

Lady Spencer House Ltd

# Lady Spencer House

## Inspection report

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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 

### Overall summary

We inspected Lady Spencer House on 23 March 2015. Lady Spencer House provides care and support for up to 24 people who are physically and mentally frail. The home offers accommodation over three floors. On the day of the inspection there were 20 people living at the home.

There service did not have a registered manager in post. 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 2008 and associated Regulations about how the service is run.

People were assisted by staff in a way that supported their safety and they were treated with respect. People had care plans in place which took account of their needs and individual choices.

People's medication was administered by staff who had received training to ensure that the medicine was administered safely and in a timely manner.

# Summary of findings

Staff cared for people in a warm and caring manner. They used appropriate techniques to calm people when they were anxious or angry.

Staff were trained to provide effective and safe care which met people's individual needs and wishes.

Staff were supported by the manager to maintain and develop their skills and knowledge by way of regular supervision, appraisals and training.

People were able to raise any suggestions or concerns they might have with the manager and these were listened to and acted on as communication with the manager was good.

Arrangements were in place to ensure the quality of the service provided to people was regularly monitored.

# 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?

The service was safe

People felt safe. Staff had received training and were able to raise any concerns they may have about people's safety.

The provider had effective systems in place to ensure that any concerns about people's safety were well managed and reported.

People's risk assessments were in place and up to date.

There were enough, experienced and skilled staff to meet the needs of the people at the service.

Staff recruitment procedures and safety checks were in place.

Good



### Is the service effective?

The service was effective

People who used the service and their relatives were involved in the planning of the care and support that they received.

People were supported to maintain a balanced and nutritious diet.

Staff received an induction when first employed, and on-going training and supervision.

Staff were able to demonstrate their understanding of the Mental Capacity Act, 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Good



### Is the service caring?

The 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?

The service was responsive.

People received personalised care that was assessed and planned to respond to their needs.

Staff made referrals to health and social care professionals to ensure that people's health and social care needs were met.

There were processes in place to make sure that people and their relatives could express their views about the quality of the service and to raise any suggestions or complaints about the care provided.

People were encouraged to maintain their hobbies and interests and were also able to access the local community.

Good



# Summary of findings

## Is the service well-led?

The service was well-led

The manager was good at managing the home and was approachable.

Staff felt supported by the manager.

The manager and staff understood their roles and responsibilities to the people who lived at the home.

Staff enjoyed working at the home and supporting the people who lived there.

The provider had systems in place to monitor and improve the quality of the service provided.

Good



# Lady Spencer 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 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.

This inspection took place on 23 March 2015 and was unannounced.

The inspection team consisted of one inspector from the Care Quality Commission and an expert by experience whose area of expertise is caring for older people living with dementia. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, We reviewed information we received since the last inspection including notifications of incidents that the provider had sent us, and information received from the local authority. A notification is information about important events which the provider is required to send us by law.

During our inspection we spoke with four people who used the service, the manager of the home and six care staff who were on duty. The activity co-ordinator and activity manager. We reviewed the care documents of three people who used the service and reviewed the files for three staff members, and records relating to the management of the service. These included documentation such as accidents and incidents forms, complaints and compliments, medication administration records, quality monitoring information, and fire and safety records. We interviewed relatives who were visiting the home on the day of our inspection and carried out observations on the care that was being provided to people.

# Is the service safe?

## Our findings

People living in the home, told us that they felt safe, “There is always someone around, I just have to buzz and they come”. Relatives we spoke with also said how they felt that the home kept their relatives safe from harm, “It is good here, and [relative] is safe here too, no accidents and they are well looked after”. They told us that, “[relative] is never in any state of concern, they are relaxed”. People we spoke with told us that they were kept safe.

Staff were aware of the provider’s safeguarding policy and told us that they knew how to recognise and report any concerns they might have about people’s safety. They were also aware of external agencies they could report concerns to. Staff said that if they had concerns then they would report them to the manager or if they were unavailable then they would contact external agencies such as the local authorities safeguarding teams to ensure that action was taken to safeguard the person from harm.

