

Lansglade Homes Limited

Henrietta House

Inspection report

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Date of inspection visit:
14 November 2017

Date of publication:
14 December 2017

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 ●

Summary of findings

Overall summary

Henrietta House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home is registered to provide accommodation and personal care for up to 25 older people with a range of needs including dementia. At this inspection there were 23 people living at the home.

At the last inspection in August 2015 the service was rated good. At this inspection we found the service remained good.

People and their relatives told us that people were safe living in the service. Risks to people were assessed, and any risks identified were mitigated and reduced where possible. There were sufficient numbers of staff with the right skills and abilities to support people when they needed it.

Staff were inducted to the service when they commenced their employment and received appropriate training and support to enable them to carry out their roles effectively. Staff were aware of the mental Capacity Act 2005 (MCA) principles and were meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). People were encouraged and supported to make choices and retain as much control of their lives as possible. People were supported to eat and drink sufficient amounts to maintain their health and were supported to access health care professionals to meet their individual health needs.

People who used the service were treated in a kind and caring way by staff who respected their privacy and maintained their dignity. People, their relatives and professionals were given the opportunity to give feedback on the service and their views and opinions were taken into account.

People received individualised care that was personal to them. People were given appropriate support and encouragement to access meaningful activities that were of interest to them. People and their relatives told us that they knew how to raise concerns if they needed to and were confident these would be listened and any concerns would be addressed.

The registered manager had robust quality assurance systems in place and where shortfalls were identified they were promptly acted upon to improve the service. The registered manager had developed an open, transparent and inclusive culture within the service. People and their relatives gave consistently positive feedback about all aspects of the service.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remained good.

Is the service effective?

Good ●

The service remained good.

Is the service caring?

Good ●

The service remained good.

Is the service responsive?

Good ●

The service remained good.

Is the service well-led?

Good ●

The service remained good.

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 comprehensive inspection was carried out by one inspector on 14 November 2017 and was unannounced.

The provider completed a Provider Information Return (PIR) and submitted this to us on 26 June 2017. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us.

During this inspection we spoke with three people who used the service, three relatives, three visiting professionals, two care staff, the provider and the registered manager. Subsequent to the inspection site visit we also received feedback from a further three relatives by email.

We reviewed three care records, two staff's recruitment files, training records and quality assurance information and audits. 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

People told us they felt safe living at Henrietta House. One person told us, "I feel very safe here. I am not concerned at all. There are plenty of people to help you when you need it." A relative told us, "Yes people are safe here it's a small home and all the staff knows people well. I feel very reassured even when I am not here they [staff] always call me to tell me if there are any changes in their condition." We observed staff supporting people safely for example, when assisting people with their mobility and they were patient and did so in a safe way.

People were supported by staff who demonstrated that they understood how to keep people safe. Staff had been trained in how to protect people from avoidable harm and knew how to recognise and report abuse.

Risks to people's safety and wellbeing were identified and where possible mitigated and reduced. For example where people were at risk of falls, equipment such as sensor mats had been put in place to alert staff so they could assist the person. Where a person had sustained an injury additional staff had been put in place to enable the person to have increased support in the short term until they regained their mobility.

There were sufficient numbers of staff who had been recruited safely through completion of robust recruitment checks. Many of the staff team had worked at the home for a long time which provided consistency to people. The staff team who worked well together to keep people safe for example making sure that they communicated effectively about peoples` changing needs through handovers and meetings.

There were suitable arrangements for the safe storage, management and disposal of medicines and people were supported to take their medicines by suitably trained staff who had their competency assessed. We checked a random sample of boxed medicines and found, they had been safely administered to people at the correct time and the medicine administration records (MAR) had been completed correctly.

There were regular infection control audits in place and we observed staff wore protective clothing and gloves when assisting people with personal care tasks. This reduced the risk of cross infection or contamination.

Accidents and incidents were recorded and kept under regular review to ensure that where possible remedial actions were taken to reduce the risk of a reoccurrence. This helped to keep people safe. The registered manager told us, "We do monitor factors such as the times of falls to see if it relates to a particular time or task and this enables us to be proactive by putting measures in place to reduce risks."

Is the service effective?

Our findings

People were supported by appropriately skilled and knowledgeable staff. One relative told us, "I am sure the staff have good training; they are all very good and definitely know what they are doing." A visiting professional told us, "I have great confidence in the registered manager and staff at Henrietta House. They are extremely aware of any changes to people they support and always seek appropriate intervention." Staff told us, and records confirmed that they received the training and support they needed to carry out their role effectively. A staff member told us, "We are definitely well supported. I can get help and advice anytime I only have to ask."

A staff member told us that they felt people received good care because, "We work well as a team and share an ethos to give each and every person the best care and support we can." We observed staff asking people for their consent before supporting them and continuing to explain what they were doing as they supported them. Staff told us they always obtained consent and recognised people could refuse support if they wished.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). People using the service had their capacity to make decisions and consent to their care assessed appropriately under the MCA. DoLS applications had been made to the local authority and authorised where appropriate.

Staff and the registered manager demonstrated they understood MCA and DoLS and how this applied to the people they supported. Where people lacked capacity to make day to day decisions they were offered choices and supported to retain as much control over their lives as possible. For example we noted one person could not communicate verbally in English and staff had recorded some key words in the person's native language so that they could communicate with them and offer choices of food and drink.

