

Henran Care Limited

Henran Lodge

Inspection report

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15 March 2017

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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

We undertook an unannounced inspection on 15 March 2017. Henran Lodge provides care and support for a maximum of four older people. At the time of the inspection there were three people living at the home.

At the last inspection, the service was rated as Good.

At this inspection we found the service remained as Good.

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 legal requirements in the Health and Social Care Act 2008 and the associated regulations on how the service is run.

Risks had been identified and assessed that provided information on how to mitigate risks to keep people safe.

Medicines were being managed safely.

Staff had the knowledge, training and skills to care for people effectively. Staff received regular training, supervision and support to carry out their roles.

Staff sought people's consent to the care and support they provided. People's rights were protected under the Mental Capacity Act 2005. Deprivation of Liberty safeguarding application had been made for people that, due to their own safety, required supervision when going outside.

People were offered choices during meal times and told us they enjoyed the food.

People were able to access healthcare services and attend routine medical and health monitoring appointments with staff support.

Staff had positive, caring relationships with the people who lived at the home. People were treated in a respectful and dignified manner by staff who understood the need to protect people's human rights.

Activities were being carried out with people.

People were receiving person centred care and care plans were person centred.

Staff felt well supported by the registered manager. Quality assurance and monitoring systems were in place to make continuous improvements.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Henran Lodge

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 was planned to check 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.

The inspection was carried out on 15 March 2017 and was unannounced. The inspection was undertaken by a single inspector.

Before the inspection we reviewed relevant information that we had about the provider which included the provider information return pack that the home sent to us to tell us how they manage the service under the five key lines of enquiries.

During the inspection we spoke with two people, one relative, two staff members and the registered manager. We observed interactions between people and staff to ensure that relationships between staff and the people was positive and caring.

We spent some time looking at documents and records that related to people's care and the management of the home. We looked at three people's care plans, which included risk assessments.

We reviewed three staff files which included induction and supervision records. We looked at other documents held at the home such as medicines records and training records.

Is the service safe?

Our findings

People told us they felt safe. One person told us, "I am safe." A relative told us their family member was safe, "Yes, [person] is very safe here."

The service regularly reviewed the risks associated with people's care and used a scoring methodology to identify risks with skin integrity, falls and nutrition. There were also risks which were specific to people's circumstances such as absconding and dysphagia and the risk assessments provided information on how to mitigate these risks.

Staff and the registered manager were aware of their responsibilities in relation to safeguarding people. Staff were able to explain what abuse is and who to report concerns regarding abuse to. They also understood how to whistle blow and knew they could report to outside organisations such as the Care Quality Commission (CQC) and the police. There was an up to date safeguarding and whistleblowing policy in place.

There were procedures in place to ensure any accidents or incidents involving people who lived at the home were recorded and action taken. Staff were aware of the need to record and report any such events without delay.

We saw evidence that demonstrated appropriate gas safety, electrical safety, legionnaires and portable appliance checks were undertaken by qualified professionals. The checks did not highlight any concerns. Regular fire tests and evacuation were carried out and a fire risk assessment was in place to ensure people were kept safe in the event of an emergency. Staff were trained in fire safety and were able to tell us what to do in an emergency, which corresponded with the fire safety policy.

Pre-employment checks such as references and criminal record checks had been carried out for staff recruited since the last inspection to ensure they were able to work with people safely.

During the inspection we observed staff were not rushed in their duties and had time to chat with people and provide support when required. During the day the home employed two care staff and one care staff during the nights. The registered manager lived next door and told us he was on call 24 hours if needed. The staff rota confirmed planned staffing levels were maintained. During the inspection there were three people living at the home. One person required one to one staff supervision during the day. Observations confirmed that the person was supervised throughout the day by a staff member. Staff, people and relatives we spoke to had no concerns with staffing.

Medicine records were completed accurately and were stored securely in a locked trolley. People told us that they had access to PRNs (medicines when needed such as paracetamol) and staff would administer PRN upon request. Staff received appropriate training in medicine management and had been competency assessed to ensure they were competent to manage medicines. Staff confirmed that they were confident with managing medicines and we saw that the manager regularly audited the management of medicines. The registered manager told us that an audit on medicine management would also be carried out by an

external pharmacist.

We observed the home and people's rooms were very clean and tidy. Staff used appropriate equipment and clothing when supporting people. All chemical items had been stored securely.

Is the service effective?

Our findings

People and relatives told us staff were skilled and knowledgeable to provide care and support. One person told us, "Staff are good." A relative told us, "Staff are really good."

New staff had received induction training. Staff told us that this was helpful. Records showed that staff had completed mandatory training that was needed to support people. Specialist training had also been provided in dysphagia, dementia and diabetes. The registered manager maintained a training matrix to keep track of training and records showed training was up to date.

Staff had received regular supervisions and had received an appraisal for 2016. Staff told us that they were supported.

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 MCA. The procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager and staff had a good understanding of the MCA and understood the principles of the act. Records showed assessments had been carried out, where necessary of people's capacity to make particular decisions. People confirmed that staff asked for their consent before proceeding with care or treatment. Staff told us that they always requested consent before doing anything.

DoLS are put in place to protect people's liberty where the service may need to restrict people's movement both in and outside the home. We saw that the front door was kept locked and people did not go out by themselves. DoLS applications had been made and authorised for people who, due to their own safety, required supervision when going outside.