Individual risk assessments had been undertaken in relation to people’s identified health care and support needs and this included safe movement around the home, risks of falls, and accidents and injuries. The risk assessments were discussed with the person or their family member and put in place to keep people as safe as possible within the home. The staff recorded and reported on any significant incidents or accidents that occurred within the home. We saw that where an incident occurred the provider took steps to learn from it and further minimise risk to people.

During our inspection we discussed with a person if they felt safe in the home, they told us “I have never seen anyone have a mishap, that’s why I feel safe”. Another person using the service said that they had asked for a call bell to be put near to them whilst they were in communal areas so they could “keep an eye on people and call for help if someone needs it”. They said that this made them feel that they were able to assist staff to keep people safe.

The home had an emergency evacuation plan in place and staff were aware of the processes to follow in the event of an emergency. The manager talked us through the current processes and records showed that emergency evacuation

drills involving people who lived in the home had taken place. This showed that the provider had processes in place to assist people to be evacuated safely in the event of a fire or emergency.

We observed how staff provided care throughout our inspection. We saw that people were supported quickly by staff and their support needs were met to their satisfaction. One person we spoke with pointed out their walking frame and told us “I have a four legged thing, I don’t need it but they like me to have it for safety”. Staff said that people were supported to keep safe but also allowed independence where possible. We saw that people who were at risk of falls were supplied with equipment to protect them if a fall should occur, for example soft helmets. Staff we spoke with told us that people were supported by sufficient numbers of staff and this was also confirmed by our observations. We saw that staff were available to people at all times and assisted them in a patient, unrushed and safe manner. One person commented that “there are lots of staff, look, and the activity people help too, there are always people around.”

The manager told us that staff employed by the service had been through a thorough recruitment process before they started work, to ensure they were suitable and safe to work with people who lived at the home. Records we looked at showed that all necessary checks were in place and had been verified by the provider before each staff member began work within the home. These included reference checks, Disclosure and Barring Service (DBS) checks and a full employment history check. This enabled the manager to confirm that staff were suitable for the role they were being appointed to.

We also saw that the provider was quick at taking disciplinary action, where the need arose. We saw that detailed records were kept of any disciplinary action taken and the outcomes.

We saw that medicine was stored safely within the home. Medication records instructed staff, how prescribed medicines should be given including medicine that should be given as and when required (PRN) and how a person should be supported. Medication Administration Records (MARs) showed that medicines had been administered as prescribed. We observed medicine being administered to people and saw that staff were attentive towards them and ensured that they had a drink available to assist them in taking it. Staff were aware of people’s routines and did not

## Is the service safe?

rush them to take their medicines. We observed that one person did not like to take their medicine, the staff member sat with them and explained to them what the medicine was for, and they spoke softly and offered the medicine to

the person with a drink. We saw that it was taken by the person and they responded to the staff member with “you’re very good.” Staff were also able to talk us through the processes in place for the safe disposal of medicine.

# Is the service effective?

## Our findings

We observed on the day of our inspection that the home was very calm and had a warm, friendly atmosphere.

People received care and support from staff that were trained, skilled, experienced and knowledgeable in their roles. Staff were knowledgeable about people's care needs, and had received the necessary training to equip them for their roles. Staff told us they were supported by the provider to gain further qualifications such as National Vocational Qualifications (NVQ) in health and social care to enhance their skills and knowledge of people and their care needs. Records reviewed showed that staff had received appropriate training such as moving and handling, safeguarding, health and safety and first aid. The manager had a system in place to alert staff when their refresher courses were due.

Staff were provided with regular supervisions and appraisals. Staff we spoke with also confirmed that they had received supervision and appraisals. One member of staff said about their supervisions, "We have open discussions; the manager is very good at listening." The manager said that supervision sessions provided a two way discussion between them and staff to air any concerns they had, discussed their work and identify any other training they required for their roles.

