accommodation for older adults who require nursing or personal care for up to 30 people. At the time of our inspection there were 26 people using the service. The service provides support to older people who may also be living with dementia.

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

People were not always treated with dignity and respect. People's personal care was not always delivered in line with their assessed needs.

People did not always receive personalised care. For example, where a person had expressed feeling unwell, action had not been taken in a timely manner to address the persons concerns.

Whilst some improvements had been made to the way the service was managed, systems needed to become established and embedded in the service.

Systems were not always effective in assessing and managing risk or monitoring the quality of people's care. Assessments and care plans were detailed, however care records were not always reflective of the care that people received.

Medicines were stored safely, some improvement was needed to how they monitored some medicines. There were systems to safeguard people from abuse and staff understood their responsibilities to keep people safe.

Feedback from people and relatives was positive, one person told us, "They are nice to me here." A relative said, "They are wonderful here you could not wish for a better place."

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 11 May 2023).

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found some improvements had been made and the provider was no longer in breach of regulation 12 (safe care) but were in breach of regulation 10 (dignity and respect) and regulation 17 (governance).

### Why we inspected

The inspection was prompted in part due to concerns received about medicines, management and staffing. A decision was made for us to inspect and examine those risks.

You can see what action we have asked the provider to take at the end of this full report.

Following the inspection visit the provider has taken steps to address the reduce the risks identified during the inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Housman on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Recommendations

We have identified breaches in relation to dignity and respect and governance at this inspection.

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

#### 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.

**Requires Improvement** ●

### **Is the service effective?**

The service was not always effective.

**Requires Improvement** ●

### **Is the service caring?**

The service was not always caring.

**Requires Improvement** ●

### **Is the service responsive?**

The service was not always responsive.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led.

**Requires Improvement** ●

# Housman Care Ltd

## 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 service was inspected by 2 inspectors, on 15 November and 1 inspector on 22 November 2023.

#### Service and service type

Housman 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. Housman is a care home without 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 not a registered manager in post. A new manager had been in post and had submitted an application to register. We are currently assessing this application.

#### Notice of inspection

This inspection was unannounced.

Inspection activity started on 15 November and ended on 28 November 2023. We visited the location's service on 15 and 22 November 2023.

#### What we did before the 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 5 people who used the service. We also spoke with 7 staff including the manager, care staff, maintenance, kitchen staff and the Nominated Individual. The Nominated Individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with the provider. We reviewed a range of records including 7 people's care files, and multiple medicine records. We looked at 3 staff files and 4 agency profiles in relation to recruitment.

A variety of records relating to the management of the service including, quality checks, policy and procedures, and health and safety were examined.

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.

# 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 we rated this key question requires improvement. The rating for this key question has remained 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.

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

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had made improvements and was no longer in breach of regulation 12(1).

- Improvements had been made to how risks associated with care were assessed. For example, care plans regarding the decline in mobility for 1 person detailed the measures taken to reduce the risks of falls or injuries. Staff were able to tell us the actions they would take to keep the person safe while assisting them to move.
- Where people needed specific risk assessments and care plans these were detailed and comprehensive. However, recording onto the electronic care records was not consistent and where concerns were identified during the day this was not always captured in a timely way onto the care records. For example, one person had told the inspectors they did not feel well. A senior member of care staff told us they were aware the day before and had referred it to the GP surgery triage. The care records did not detail this and indicated that the person was well.
- Staff were detailed in their observations following an incident where a person had an unwitnessed fall. However, the manager had not acted upon this information to reduce further risk. For example, staff had recorded in a person's care records that after being found on the floor following an unwitnessed fall it was noted that their footwear was not on their foot properly. Although there had been no further falls, the manager had not checked the footwear to ensure it was safe following this observation from staff. This would have been proactive in reducing the risks of further falls.
- The provider had taken actions since the last inspection and had improved the systems to ensure that reflection and changes to practice could take place following concerns or incidents. However, further improvement was still needed to ensure falls risks were comprehensively reviewed.
- There were detailed fire procedures including Personal Emergency Evacuation Plans (PEEPS) for every person using the service. These were updated regularly and situated so that they were easily accessible in the event of emergency.

Following the inspection, the manager had reviewed the persons footwear and was in the process of reviewing their support needs regarding dressing. Staff were being trained in effective care record keeping and being encouraged to ensure digital records are accurate and kept up to date.