People told us that they liked the food at the home and were given choices. There was a menu, which listed two different types of meals that people could choose from. Staff told us that if people did not want something from the menu then they could request alternatives. One person had a specific diet requirement due to their religion and we saw that diet requirement was being met.

We observed that the kitchen was clean and tidy. Cooked and uncooked meat was kept separately. Labels had been used that detailed when a food item had been opened. For a person who had type two diabetes, staff told us that they ensured the person meals were low in fat, sugar and carbohydrates. The person's glucose level was monitored on a daily basis and staff were able to tell us what they would do if this increased or decreased. People's weight was monitored on a regular basis and staff told us that people did not have any weight issues and if there were any concerns, they would be referred to a GP and encouraged to eat regular nutritious meals.

Records showed that people had access to a GP, dentist, nurses and other health professionals. Staff confirmed people had regular access to health care services and knew the signs if people were not well and

who to contact.

Is the service caring?

Our findings

People and relatives told us staff were caring. One person told us, "Yes, they [staff] are alright" and another person told us, "Staff are nice." A relative told us, "Staff are very pleasant. They are very caring, they go beyond their job." We observed that people had a positive relationship with staff and regularly engaged with people with conversations and activities.

People told us that staff allowed them privacy and we observed people going into their rooms freely without interruptions from staff. Staff told us that when providing particular support or treatment, it was done in private and we did not observe treatment or specific support being provided in front of people that would have negatively impacted on a person's dignity.

Staff gave us examples of how they maintained people's dignity and privacy not just in relation to personal care but also in relation to sharing personal information. They understood that personal information about people should not be shared with others and that maintaining people's privacy when giving personal care was vital in protecting people's dignity.

Staff told us they encouraged people to be independent. Observations confirmed people were independent; we saw people putting their meals away during lunch and putting their clothes on to go outside.

The service had equality and diversity policy and staff were trained on equality and diversity. Staff understood that racism, homophobia, transphobia or ageism were forms of abuse. They told us people should not be discriminated against their race, gender, age and sexual status and all people were treated equally. We observed that staff treated people with respect and according to their needs such as talking to people respectfully and in a polite way. People confirmed they were treated equally and had no concerns about staff approach.

We saw people's spiritual beliefs were recorded. A person requested members of the church to visit them and records and staff that members from the church, which included a priest had visited the person at home.

Is the service responsive?

Our findings

People told us that the service was responsive to their needs and staff listened to them. A relative told us, "[Person's] care has been fantastic. They [staff] have even made the effort to learn our language."

The home had carried out a pre-admission assessment before admitting people to the home. The assessment included next of kin details, reason for referral, diagnoses, support needs, communication and mental state. This enabled the service to ensure if they were able to provide care and support to people.

Care plans were individual and personalised according to each person's needs. There was a '10 things about me' and 'personal history file' section that listed people backgrounds and family members. There was a 'This is me' booklet that provided important information such as GP details, health conditions and communication abilities. Care plans were separated into key areas such as sleeping patterns, medicine management, personal hygiene, diet, end of life care and elimination. The plans also stated the support people required. Records showed in one person's care plan they preferred to speak their native language and we observed staff speaking to the person in their native language. Key words had been translated of the native language from English and had been placed in the person's room, should non-fluent staff communicate with the person.

The home had completed a Pool Activity Level (PAL) instrument to provide person centred support to people. This was a booklet generated online which detailed people's support needs and how they preferred to be supported when bathing and dressing and the role of the care staff.

Reviews were carried out regularly with people which reflected people's changing needs and any changes were included on people's care plans. There was a daily log sheet which recorded information about people's daily routines such as behaviours, activities and the support provided by staff during day and night.

Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service.

Records showed a complaint received since the last inspection had been investigated and action taken with the satisfaction of the complainant. People told us that they had no concerns. Staff knew what to do if a complaint was made.

Activities were taking place that people enjoyed. We observed that people were dancing and going outside with staff members on the day of the inspection. People and staff confirmed that people took part in activities. There were pictures, which showed that people had celebrated birthdays and went to the park and restaurants.

Is the service well-led?

Our findings

People told us they enjoyed living at the service. One person told us, "It's alright here." A relative told us, "He [registered manager] is excellent, he goes beyond. I cannot fault him." Staff told us that they enjoyed working at the home. One staff member told us, "I love it here."

Staff told us that they were supported in their role, the service was well-led and there was an open culture where they could raise concerns and felt this would be addressed promptly. Staff were positive about the registered manager and told us they were supported. One staff member told us, "He [registered manager] has been fantastic."

There were systems in place for quality assurance. These audits included reviewing care plans, risk assessments, menus, supervisions, rotas and health and safety checks. Quality monitoring systems were in place. The service requested feedback from people, relatives and professionals through questionnaires and surveys. The results were positive.

Staff meetings took place on a regular basis. Meetings kept staff updated with any changes in the service and allowed them to discuss any issues. Minutes of meetings showed staff discussing health and safety, infection control, staffing and food hygiene.

Residents meetings enabled people who used the service to have a voice and express their views. These meetings were being held regularly. Resident meeting minutes showed people discussed staffing, concerns, infection control, activities and fire safety.