Lansglade Homes Limited

Henrietta House

Inspection report

3 Dynevor Road
Bedford
MK40 2DB
Tel: 01234 359194

Date of inspection visit: 26 August 2015
Date of publication: 18/09/2015

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

Henrietta House provides personal care and accommodation, for up to 25 older people with a range of needs, including early stage dementia care. It is situated in a residential part of Bedford. On the day of our inspection, there were 24 people living in the service.

The inspection was unannounced and took place on 26 August 2015.

The service had 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.

Staff were knowledgeable about the risks of abuse and knew how to respond appropriately to any safeguarding concerns to ensure people's safety and welfare.

People had individual risk assessments in place, both to guide staff and reduce the risk of harm to people. The registered manager also ensured that the service had robust risk assessments in place, in respect of the day to day running of the service.

Summary of findings

Accidents and incidents were recorded and the cause analysed, so that preventative action could be taken to reduce the risk of reoccurrence.

People were cared for by sufficient numbers of well trained staff. The provider undertook appropriate recruitment checks before allowing staff to commence their employment.

Safe and suitable arrangements were in place for the administration, recording and management of medicines.

Staff were provided with induction training on commencing employment and then received on-going training and supervision, which enabled them to provide appropriate care to people.

People's consent was gained before any care was provided. The requirements of the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards were met.

People had a choice of nutritious food. Their weight was monitored on a regular basis, with appropriate referrals made to the dietician when concerns were identified.

People's general health was supported through referrals to health care professionals when this was appropriate.

People were happy and content with the care they received from staff.

Staff understood people's privacy and dignity needs. They were respectful of the decisions people made.

Staff were able to describe the individual needs of the people in their care. They worked hard to ensure people received care based upon their preferences and choices.

Care plans contained detailed information on people's personal history, health needs and preferences for care.

Relatives were involved in the regular review of people's care needs and were kept informed of any changes to a person's health or well-being.

People were encouraged to raise any concerns or give feedback about the quality of the service they received. Complaints were taken seriously and responded to appropriately.

Quality assurance systems were carried out to assess and monitor the quality of the service. The views of people living at the home and their representatives were sought on a regular basis.

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?
This service was safe.

Staff had safeguarding training, and understood their responsibilities. They were able to raise any concerns they had about people's safety.

Individual risk assessments were in place for people and were kept up to date so that they remained reflective of people's needs.

Staffing arrangements meant there were sufficient staff to meet people's needs and the service followed robust procedures to recruit staff safely.

Suitable arrangements were in place for the safe administration and management of medicines.

Good

Is the service effective?
This service was effective.

Staff were knowledgeable about the specific needs of the people in their care because of the on-going training and supervisions that they received.

The requirements of the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards were met.

People were provided with a choice of food and refreshments.

Arrangements were in place for people to have access to external heath, social and medical support to help keep people well.

Good

Is the service caring?
This service was caring.

Staff spoke with people in a friendly and kind manner. Staff showed a good understanding of people's individual needs.

People were encouraged to make their own choices where possible with support from staff.

People and their families were given the opportunity to comment on the service provided.

Good

Is the service responsive?
This service was responsive.

People and their relatives were involved in decisions about their care.

People were supported to do the things they wanted to do and a range of activities in the home were organised in line with people's preferences.

There was an effective complaints policy in place.

Good

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

Good

Summary of findings

The service had a registered manager in place. The registered manager and staff understood their roles and responsibilities to the people who lived at the home.

People were encouraged to comment on the service provided to enable the service to continually develop and improve.

Systems were in place to ensure the service learnt from events such as accidents and incidents, whistleblowing and investigations.

The provider had internal systems in place that monitored the quality and safety of the service.

Henrietta House

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.

This inspection took place on 26 August 2015 and was unannounced. The inspection was undertaken by one inspector.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We spoke with the local authority and one healthcare professional, to gain their feedback as to the care that people received.

During our inspection, we observed how the staff interacted with the people who used the service and how people were supported during meal times, individual tasks and activities. We also carried out observations using the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with five people who used the service and two relatives. We also spoke with the registered manager and three members of care staff.

We looked at six people's care records to see if their records were reflective of their needs. We reviewed three staff recruitment files, staff duty rotas and training records. We also looked at further records relating to the management of the service, including quality audits, in order to ensure that robust quality monitoring systems were in place.