Staff were able to speak to us about people's individual backgrounds, ages, likes and dislikes. Staff who had only been working at the home for a short time were also able to demonstrate that they knew the backgrounds of all the people that they supported and were able to talk us through their daily routines or if they liked their door to be kept open or closed during the day. We observed one staff member supporting a person who was distressed and wanted to leave the home. We observed that the staff member spoke to the person in a soft and gentle manner, they talked to the person about their worries and why they wanted to leave. We saw that the staff member then asked the person if they could just stay with them for lunch as they had made their favourite foods which the person agreed to. We saw that as the carer started to talk to the person about their family and past life, the person then began to engage in dialogue with the care staff and was able to understand why they were in the home and agreed to stay.

The manager was able to explain to us about the Mental Capacity Act 2005 (MCA), and the changes to guidance in relation to the Deprivation of Liberty Safeguards (DoLS). Staff we spoke with demonstrated an understanding of how they would use their MCA 2005 and DoLS training when providing care to people. We also saw that the home had policies and procedures available for staff to look at if they needed further guidance. Staff told us that they "Always assume capacity", which meant that they would always ask people for their consent before providing care. We were told by the manager that people's capacity to consent would be evaluated and assessed regularly. We saw from records shown that mental capacity assessments had been carried out for people and where appropriate, DoLS applications had been submitted to the local authority. Staff encouraged people to make day to day decisions about their care. Consent forms had also been signed by people to confirm that they were happy for the care to be provided to them. A staff member told us, "People's rights and preferences are always considered, I think I'm giving the best care I can."

Care records showed that staff monitored and managed people's weight to support them to maintain a healthy weight. We saw that the home used nutritional scoring tools and worked closely with the local dietetic service to assist and support people in maintaining a good, healthy and balanced dietary routine. People we spoke with told us that they enjoyed the food and one person said, "The food is really good, up to a high standard." Another person we spoke with said, "it is good old fashion home cooking." And "it is ok, I have a choice." Our observations over lunch showed that staff effectively encouraged people to eat their food, while allowing them to maintain their independence. One carer told us that although the person they were sat with could eat by themselves, they were at risk of choking and therefore, it was safer that they sat with them and observed. Another carer gently told a person who was eating unaided that they should "slow down a little" to prevent them from choking. We observed that where a person had refused the meal options available, staff had offered alternatives. For example, one person did not like custard so staff brought them a bowl of ice cream instead of apple crumble and custard. The person expressed much delight at their alternative pudding option.

People were registered with the local doctor's surgery and they were visited by their GP and the community nurse regularly. People we spoke with said that they had access



## Is the service effective?

to external health care professionals when needed. One person said “All my hospital visits are organised by the home, they arrange the appointment and the transport and

I just turn up.” We saw from care records that people had attended GP, chiropodist, and optician appointments. Relatives confirmed that the staff were quick at responding to any concerns about people’s health and wellbeing.

# Is the service caring?

## Our findings

We spoke with three relatives of people who lived at the home and they all made positive comments about the staff and the manager. One relative told us, “[person] is safe and the staff are very kind.” People we spoke with also praised the home and the staff. They told us “the staff here are very kind and thoughtful.”

We noted that the home had a friendly and calm atmosphere. We observed whilst speaking with a person about a special day that they were having, that there was a shift change and two of the staff coming on duty came straight to the person’s room with their coats still on, the staff spoke directly to the person and offered them congratulations and gave them a hug and kiss. This clearly demonstrated a spontaneous and genuine caring attitude the staff had towards the person. The individual was very happy and their face lit up. During the day we observed that all staff were aware of the person and were busy arranging activities to help them celebrate their special occasion.