People and their relatives told us that the food provided at Henrietta House was of a good quality and said that people had plenty of choices. For example one relative told us, "They provide choices for my [name] relative which is appropriate to meet their cultural, preferences." People's weights were monitored to help make sure their food and fluid intake was adequate to sustain their health and wellbeing.

People's day to day health needs were met in a timely way and they had access to health care and social care professionals when necessary. Appropriate referrals were made to health and social care specialists when needed. People's relatives confirmed that there were regular visits to the home from such health professionals the GP or opticians and dentists.

Is the service caring?

Our findings

People and their relatives told us that staff were kind and caring towards them. One person's relative told us, "They are exceptional here every one of them, it is so personalised here they know everyone really well and are all just so caring." Another relative told us, "It was really difficult for us culturally we thought we would find it really difficult to find a home that was right to meet [relatives] needs. But since [name] has come here they have definitely gone the extra mile to make sure they settled in well and are so kind and caring. We feel very reassured and they [staff] even make sure that we are ok as well".

People were involved where they were able in making decisions about their care. Where people were unable to participate in the planning of their care, relatives, staff members and health and social care professionals were involved in making best interest decisions appropriately on their behalf. People's relatives told us that they were able to visit the home at any time with no restrictions. One relative said, "We can visit at any time and I do visit most days." Another relative told us, "They always have a cup of tea on the go and make you feel really welcome. The registered manager and staff are all wonderful they all make the time for you."

People and their relatives told us the staff respected their privacy and maintained their dignity. One relative told us, "Yes, they are very good at maintaining [name] relatives dignity. They always knock on the door and wait for a reply they don't know I am in the room so it's not just like they are doing it for my sake." Staff confirmed they were aware of the need to maintain people's privacy. One staff member told us, "I always make sure I respect people's dignity by closing the door and keeping a towel over them when I am helping with personal care." Another staff member said, "I always ensure their privacy by not just communicating in from of other people, we keep personal conversations private." People's confidential records were kept securely so that only people who were authorised to access them could do so.

Is the service responsive?

Our findings

People and their relatives told us that staff knew them well and understood their needs. One relative told us, "They definitely know all their residents well. This is one of the best things about this home, it's small and personal and they [staff] are all very aware of people's needs." This was supported by our observations and speaking with staff about people's needs. For example, staff members were able to clearly describe how they supported a person whose first language was not English. They had learnt some phrases to help aid communication. There were also some pictorials to help with food and activity choices and staff told us how they were able to communicate through body language as they had got to know people's body language along with their preferred routines.

People's care records contained personalised information about them, such as life history and preferred routines. This information enabled staff to support people in the way they wished to be supported. We observed that people were supported in their bedrooms in communal lounges or the dining room depending on where people choose to spend their time.

People were encouraged and supported to engage in activities. We observed people doing a range of different things for example one person enjoyed 'doll therapy' while other people were making art and craft models. There were lots of different activities on offer which were in line with people's differing abilities and interests. People also participated in events away from the home such as outings to local events that were of interest to them. People who choose to remain in their bedrooms told us they liked reading watching television or listening to the radio. Staff told us they popped in to speak with people and engage in conversations to make sure they did not get bored. A visiting relative told us, "There is always something going on we have just all celebrated Halloween and now we are getting ready for Christmas."

People and their relatives were provided with a range of opportunities to feedback their views on the service. One relative told us, "The registered manager is always asking if everything is okay. We also get invited to regular meetings and I do think they listen to our feedback. They really do want to continually improve the service. I feel very involved." People and their relatives also told us they would feel comfortable raising any complaints with the management team should they need to and that they were confident that appropriate actions would be taken. One relative told us, "I don't think it would ever get as far as a formal complaint we can always speak to the registered manager and things get resolved, there's never been a problem."

Is the service well-led?

Our findings

People told us that the service was well managed and well led. One visiting professional told us, "This is a lovely little home, it is really well managed they know their residents well and make appropriate referrals when required." A visiting relative told us, "We are delighted with all aspects of the home. The registered manager is out and about talking to people and family and is really involved it's all about the people in this home it is wonderful and they all go the extra mile."

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 2008 and associated Regulations about how the service is run.

The provider and registered manager undertook a range of quality assurance checks along with a regular programme of audits to assess the quality of the service. These included areas such as the monitoring of supervision and staff recruitment files. Other areas that were regularly audited were accident and incidents, health and safety, medicines, food hygiene and care plans. Additionally the provider's quality team undertook a rolling programme of audits in line with the methodology used by CQC. They checked if the service was safe, effective, caring, responsive and well-led. Where shortfalls were identified, records demonstrated that these were acted upon promptly. The registered manager notified CQC appropriately when events happened at the service that were required to be reported. This helped ensure that trends could be identified and managed effectively.

The provider promoted an open and inclusive culture within the service. People, relatives and staff were all positive about the registered manager and the way the service operated. People felt involved and told us, "They [staff and management] know it's our home and are respectful of that."

The provider sought the feedback of people who used the service, their relatives, staff members and external health professionals about the quality of the service provided. This information was used to drive forward improvements in the service. We saw that many compliments had been received and everyone we spoke with or who provided feedback was very positive about the management of the service. The registered manager had developed good working relationships with colleagues from the local clinical commissioning group and commissioners which had a positive outcome for people who lived at Henrietta House as the professionals were able to offer advice and support in a timely way to enable the staff and registered manager to respond quickly to any changes in their health or wellbeing.