Lady Spencer House Ltd

Lady Spencer House

Inspection report

52 High Street
Houghton Regis
Bedfordshire
LU5 5BJ

Date of inspection visit:
30 June 2016

Date of publication:
18 July 2016

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

Lady Spencer House provides accommodation and personal care for up to 24 people who may be living with dementia and have frail elderly care needs. The service is situated in a residential area of Houghton Regis, near Luton. At the time of our inspection the service was providing support to 23 people, with a range of needs.

We originally carried out an unannounced comprehensive inspection of this service on 23 March 2015 and rated it 'Good'. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Lady Spencer House on our website at www.cqc.org.uk.

We carried out our second unannounced comprehensive inspection on 30 June 2016. Prior to this inspection we had received concerns in relation to the care people were receiving and the management of the service. In addition, concerns had been raised about the nutritional status of the meals provided meaning that people were not always supported to maintain an adequate dietary intake. We therefore needed to ensure that people's care was being delivered in line with the fundamental standards.

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 2008 and associated Regulations about how the service is run.

People felt safe and trusted in staff because of the care and support they received. Staff were knowledgeable about the risks of abuse and understood how to respond appropriately to any safeguarding concerns, to further ensure people's safety and welfare. Risk to people and the environment had been assessed and identified hazards which people may face. They were user friendly and provided guidance for staff to manage any risk of harm, whilst empowering people to be as independent as possible.

People were cared for by sufficient numbers of staff who had been recruited into their roles safely. This meant that people were provided with consistent levels of care by staff who knew them well. Staff had undergone appropriate checks before commencing their employment to ensure they were safe to work with people.

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

Staff received a robust induction when they commenced work at the service which provided them with the skills and knowledge they required to support the people they cared for. This was enhanced by on-going refresher training and additional training which further helped to develop staff skills. Staff received regular supervision and support to identify areas for self-development and to ensure they remained competent to meet people's needs in the best possible way.

The service had systems in place to ensure the principles of the Mental Capacity Act (MCA) were being followed. There was evidence to show that people had consented to their care and that decisions made on their behalf were in their best interests.

People were happy with the food at the service and mealtimes were relaxed. The food served was nutritious; people had a variety of choice and were given support when required. People's nutritional needs were assessed to ensure they were met. People were supported to see health and social care professionals as and when required and prompt medical attention was sought in response to sudden illness.

There were positive relationships between people and members of staff and staff treated people with kindness and compassion. Staff had spent time getting to know people which helped them to provide people with care based on their wishes. People were involved in making decisions about their care and the running of the service. They were provided with information about their care and the service, as well as external organisations they may wish to get in touch with for additional support or advice. Staff ensured they treated people with dignity and respect at all times.

People's care was person-centred. Care plans had been written with people's involvement to ensure they were reflective of their needs, wishes and preferences and were reviewed on a regular basis to ensure they were accurate and up-to-date. The service had arranged a range of different activities to provide people with stimulation which helped to prevent social isolation and motivated people to maintain their independent living skills. People were aware of how to complain and there was a clear complaints procedure in place. Complaints were taken seriously and responded to appropriately.

There was an open culture at the service. People were positive about the care they received and were happy with the staff that supported them. Staff were aware of their roles and responsibilities and were motivated to perform them well and meet people's needs. People and staff were positive about the leadership at the service. They felt well supported and were able to approach the registered manager and team leaders whenever they needed to. There were management systems in place to monitor and review the quality of care being provided and to identify areas for development.

During this inspection, we were unable to substantiate the concerns raised, therefore there were no changes to the rating of 'Good', and no breaches of regulation were identified.

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 was safe.

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.

Guidance within risk assessments enhanced staff's ability to provide safe care.

There was sufficient staff to meet people's needs. We found that staff had been recruited following a robust recruitment process.

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

Is the service effective?

Good

The service was effective.

Staff received regular training that was relevant to their roles. They were also supported with on-going supervision and appraisal of their work.

Staff understood the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS.)

People were supported to have a nutritious and balanced diet.

People received the support of health and social care professionals and prompt medical attention was sought in response to sudden illness.

Is the service caring?

Good

The service was caring.

People felt staff treated them with kindness and supported them as individuals, giving person centred care.

People were involved in planning their care.

People's privacy and dignity were respected. Staff respected people's personal space and always asked permission to enter their rooms.