People were comfortable and had been made to feel as though they were in ‘their own homes’. When we spoke with the manager, staff and also people using the service, they all expressed the same views. We saw that staff helped and supported people in meeting their needs in an unrushed manner. Staff appeared to have time to talk to the residents and during the course of the day we noted that every time a person wanted to interact with a member of staff, they made themselves available. One person told us “I have never been refused anything. I just ask and someone will help me or get it for me.”

We observed that one person was having difficulty settling down; a member of staff sat next to them and asked them

gently what they could do to help. The person said they wanted to eat something. We saw that the member of staff provided the person with food choices including some of their favourite foods. We observed that after a short discussion the staff member went to the kitchen and returned with the food the person had requested and sat with them whilst they ate and gently talking to him.

We saw people were well groomed and suitably dressed. One person said that staff respected their dignity, “They always close the doors when we do anything personal. I don’t feel embarrassed.” Another person said, “I’m used to being independent so it is difficult but they are really kind and make sure that I don’t feel bad. They are here to help me.” When we spoke with staff they demonstrated their understanding of how they maintained people’s privacy and dignity when attending to their personal care. Each person had a designated member of staff that they worked with. Staff said they always treated people with respect and dignity. Staff told us that they sat with people and discussed with them how they would like to receive their personal care and that they would only carry out the care if the person was happy with it.

People and relatives confirmed that they were involved in making decisions about their daily routines. One person said “I make all my own decisions. I can go out when I want to and do what I want to.” When asked if they were involved in decisions about their care or if they had sight of their care plan, they told us they knew they had a care plan and their family had been involved in the planning and review of their care. The care records we looked at showed that people were involved and supported in their own care, decisions and planned their own daily routine. People said that their views were listened to and staff supported them in accordance with what had been agreed with them when planning their care.

# Is the service responsive?

## Our findings

Relatives said that communication was good between the manager and them. They told us that they felt involved in their relatives' care and were kept informed of any changes by the manager. Families and friends were encouraged to visit and said that they could come whenever they wanted to "although the home does have an hour at lunchtime and in the evening as protected mealtimes."

We found the manager and staff to be very responsive to new ideas and encouraged different ways of interaction with people. We noted that subtitles on the televisions had not been switched on that could enhance the enjoyment for the people. When this was mentioned to the staff, they responded positively and we saw that within minutes the subtitles were switched on for both televisions in the main lounges. We noted that one person responded by saying "oh that's better." Staff said that they had never thought of it before but would make sure they were on from now on.

A variety of activities were planned for people including visits outside of the home. Monthly residents meetings were held to obtain feedback on the activities provided and to encourage people to put forward their own ideas. Timetables were also set up for staff, which were called 'butterfly time'. This was time given to staff to move from room to room to ensure that people in their rooms were able to have one to one time with staff if they were not keen on the group activities. The home encouraged past hobbies wherever possible. These included knit and natter sessions where people would help each other and also teach staff new skills such as knitting. The activities manager also spent time with each person finding out what their interests were and working with them to encourage

them to continue these where possible. For example if people had been keen gardeners then they were encouraged to assist with tending to the communal garden.

We reviewed three people's care plans and saw that these were person centred. The care plans contained information on the care and support people required and what support staff needed to provide them with. Care plans had been regularly reviewed and updated when required.

We observed care staff encouraging people, with varying degrees of mental capacity. Their approach and interaction was tailored to people's varying abilities. People were supported to move around the home and to engage with the surroundings. We noted one person who was confused and moved around the home was supported by staff and allowed to move around safely.

Staff held daily meetings to pass on current information or concerns about people who used the service. The activities coordinator also held relatives meetings every three months and provided feedback to relatives on any changes within the home and new activities or trips that had been arranged. They also implemented questionnaires as a further way of getting feedback and involvement.

We saw that a complaints policy was available to people in the home and presented in a format that made it easy for them to understand and follow. People told us that they were aware of the complaints policy and knew who to approach if they had a complaint. None of the people we spoke with had reasons to complain but they all knew that they would speak to the manager if they wanted to complain.