### Using medicines safely

- Although there were systems to ensure the safe storage of controlled medicines, improvements were needed to how they were recorded in the drugs register, which providers need to ensure is accurate and up to date. We discussed this with the manager and they were going to ensure that the register was reviewed and updated appropriately.
- Medicines were stored in line with the prescribed instructions.
- People received their medicines from staff who had training and checks on their medicine competency. Medicine that needed to be given at a specified time for example before food, were administered in line with the prescribed instructions.

### Staffing and recruitment

- The provider's recruitment process included checks to ensure staff were of a suitable character. Staff files showed recruitment checks were robust, which included checks on staff through the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People, staff and relatives told us there were enough staff to ensure people received care and support when needed. Our observations supported this.

### Systems and processes to safeguard people from the risk of abuse

- Staff had knowledge of how to detect abuse and how to raise concerns.
- Relatives told us they felt their loved ones were safe and looked after.
- There were systems and processes to ensure that any safeguarding concerns were reported to the relevant agencies including the local authority and where necessary CQC.

### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider 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

The registered manager told us there were no restrictions on visiting. Families and friends were able to visit without formal appointments.



# 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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- We found that staff were not routinely observing good oral care with the people they were supporting. During the walk around the service, we found toothbrushes were dry and did not appear to have been recently used. Staff confirmed they had not used a toothbrush for some people but could not tell us how teeth cleaning was carried out without the use of a toothbrush, even though care records indicated it had been carried out. We were not assured that oral care was being carried out consistently.
- People had their needs assessed before moving into the service.
- People were supported to have health and social care appointments. We found people had access to district nurses and Speech and language therapy (SALT) when needed.

Following the feedback on the first day of inspection, the provider had taken action to reinforce the importance of oral care with staff and on the second day of inspection we found oral care had been improved.

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

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

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Where activities were happening in the service we found that people were encouraged by staff to make choices and decisions over their participation. Where people told staff they wanted to go to their room this was actioned immediately. However, on the first day of inspection there were times when staff did not consider if people wanted to be moved. For example, at meal times staff would move people from the dining room to the lounge without asking them or cueing them in for this. We discussed our observations

with the manager and when we returned for the second day we found staff were now asking people if they were ready to be moved, and where people said or indicated they wished to remain in the dining area this was respected.

- Where required people had capacity assessments and best interest decisions recorded. For example, to manage risks and receiving the care needed.
- DoLs applications were made in accordance with people's needs and there was a tracker for identifying when a review or fresh application was needed.

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

- People and their relatives were positive about the food. We spoke with the kitchen staff including the chef and they knew people's likes, dislikes and dietary needs.
- Drinks and snacks were offered through the day.
- The management team monitored people's weight. Where needed, people had meals fortified to help encourage weight gain.

Staff support: induction, training, skills and experience

- Staff told us they had good support and training that was appropriate to their roles. New staff underwent an induction programme which included training as well as shadowing more experienced staff.
- The provider had systems to highlight when staff required refresher training and what training staff had completed.

Adapting service, design, decoration to meet people's needs

- Improvements to the home environment had been made since last inspection. The building was clean and well maintained and accessible to the people who used the service.
- People's bedrooms were personalised with people's belongings and pictures.

# 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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement.

This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity, Respecting and promoting people's privacy, dignity and independence, Supporting people to express their views and be involved in making decisions about their care

- People were not always treated with dignity and respect. One person had a wound which had leaked through to their clothing. The person was sat in a communal area and even though staff were in the area no attempt was made to change the clothing until it was raised by an inspector. The person was then changed in the communal area without any attempts being made by staff to protect their dignity.
- One person's hairbrush which staff confirmed had been used in the morning appeared unclean and not suitable for use. Upon raising this with the manager the brush was put in the bin, however when we returned for the second visit the hairbrush was back onto the person's dressing table and care records confirmed its use. The brush did not appear to have been cleaned or made suitable for use.
- One person was being moved by 2 staff using a hoist in a communal area. We saw that this person's trousers had slipped down when placed in the hoist sling, exposing their undergarments. No attempt was made by the staff to provide the person dignity until they were moved. We raised this with the manager who said this would be addressed with the staff concerned.
- During lunchtime on the first day of inspection we observed people being moved out of the dining area without any cues or discussion. We were not assured that people's wishes and choices were being respected as people were not given the choice of remaining in the dining area or of where they wanted to go next.