Is the service responsive?

Good

The service was responsive.

Care plans contained up-to-date information on people's care needs and preferences.

People participated in a variety of activities within the service.

People were aware of how to make a complaint.

Is the service well-led?

Good

The service was well led.

The service was led by a registered manager, who offered on-going support to staff and people.

Regular quality monitoring was carried out to assess the quality of the service provided and identify improvements.

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 30 June 2016 and was unannounced. The inspection was undertaken by two inspectors.

Prior to this inspection we had received some information of concern. We therefore 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 also spoke with the local authority and clinical commissioning group 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 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."

We spoke with ten people who used the service to obtain their views of the care they received and to make sure they were happy with the standard of care. We also spoke with the registered manager, three carers, the cook and a member of domestic staff to ensure they had no concerns about working in the service.

We looked at four people's care records to see if they were accurate and reflected their needs. We reviewed two staff recruitment files, four weeks of staff duty rotas and staff 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 and secure and were provided with appropriate care and support to ensure they remained safe. One person told us, "Yes I feel safe, I wouldn't like to leave here." Another person said, "Yes, of course I feel safe here, why wouldn't I? They really do look after me." This feeling was also reiterated by the other people that we spoke with during our inspection. Staff also told us that they thought people were kept safe in the service. One said, "People are safe here. We know everyone's needs so well, so we can keep them safe."

Staff demonstrated a good understanding of the signs they would look for, and explained the action they would take, if they thought someone was at risk of abuse. One staff member said, "I would speak to the manager or use the whistleblowing policy if nothing was being done." Another staff member told us, ""We have an accident recording form that is electronic. We fill it in and make sure the manager is aware." They explained that such action was part of the decision making process of whether things should be referred as potential safeguarding matters. Staff told us that the registered manager would always act appropriately to address any issues they identified.

The registered manager told us that they worked hard to maintain a secure environment for people and wanted to make sure they were kept safe. We found that the provider had policies and procedures in place to protect vulnerable people from harm or abuse and that staff worked in accordance with these processes. Records confirmed that staff had received training in safeguarding vulnerable adults from abuse and that this training was kept up to date so that staff knowledge remained current. Telephone numbers of external agencies who could offer support and assistance were displayed prominently within the service.

Risk management plans were in place to promote and protect people's safety. One person told us, "Yes I'm involved. I'm in control of everything." They felt empowered by staff to take controlled risks, so they could maintain their independence. The registered manager told us, and records confirmed that risk assessments were updated on a monthly basis so as to take account of any changes within people's needs. In this way they could be assured that staff would provide care which took full account of people's risks.

We found that people had risk assessments which identified hazards they may face, for example, in moving and handling, nutrition and falls and skin integrity. One person had been assessed as to the risks associated with self-medication which meant they were enabled to take their own medication, with support and prompting from staff when required. Risk assessments offered detailed guidance to staff to manage potential risk of harm. Any identified risks were monitored on a regular basis. Where risks had been identified, guidance was given within care records to advise staff on how risks could be minimised.

People told us there was enough staff on duty to support them safely. One person told us, "There are plenty of staff members about. There is always someone checking on you." Another person said, "Yes there are enough staff, it's busy sometimes, but it doesn't feel short staffed." Staff confirmed that there were enough of them to meet people's needs safely. One staff member said, "We don't use agency staff; there are enough staff that are willing to cover shifts." The registered manager also told us that the service did not use agency

staff as staff had agreed they would rather work extra shifts, if this was needed as it offered people better consistency of care. Records showed that when people's needs changed then additional staff would be used. We found that the staff ratio was flexible and reviewed on a regular basis. Our observations confirmed that the number of staff on duty was sufficient to support people safely.

Staff told us they had been recruited into their roles safely. The registered manager confirmed that no new staff member could start until all relevant checks had been completed. We looked at recruitment files and found that relevant checks had been completed to ensure that the applicant was suitable for their role before they had started work. The provider had carried out background checks, including obtaining two employment references and criminal record checks before people commenced their employment. New staff underwent a probation period so that any concerns about practice could be discussed and acted upon. People were safeguarded against the risk of being cared for by unsuitable staff because staff were thoroughly checked before they commenced employment.