Good

Is the service safe?

Our findings

People felt safe at the service. One person said, "Oh yes, I know I am safe." Another person told us, "They wouldn't let anything happen to me. I am safe and sound here." One relative said, "I have no worries about going home and leaving [family member] here. I know he will be safe." People and their relatives confirmed that if they had any issues about their own safety or that of the environment, they would speak with the registered manager.

Staff were able to explain what action they would take to report anything they considered to be a potential safeguarding matter. One member of staff said, "I would not hesitate to report anything. I know it would be dealt with- I have full confidence in the manager." Another staff member told us, "If there was a safeguarding issue I would go straight to the senior or manager." Staff confirmed that the registered manager would always address any issues that they identified. We were told that feedback would also be given about the outcome of any investigations during staff meetings or supervisions, so they could learn where practice could be improved. Records showed that the registered manager made safeguarding referrals to the local authority when required. They also notified the Care Quality Commission (CQC) of these in accordance with their statutory obligations.

Staff told us that the provider had policies in place to protect vulnerable people from harm and abuse and that they worked in accordance with these processes. We saw that staff were asked to read such policies and to sign when they had done so. Records confirmed that staff had received training in safeguarding vulnerable adults and that this training was kept up to date, so that staff knowledge remained current and based upon best practice.

Staff were aware of the provider's whistleblowing policy and told us they would feel confident in using it should this be required.

Each person had individual risk management plans in place to promote and protect their safety. Staff told us that people had risk assessments which identified hazards they may face, for example, in moving and handling, nutrition, falls and skin integrity. We found that risk assessments were updated on a monthly basis to ensure the level of risk identified for people was still relevant to their needs. The registered manager also carried out general risk assessments to identify and address any potential environmental risks. These included fire risk assessments, individual evacuation plans for people and the checking of portable electrical equipment.

Accident and incident forms were completed appropriately and over- viewed by staff to identify any changes that could be made to reduce the numbers of these. This information was used to identify ways in which the risk of harm to people could be reduced.

People told us there was enough staff on duty. One person told us, "I should say there are." Staff said there were enough of them to meet people's needs safely. One staff member said, "Yes, we are well staffed." The registered manager told us that the staff ratio was flexible and reviewed on a regular basis. For example, should one person become unwell, the numbers were flexible to allow for more staff members to be on duty. Our observations confirmed that the number of staff on duty was sufficient to support people safely and enable them to receive the care they required.

Staff underwent a robust recruitment process before they were allowed to commence employment. A relative told us, "The manager wouldn't employ anyone that she did not trust fully." The registered manager told us that this was to ensure that staff were suitable and safe to work with people who lived at the home. Records showed that all necessary checks had been verified by the provider before each staff member began to work within the home. These included reference checks, Disclosure and Barring Service (DBS) checks and a full employment history check. We looked at the recruitment files for three staff and found that there were effective recruitment procedures in place.

People received their medicines as prescribed. One person said, "I always get them on time." Staff told us that they were conscious to ensure that medication administration was done correctly. Staff also said that they were only allowed to administer medicines if they had completed training and were assessed as competent to do so. Training records we looked at confirmed this.

We found that medicines were stored and administered in line with current guidance and regulations. We observed a medicines round and saw that medicines were administered correctly. People were given time to take their medication and when required, explanations were given.

Good

Is the service safe?

We looked at the Medicines Administration Records (MAR) for six people living at the home and saw that these had been completed correctly and medicines received had been recorded accurately. We checked stocks of medicines held which could be reconciled with those recorded on the record sheets. Staff completed a regular medication audit. There were suitable arrangements in place for the safe administration and management of medicines.

Good

Is the service effective?

Our findings

People received care from staff that had received up to date training and development which enabled them to maintain and develop their knowledge and skills. One person said, "They seemed clued up." Relatives told us that staff had the right skills to care for their loved ones. One relative told us, "Staff are very good. They always know what to do. I have great confidence in them."

Staff received comprehensive induction training when commencing employment. We spoke with a member of staff who said that this ensured they were equipped with the necessary skills to carry out their role. They went on to tell us that the induction training consisted of reading policies and procedures, along with people's care records. It also enabled them to undertake core training, including manual handling and a period of shadowing more experienced staff. We were told, "This was helpful because I got to know people and their care needs, before being expected to deliver care independently. It helped me a lot and made me feel confident." Records showed that new staff shadowed more experienced members of staff and received core training as part of their induction process, working through a competency based workbook.

