

Lansglade Homes Limited

Henrietta House

Inspection report

3 Dynevor Road
Bedford
Bedfordshire
MK40 2DB

Tel: 01234359194
Website: www.lansgladehomes.co.uk

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Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

About the service

Henrietta House provides residential care for up to 25 older people with physical disabilities and those who may be living with dementia. At the time of our inspection there were 22 people using the service.

Accommodation is provided over the ground and two upper floors with various lounges, a dining room, and an accessible garden.

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

People felt safe. Staff had been provided with training to enable them to recognise signs and symptoms of abuse and they knew how to report any concerns. People had risk assessments in place to enable them to maintain their independence and keep them safe.

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.

Sufficient numbers of staff with the appropriate skill mix were available to support people with their needs. Staff knew people well and were able to support them appropriately when they became distressed or anxious. Effective recruitment procedures were in place to ensure suitable staff were employed to work with people using the service.

People were protected from the spread of infection; the service was clean, and staff wore personal protective equipment when needed.

There were positive relationships with health professionals which supported people's overall wellbeing. Medicine was administered safely and there were clear protocols in place for medicine which was taken when required.

There was a culture of openness, transparency and inclusion amongst staff and people using the service. We observed positive interactions throughout the day. A variety of quality audits were carried out, which were used to drive continuous improvement which was used to good effect in supporting people and staff to express their views about the delivery of care.

Staff received appropriate training, supervision, and support to enable them to carry out their roles and responsibilities effectively. Staff felt well supported and said the registered managers door was always open. The service worked in partnership with outside agencies.

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

Rating at last inspection

The last rating for this service was Good (published 14 December 2017)

Why we inspected

This inspection was prompted by a review of the information we held about this service. We undertook a focused inspection to review the key questions of Safe and Well-led.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained Good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Henrietta House on our website at www.cqc.org.uk.

Follow up

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.

<p>Is the service safe?</p> <p>The service was safe.</p> <p>Details are in our safe findings below.</p>	<p>Good ●</p>
<p>Is the service well-led?</p> <p>The service was well-led.</p> <p>Details are in our well-led findings below.</p>	<p>Good ●</p>

Henrietta House

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 2 inspectors.

Service and service type

Henrietta House 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. Henrietta House 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 a registered manager in post.

Notice of Inspection

This inspection was unannounced.

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 using the service and 5 relatives to gain their view of the service. We had discussions with 11 staff, this included the registered manager 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 6 care and support staff, a housekeeper, chef, and activities coordinator.

We met with a visiting healthcare professional to gain their feedback about the service.

We reviewed a range of records. This included 3 people's care records and 8 medication records. We looked at 3 staff files in relation to recruitment. A variety of records relating to the management of the service, including quality assurance audits, training records, key policies and meeting minutes were reviewed.

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 Good. The rating for this key question has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe living at Henrietta House. A person said, "Oh yes, its lovely and very safe. There is always someone around if you need help and that makes me feel safe."
- Staff told us, and records showed, they had received appropriate training with regards to safeguarding and protecting people. A staff member said, "The manager is very easy to talk to and I would go to them with any concerns I had about a person, and I know they would deal with it properly." Another told us, "We have a duty of care to make sure people are safe and that's what we do here."
- Information about how to report safeguarding alerts and whistleblowing concerns was displayed around the service and was accessible to all staff. We saw evidence that the registered manager had submitted safeguarding alerts to the local safeguarding team to be investigated.

Assessing risk, safety monitoring and management

- People had individual risk assessments to enable them to be as independent as possible whilst keeping safe. A relative told us, "I do know that [family member] has risk assessments in place. The staff let me know about them and why they have to be there."
- Staff told us they felt they could confidently support people safely, and that the risk assessments accurately reflected people's needs, and the way they should be supported. A staff member told us, "[Name of person] is at risk of falls. We have a risk assessment in place to make sure the risks are reduced as much as possible."
- Risk assessments were used to promote and protect people's safety in a positive way. Staff told us, and records showed they were reviewed on a regular basis and updated when required.

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.
- Capacity assessments had been completed to ensure that people had the support they required to make decisions. This included family members input when appropriate.

Staffing and recruitment

- There were enough staff on duty to meet people's needs. A person said, "There are always staff around when I need them." A relative told us, "The staffing is sufficient. People don't have to wait long before staff help them."
- Rota's we viewed showed there was enough staff with varying skills on duty to provide the care and support people required. Staff confirmed that the staffing numbers were adequate to meet people's needs. One said, "There is enough staff to care for the people we look after, and we never have to rush their care."
- Our observations confirmed there were sufficient staff to meet people's needs in a timely manner. The service did not use agency staff, so people were supported by a consistent staff team who knew them well.
- The provider followed robust recruitment procedures to ensure people were protected from staff that may not be fit to support them. Disclosure and barring service (DBS) security checks and references were obtained before new staff started the probationary period. These checks help employers to make safer recruitment decisions and prevent unsuitable staff being employed.