People were supported to take their medicines safely. One person said, "The staff help me with my tablets. They know what to do. I'd get it confused myself." Staff told us that it was important to make sure medication was administered correctly. During our inspection, we saw staff ask a number of people if they required pain killers. They took the time to make sure people could understand and respond to the question, then administer the medication as requested. We looked at Medication Administration Record (MAR) charts and noted that there were no omissions. The correct codes had been used and when medication had not been administered, the reasons were recorded. Medicines for daily use were stored in trollies, which were secured to the walls of the room. We saw procedures were in place to dispose of medicines appropriately and safely. An effective ordering system was in place and all medicines were within their expiry dates. There were suitable arrangements for the safe storage, management and disposal of people's medicines.

Good

Is the service effective?

Our findings

People received care from staff that had been provided with a good knowledge base, through on-going training and development. One person said, "The staff are very good, they know what they are doing. I'm here on respite. They are encouraging me to do armchair exercises as they know it will help me recover." Our observations confirmed that staff used their knowledge to ensure that care was delivered appropriately, for example, when undertaking manual handling or supporting people with dietary intake.

New staff received support and training to perform their roles and meet people's needs. One staff member told us, "I had two weeks training. I did various courses, and then I shadowed staff until I got the hang of things." They felt this process was useful and had benefitted them by enabling them to get to know people and their care needs, before being expected to deliver care independently. Both staff and the registered manager told us that there was no set period of time for the induction process, which meant it could be extended to enable staff to feel more confident, should this be required. Records showed that new staff shadowed more experienced members of staff and received core training based upon essential standards arising from the Care Certificate as part of their induction process.

Staff had access to regular training, both face to face and via e-learning, which they told us was useful in helping them keep up to date. One staff member said, "I have been speaking with the manager about doing a team leading qualification next. It's good, I feel like I can progress here." Another staff member told us, "I think the training is very good. It's everything I need to make me feel confident about doing the job." Staff told us they undertook a variety of training, which included first aid, infection control, safeguarding, dementia and mental capacity. Records also showed that staff were encouraged to complete further qualifications, such as Qualification Credit Framework (QCF) Level 2 and 3. Training records confirmed that staff had received appropriate training to meet people's assessed needs.

Staff felt well supported by the registered manager and provider. One member of staff said, "I have regular supervisions and a yearly appraisal. They are worthwhile, it's good to know what you are doing right and wrong." Staff told us they received regular supervision sessions which took place every two months. Records detailed that staff supervision and annual appraisal was taking place.

People told us that staff gained their consent before providing them with any care and support. One person said, "I am offered the choices that I need. The team here is very good, they know everybody very well." Another person told us, ""I make it quite clear what my choices are, and if something is not right, I tell them." Staff told us they knew it was important to ask people for their consent and that people had the right to refuse or accept their support. Our observations confirmed that staff obtained people's consent before assisting them with personal care or supporting them to transfer. Where people refused, we saw that their decisions were respected.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to

take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Some people had capacity to make decisions about their support and care. However, staff had an understanding of the MCA and how to make sure people who did not have the mental capacity to make decisions for themselves, had their legal rights protected. The registered manager told us, and records confirmed that they and staff had received training on the requirements of the MCA. The registered manager and team leader were able to explain how decisions would be made in people's best interests if they lacked the ability to make decisions themselves. This included holding meetings with the person, their relatives and other professionals to decide the best action necessary to ensure that the person's needs were met.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found that applications had been made under DoLs for some people, as staff in conjunction with other healthcare professionals, considered that their liberty may have been restricted. These actions showed that staff understood their responsibilities under DoLS arrangements.

People enjoyed the food they were provided with. One person told us, "The food is lovely, I don't have any complaints." Another person said, "I like the food a lot, there is plenty on offer." Staff spoke with us about how they ensured people got food that they liked and we saw that although a menu plan was used; that this did not have to be adhered to. Staff said, "People are asked daily what they would like to eat." The registered manager showed us a pictorial guide that was used for people who could not verbalise their choices. This enabled them to see what was on offer, and point to the foods that they wanted.

We saw that residents had the choice of three different options for lunch. A staff member went round and asked each person what they would like. We saw that some people had specific requests about the options available, such as asking for just a small amount of gravy, or for extra custard with dessert. These requests were recorded and acted upon by staff. The kitchen was stocked with fresh, good quality produce, and people were able to have something to eat as they requested. Snacks and drinks were readily available and encouraged in between meal times.