Staff also had access to a variety of regular training, which they told us was useful in helping them keep up to date. One staff member said, "The training is really good. It helps to keep the knowledge in your head." We were also told, "Yes the training here is good. We are supported to develop and do additional training if we are interested in things." Staff confirmed that if they had a specific area of interest, for example, end of life care or nutrition, that they were supported to develop their skills in these areas as they would benefit the care they could provide to people. Staff undertook training, which included first aid, infection control, safeguarding and mental capacity. Training records confirmed that staff had received appropriate training to meet people's assessed needs.

Staff also told us that they received regular supervision and felt supported in their roles. They said that these sessions were helpful. One staff member said, "We can bring up ideas and have things dealt with. We are given the chance to try things." Supervisions were an opportunity to discuss any training and development needs but staff were keen to tell us that they did not have to wait for formal supervisions to discuss any issues they had. They felt very well supported by the registered manager who provided them with formal and informal supervisions. Records detailed that staff supervision was taking place.

People said that staff gained their consent before providing them with any care and support. One person said, "They don't do anything without asking me." Staff told us of ways in which they gained consent from people before providing care; using gestures and showing people items to gain consent and give them choices. Our observations confirmed that staff obtained people's consent before assisting them with personal care or supporting them to transfer.

People's capacity to make and understand the implication of decisions about their care were assessed and documented within their care records. Staff told us they had received training on the requirements of the Mental Capacity Act 2005 (MCA), and the associated Deprivation of Liberty Safeguards (DoLS). One staff member said, "We get asked by the manager about what we think, we feel involved." We saw evidence that the MCA and DoLS were followed in the delivery of care. Records confirmed that best interest decisions had been made on behalf of people following meetings with relatives and healthcare professionals and were documented within their care plans. Applications for the deprivation of liberty had been made for some people as they could not leave the service unaccompanied and were under continuous supervision. Decisions which impacted upon people's rights to liberty were made within the legal framework to protect people's rights.

People liked the food at the service. One person told us, "It's always good." Comments taken from the visitor's book said, 'The food is wonderful. A variety of fresh vegetables, meat and potatoes, well cooked and presented.' We observed that staff spoke with people on an individual basis about the available choices for each meal. They worked hard to ensure that people got the food that they liked and we saw that people could have alternative meals if they wished to, being mindful of any specific dietary requirements they might have. For example, we observed that one person was given the choice of lunch that they had chosen early that morning. They decided that they did not want this so staff were accommodating and worked to ensure they had something that they did want.

Good

Is the service effective?

We observed people having breakfast and lunch and found that the meal time experience was relaxed. Staff supported and assisted people when required to eat their meal. We also observed people requesting and being provided with snacks throughout the day. Hot and cold drinks were regularly offered and also provided at peoples' request. People's weight was monitored and food and fluid charts were completed for people where there was an identified risk in relation to their intake. This provided information on what they had consumed. If people were identified as being at risk of weight loss their food was fortified and they were referred to the dietician or GP.

Relatives told us that their family members received additional health support if this was required, for example, to see the GP or District Nurse. We were also told that any updates from such visits were always communicated back to them. Where changes in treatment were required, we were advised that these would be incorporated into care plans so that the care people received was always reflective of their needs. Records showed that people had been assisted to access optical and dental care and, where appropriate, referrals had been made to dieticians and occupational therapists.

Good

Is the service caring?

Our findings

People were happy with the care they received. One person said, "They're alright, kind and helpful." Another person told us, "They care for me very nicely." One relative said, "I hit gold here, they are patient with people and always on the spot. My [family member] could not be in a better place." Another relative told us, "I have not had one moment of doubt, they are all wonderful, and nothing is hidden. All the staff are nice, from carers to cleaners. You can't fault them at all."

Comments taken from the visitor's book in relation to care provided stated, 'It's a real pleasure to come here. I have always been made welcome. The atmosphere is always happy.' Another comment included, 'I can't find the words to thank you all for your professionally excellent standards. We hear too much about the poor and bad- it is even more important to recognise and celebrate excellence.' People and relatives told us that staff were friendly and kind and showed them genuine compassion.