Using medicines safely

- People received their medicines safely. A relative informed us that their family member had a deteriorating condition that constantly required medication changes. They said, "When the GP tweaks [family members] medicines the staff go out of their way to make sure the medication is right for [family member]."
- Staff told us and records demonstrated that staff received training in the safe administration and their competencies were regularly assessed. A staff member told us, "We are always looking at how we can improve our medicine procedures. It's very important to get it right."
- People were given their medicines in a way that met their individual needs. Protocols were in place to manage how people received 'as needed' (PRN) medicines.
- Medicines were stored securely, and Medication Administration Records (MAR) were completed accurately after each person had received their medication. We saw evidence that regular auditing of medicines was carried out to ensure that any errors could be rectified and dealt with in a timely manner.

Preventing and controlling infection

- People were protected from the risk of infection, and we saw staff were following safe infection prevention and control practices such as regular hand washing and appropriate wearing of PPE.
- Staff received training in infection prevention and control. We spoke with a housekeeper who described the training they had completed. This included training around COVID 19 and Infection Control and Prevention.
- There were cleaning schedules in place that included daily, weekly, and monthly cleaning routines. We saw these being followed on the day of our visit. There were policies and procedures in place to provide staff with guidance about infection control.

Visiting in care homes

- At the time of our inspection there were no restrictions on visiting.

Learning lessons when things go wrong

- Accidents and incidents were recorded and monitored. The registered manager reviewed all accidents and incidents on a monthly basis. This was to ensure they had been reported and managed appropriately.
- Lessons learnt and themes from incidents were shared and discussed at staff meetings.

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 Good. The rating for this key question has remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- We received very positive feedback from people and relatives about the management of the service. A person told us, "The manager has been very helpful to me. They make sure I have what I need." A relative commented, "The manager runs a tight ship because they want it to be the best."
- A relative told us that staff went above and beyond their roles. They explained that when their family member first went to live at the service, they were finding it difficult to settle. So, staff arranged for video calls between the family every evening to help relieve the persons anxieties. The relative said, "It has given me peace of mind."
- The service had a positive culture that was person-centred, inclusive and able to demonstrate a good understanding of equality, diversity and human rights. On the day of our inspection people and staff were celebrating Diwali, the Hindu festival of lights. This included culturally correct music and food with staff dressed in traditional clothes and was seen to be enjoyed by all.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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

- Staff felt they could raise ideas or concerns with the staff or the management team and felt they would be listened to. A staff member told us, "I would be comfortable raising any concerns I had. I know they would be taken seriously and dealt with quickly."
- Staff understood their roles and responsibilities and had clear lines of accountability. The staff support systems ensured all staff received regular training and regular supervision.
- Staff knew how to whistle-blow and knew how to raise concerns with the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns acted upon.
- The quality of care people received was subject to close monitoring by the provider. The provider undertook a range of quality audits to identify where improvements could be made. For example, where care plan notes indicated there was a decline in a person's health they were monitored and referred to an appropriate health care professional.
- The registered manager ensured there were robust systems in place to ensure compliance with duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.

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

characteristics

- The provider used a variety of initiatives to gain feedback from people and relatives to drive improvement at the service. The registered manager had sent out satisfaction surveys and we noted a number of positive comments had been written. One read, "Excellent service provided by [registered manager] and team. I have already recommended them on 2 occasions."
- There were regular meetings for people who used the service and relative's meetings. A relative commented, "I get surveys and come to the meetings. I do feel that what we say is taken on board."
- Staff told us they had regular team meetings and a staff member said, "We have regular staff meetings. We discuss a lot of things, and we are listened to."
- Records of meetings showed that suggestions had been put forward and acted on to help progress the service and improve the quality of care. This meant that the provider enabled people, relatives, and staff to give feedback which was used to develop the delivery of care.

Continuous learning and improving care; Working in partnership with others

- There were internal systems to report accidents and incidents and the registered manager investigated and reviewed incidents and accidents.
- The registered manager was aware of the need to report certain incidents, such as alleged abuse or serious injuries, to the Care Quality Commission (CQC), and had systems in place to do so should they arise.
- The provider was transparent, open and collaborative with external agencies. The management and staff team worked in partnership with other professionals and agencies such as the GP, speech and language therapist and the local authority to ensure people received joined up care.