One relative told us that the new manager dealt with issues immediately and was very responsive and helpful.

# Is the service well-led?

## Our findings

The manager was not registered. However, their application for registration was being processed by the Care Quality Commission. Our observations and discussions with people who lived in the home showed that they felt relaxed and comfortable in the company of the manager. Staff also said that they were well supported by the manager. One person told us that the manager was “really nice.” A relative said “This new manager is good and she responds quickly.” Another person told us, “The manager is good, she listens.”

The manager and staff were always available to people who lived at the home. When we spoke with the manager we found that they had good knowledge of the needs of people who used the service and which staff were on duty and their specific skills. We saw that they were always looking for ways to improve the service, by encouraging people to express their views. When we spoke with them they said that they could only know what was happening in the home if they got involved themselves therefore they spent most of their time assisting staff in providing care. During the inspection we also observed that the manager interacted with people and staff throughout the day, they appeared to always be available to support staff and remained visible within the home. When we spoke to the manager about their management style they said that they “wouldn’t ask anyone to do anything I wouldn’t do myself.”

The manager told us that they were proud of how they were open to meeting challenges and making changes within the home, to improve the atmosphere in the home and the visibility of staff. Regular meetings were held to give people the opportunity to share their views and contribute to discussions about improving the service. The manager told us that they had worked with families, staff and people using the service to introduce more flexibility and choices within the home. They said that routines were regularly discussed and updated to ensure that the home always had a smooth and relaxed atmosphere. We observed throughout the day that the home had a calm and relaxed atmosphere, people were seen to be moving about the home freely and staff were also not rushed.

All the people living in the home and the relatives we spoke with knew who the manager was and felt that they could go to her if they had any problems or issues. One person said “I don’t know of any ways that it could improve, that is how

minimal my concerns are.” We found that the manager had an ‘open door’ approach which meant that staff, visitors and people using the service were comfortable in raising issues as and when they arose and that the manager was quick at resolving these. Relatives told us that the manager’s open door policy made it easy for them to raise any concerns they may have about the service.

During our visit we spoke to the manager about notifications. We found that the manager had notified the relevant authorities in a timely manner.

We saw that staff meetings were held regularly. The minutes showed that staff were able to discuss what was going well and whether there were any improvements needed. A staff member told us, “The new manager listens to staff; she goes out of her way to help us.”

The manager and staff demonstrated to us that they understood their roles and responsibilities to meet the needs of people who lived at the home. Staff told us that they felt supported by the manager to carry out their roles and provide good care to people. One member of staff said the manager was “firm but fair.”

All of the staff we spoke with told us they enjoyed working in the home. One staff member said, “it’s really nice...I think I do a good job.”

The manager demonstrated there were arrangements in place to regularly assess and monitor the quality of service provided within the home. We saw that the manager sent out monthly questionnaires which gave people the opportunity to provide feedback on the month and make any suggestions for the coming months. We saw from the sample of questionnaires we looked at that people provided positive comments about the care they were receiving. These included comments such as “it’s nice and friendly here, lots to keep me busy.” The manager also carried out a monthly ‘care home review’ to check that all monthly audits and updates have been completed. These included checks on care plan reviews, resident’s questionnaires, residents meetings, and staff supervisions. We saw that as part of the review the manager also spoke with people and made observations on the care being provided and the overall atmosphere in the home. We saw that any areas of concern that were identified had been followed up.

The manager recorded all incidents that occurred within the home and took action immediately to ensure that the

## Is the service well-led?

safety of people within the home was not compromised. The manager demonstrated to us how they would learn from any incidents and make changes to safeguard people in the home and staff.

People said that they accessed the local community facilities. People were able to visit the local shops within

Houghton Regis; whilst others had preferred places to visit were assisted by staff to go out. For example one person had a preferred hair dresser so they were supported to visit them when they wanted to; this meant that they were able to maintain their links with the local community.