We found that there was a welcoming atmosphere within the service. This was as a result of the respectful attitude that staff exhibited towards people when supporting them and visitors when they arrived. One relative told us, "They are always glad to see you, you feel at home." An entry from the visitor's book stated, "Nothing is too much trouble for them." Staff took time to greet people and engage with them each time they entered the communal areas. When they had the opportunity, staff sat with people and chatted, about things of interest to that person or what was happening in the news. People appeared content and relaxed in the company of staff when this happened, smiling, laughing and joking with staff.

Staff spent time interacting with people and addressed them by their name or their preferred form of address. When communicating with people, they got down to their level and maintained good eye contact. They took time to ensure that people understood what was happening, for example, when being given medication. We saw that staff provided people with reassurance by holding their hands, or taking time to interact and acknowledge their feelings, and determine what they required so that any requests could be addressed in a timely manner. We observed that one person was given the freedom to move about the home environment, they enjoyed sitting in a variety of different areas within the service because this was what they had done when living in their own home. Staff supported this and enabled them to continue this practice in a safe manner. Positive and caring relationships were developed with people who used the service.

It was apparent from our conversations with staff that they were knowledgeable about the people they supported; they were able to explain people's backgrounds and life histories. They were aware of their preferences and interests, as well as their health and support needs. Staff told us that any changes in people's needs were passed on through communication books and handovers, which enabled them to provide a more person centred service.

People and relatives confirmed that they were involved in making decisions about their care. One relative told us, "I am asked all the time what I would like to happen." People and their relatives felt involved and supported in planning and making decisions about their care and treatment. We saw that people were asked about their likes and dislikes, choices and preferences and these were documented within their care plan for staff to refer to. We observed that people were offered choice in relation to the time they got up in the morning, what clothes they wanted to wear for the day and whether they participated in social activities or not.

People's dignity and privacy was respected. One relative had commented in some recent feedback, 'Thank you for keeping [family members] dignity intact. Not an easy thing.' Staff said that when providing personal care they would respect the person's dignity and communicate with them about the care they were providing. We observed people were supported to be suitably dressed in clean clothing and that personal care was offered appropriately to meet people's individual needs. When we spoke with staff they demonstrated their understanding of how they could maintain people's privacy and dignity while providing them with the care and support they required.

We spoke with the registered manager about the availability of advocacy services and found that the home had previously used the services of an advocate for people. We saw that the service had available information on how to access the services of an advocate should this be required.

We found that there were areas within the service and garden where people could go for some quiet time without having to go to their bedrooms. People could therefore be

Good

Is the service caring?

as private and independent as they were able. We found that people were encouraged to bring in personal possessions from home, including beds and wardrobes. Rooms were personalised and contained personal possessions that people treasured, including photographs and ornaments.

Good

Is the service responsive?

Our findings

People were assessed before admission to the service and thereafter on a regular basis. One relative said, “Right from the word go, I was involved with the process and able to give information, to make sure it was right because it was such a big decision.” The registered manager told us that people and their relatives were given appropriate information and the opportunity to see if the service was right for them before they were admitted. We found that the care records arising from this process, gave staff the information to enable them to provide people with individual care and support, whilst maintaining their independence as much as possible.

Staff told us that care plans were important and needed to be kept up to date so they remained reflective of people’s current needs. They said that any changes were made immediately to the care plans and risk assessments so that the correct care could be provided. We found that care plans were based upon the individual needs and wishes of people who used the service. People’s likes, dislikes and preferences for how care was to be carried out were all assessed at the time of admission and reviewed on a regular basis. Care plans contained detailed information on people’s health needs and about their preferences and personal history, including people’s interests and things that brought them pleasure.

People’s care and support plans, as well as reviews of care, were agreed by the person or their representative. Relatives we spoke with confirmed that they had been involved in these reviews and told us that the approachability of the registered manager and staff gave them an opportunity to give feedback and make any suggestions they may have regarding the care and support provided to their family member.

We observed that staff were responsive to people and were a constant presence in the communal areas, monitoring those people who remained in their rooms. When instant support could not be given, staff responded positively and provided an explanation for the delay and ensured they returned as quickly as possible. Call bells were answered swiftly and when asked for assistance, staff completed requests with a smile.