The provider had failed to ensure people were treated with dignity and respect. This was a breach of regulation 10 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed 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

- Whilst we found care plans and risk assessments were comprehensive and contained details of about people's individual needs and preferences, this was not always reflected in the care that people received. For example, one person had told inspectors that they did not feel well. When we raised this with a carer they told us the person had told them the day before that they felt unwell. However, no action had been taken to seek medical advice to identify what was wrong.
- There was no consistent system to identify and record key information from shift handovers, for example when people were unwell. There was provision on people's digital care records to capture this information however recording was inconsistent and not always reflective of how people appeared. This meant that important information about potential changes in needs or actions to follow up was not always clear to staff.

Immediately following the inspection the provider has put a system in to ensure handover information is consistently recorded on their digital care records. Also the provider had taken steps to ensure staff understood their responsibilities to act if a person says or appears unwell.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Care records contained key information about how people chose to communicate. Staff we spoke with were able to tell us how they interacted with people. However, on the first day of inspection one person had slipped in a chair, they were attempting eye contact with staff, and also asking for help in a quiet tone. Staff did not respond in a timely manner, even though staff were in the area.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There were a range of activities in the home during both days of inspection. we could see people engaged in card making, some other people were preparing gifts for a forthcoming Christmas tombola. People we spoke with were happy with the level of engagement from staff and felt that they had good relationships with other people in the service.

- Relatives told us they were encouraged to maintain contact with their loved ones. In the summer there were a range of activities with the local community.

#### Improving care quality in response to complaints or concerns

- The service had not received any complaints in the six months prior to our inspection.
- There was a complaints policy in place and the manager and provider told us they operated an open-door policy. Relatives felt they could approach the manager with concerns and they were listened to.

#### End of life care and support

- The provider had procedures in place to discuss end of life care arrangements with people and their relatives. This meant opportunities were given to enable people to express their wishes about how their care should be delivered at this time.
- Where a ReSPECT form was in place, advance plans for end of life care had been appropriately discussed and agreed in line with legal guidance. A ReSPECT form is a legal document containing details about advance care planning.

# 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 we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people, Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider had failed to robustly assess, monitor and improve the quality and safety of the services and assess, monitor and mitigate the risks relating to the health, safety and welfare of service users. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection improvements had been made, however the provider remains in breach of this regulation.

- The providers systems had not identified that peoples care records did not contain up to date relevant information about their health needs. Systems required more time for the planned improvements to become embedded in everyday practice.
- The provider had not identified the need for improvement in how people received their care until it was identified during the inspection. Some people's care lacked the dignity and respect expected from staff. While steps were immediately taken by the provider to address these issues, time was needed to establish a consistent culture of person centred care.
- Whilst the providers systems around assessing and reducing the risks to the health and safety of people who use the service had improved since last inspection, further improvements were needed. For example, where footwear was identified by staff as a potential cause for a fall, action had not been taken to explore this further. This meant that by not checking the footwear the potential risk of a further fall was increased.

The provider had failed to robustly assess, monitor and improve the quality and safety of the services and assess, monitor and mitigate the risks relating to the health, safety and welfare of service users. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Immediately following the inspection, the provider told us they were taking action to address the issues raised during this inspection.

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 manager and provider were aware of their legal responsibilities under the duty of candour. Statutory notifications were sent to us as required telling us about specific incidents.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There were systems in place to gather feedback from relatives, although there was no clear system to capture the feedback from people using the service. However, feedback from people including relatives was positive. The manager told us that they had an open door to relatives to raise any concerns.

Continuous learning and improving care

- The service recently had a change of manager and the existing systems were being reviewed and changed in line with the new manager coming on board. There had been improvements since the last inspection, but more work was needed to ensure systems became more effective and established in the service.

Working in partnership with others

- Where needed people were supported to access health and social care support. Professionals we spoke with were positive about 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 10 HSCA RA Regulations 2014 Dignity and respect  People were not always treated with dignity and respect.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider had failed to robustly assess, monitor and improve the quality and safety of the services and assess, monitor and mitigate the risks relating to the health, safety and welfare of service users.