People told us there were some activities organised throughout the week. We spoke with staff who told us that the service had an activity coordinator who visited twice weekly and that on the other occasions; they would undertake activities with people. This might consist of sitting and talking with people, listening to music or watching a particular programme. For those people who wished to participate, there were quizzes, music session and a variety of other activities. We were told that an American themed event was due to take place and also saw photographs of past events, including ‘Ladies Day’ where afternoon tea was served.

People and their relatives were aware of the formal complaints procedure in the home, and told us they would tell a member of staff if they had anything to complain about. Relatives told us the registered manager always listened to their views and addressed any concerns immediately. We observed that the registered manager was a visible and approachable presence, which meant that small issues could be dealt with immediately. We found that there was an effective complaints system in place that enabled improvements to be made and that the registered manager responded appropriately to complaints. Records confirmed that there had been no formal complaints since our last inspection.

Good

Is the service well-led?

Our findings

The service had a registered manager in post and it was evident that they offered support, advice and development opportunities to staff. We observed that they were flexible and very 'hands on' in their approach, willing to work on the floor and support staff at any time. This approach was appreciated by people, relatives and staff who were all positive in their praise for the registered manager. The people we spoke to and their relatives, all knew who the registered manager was and acknowledged that they had a visible presence in the service which made for a well managed service.

We found that the registered manager was supported by a team of care staff, domestic and catering staff, maintenance and administration staff. Staff said that the management structure within the home and the wider service promoted a positive feeling as they gave on-going advice and support and ensured that staff knew what was expected of them. We were told that if the registered manager was not available, then staff could contact one of the registered manager's from the other services within the group or the operational manager who would also offer support and advice.

Our observations and discussions with people who lived in the home and relatives showed they were relaxed around the registered manager and staff and felt able to approach any of them. One relative said. "I was very taken with the ethics of the manager. She is fantastic." Another relative told us, "The manager is very easy to talk to about anything; she is always the same, very approachable." People and their family members said they would be happy to go to the registered manager if they had any worries or concerns, and knew they would be listened to and made to feel valued.

Staff echoed these sentiments and told us that the registered manager led a good service. One staff member told us, "We all get on really well here and that is why we have a good service. The manager is brilliant, always there for us." Staff advised that the close nature of the team helped them to provide the right care for people. We were told, "We are here for each other and all pull together."

Staff told us that there was positive leadership in place, both from the registered manager and operational manager, which encouraged a transparent culture for staff to work in and meant that staff were fully aware of their roles and responsibilities. All of the staff we spoke with understood their aims and objectives and how to work to achieve these. None of the staff we spoke with had any issues or concerns about how the service was being run and were very positive, describing ways in which they hoped to improve the delivery of care. Staff were motivated and had a desire to improve upon their knowledge so they could strive to give effective and high quality care to people.

Records showed accidents and incidents were recorded and appropriate immediate actions taken. An overview of the cause of accidents and incidents was undertaken to identify trends in order to reduce the risk of any further incidents. Relevant issues were discussed at staff meetings and that learning from incidents took place. Records showed regular staff meetings were held for all staff and the minutes showed the registered manager openly discussed issues and concerns.

The people we spoke with were very positive about the service they received. People who used the service and their relatives told us they had been asked for feedback on their experience of care delivery and any ways in which improvements could be made. They told us that this took place in the form of care reviews and relative meetings. We found that the provider analysed the results to identify any possible improvements that could be made to the service. For example, comments had been received in March 2015 about the food provided within the service. Action had been taken to hold a meeting so that issues could be addressed and as a result, menu options had been changed and people were now satisfied with the food they were offered.

The registered manager told us that they wanted to provide good quality care and it was evident they were continually working to improve the service provided and to ensure that the people who lived at the home were content with the care they received. In order to ensure that this took place, we saw that they worked closely with staff, working in cooperation to achieve good quality care.

We saw that a variety of audits were carried out on areas which included health and safety, infection control, catering and medication. We found that there were actions plans in place to address any areas for improvement. The provider had systems in place to monitor the quality of the care provided and undertook their own compliance

Good

Is the service well-led?

monitoring audits. We saw the findings from the visits were written up in a report and areas identified for improvement during the visits were recorded and action plans were put in place with realistic timescales for completion. This meant that the service continued to review matters in order to improve the quality of service being provided.