People were supported with any dietary requirements they had. The staff explained that some people required their food to be blended due to swallowing difficulties. Some people had diabetic needs, and others required their food to be fortified. We observed people having lunch and found that the meal time was relaxed. People chatted with each other and were encouraged to eat at their own pace. 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 were supported to receive additional healthcare support to maintain their health and well-being. One person told us, "A doctor does come in and see me if I need it. I have family that help me out to appointments, but I know that the staff here can do that as well." Staff told us they ensured that people attended any medical appointments they may have, to ensure that their needs were fully met. One said, "I get involved with the support of people's health care. I go and pick up medications, and I drop off samples as well." The registered manager told us that the service had a good working relationship with the local GP and district nursing team. The registered manager also told us that if staff were concerned about a person, they would support them by contacting a GP. Where people had seen healthcare professionals and the advice had an impact upon the care, care records had been reviewed to ensure that they met people's

assessed needs. Records showed people who used the service were supported to access health and welfare services provided by external professionals such as chiropody, optician, and dental services.

Good

Is the service caring?

Our findings

People were happy with the care and support they were provided with. One person said, "Yes, the staff are very nice here." Another person told us, "The staff treat me very well. I used to be a teacher and some of the staff here were pupils at the school. We get on well." Another person said, "Yes, the staff are friendly and we all get on, it's like one big family. I can have a laugh with them all." People told us that staff were all very friendly, kind and compassionate.

There was a homely and welcoming atmosphere within the service. This was as a result of the respectful attitude that staff exhibited towards people when supporting them. One staff member told us, "We have taken the time to get to know our residents, so I think that we know what their individual needs are." Staff took time to greet people and engage with them on each occasion they entered the communal areas. They addressed them by their preferred name. We saw numerous interactions between staff and people at the service that were warm and caring. Staff clearly knew the people they were supporting well and took the time to chat with people throughout the day. We observed that one person became upset and saw that a staff member was immediately able to sit and talk with them and make them feel better. Interactions between staff and people were positive and engaging.

When communicating with people, staff got down to their level and maintained good eye contact. They took time to ensure that people understood what was happening, for example, during hoist transfers or when being given medication. We saw that staff provided people with reassurance by holding their hands, showing that they were aware of people's emotional needs. Positive and caring relationships were developed with people who used the service. Support was provided in a kind, calm and relaxed way and people were at ease in the presence of staff.

Staff were knowledgeable about the people they supported and were aware of their preferences and interests, as well as their health and support needs. Any changes in people's needs were passed on to care staff through communication books and daily handovers. This enabled them to provide an individual and person centred service.

People felt involved and supported in planning and making decisions about their care and treatment. One person said, "I do have a lot of choices." Staff told us that they always tried to communicate with people in a way that they could understand; for example using simple words or pictorial images when people were confused and language that people could understand. This meant that people were supported to be involved in their care and treatment.

People told us that staff promoted their dignity and respected their privacy. One person said, "My dignity and privacy is respected. I wouldn't stay here if it wasn't." Staff said, "Making sure people's dignity is respected is the reason I do this job. I always make sure that people get the support they need to feel good and feel respected. I make sure people have the privacy they need when supporting with personal care." During our inspection, we saw that a person was supported to clean themselves whilst eating. This was done in a caring and dignified manner. We also saw that staff knocked on bedroom doors before entering

and ensured doors were shut when they assisted people with personal care. Staff attempted to promote people's choices and only offer assistance if the person needed it, to help promote their independence. It was evident that staff respected people's privacy and dignity and worked hard to maintain this.

We spoke to 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.

People were encouraged to maintain relationships with friends and family. One person said, "My husband visits me twice a week. I can see him anywhere I like." Staff understood the importance of promoting on-going family relationships. One staff member said, "[Person's name] gets a visit twice a week from her husband. We encourage this and support them to make it feel like they are on a date. They have the privacy they need and they enjoy their time together. We support family members to feel welcome and comfortable within the home." There were several communal areas within the home and people had their own bedrooms which they were free to access at any time. We saw that people had been encouraged to bring in their own items to personalise their rooms. There was also space within the home where people could entertain their visitors

Good

Is the service responsive?

Our findings

People had been assessed prior to admission to the service. Staff and the registered manager told us that pre-admission assessments of people's needs were carried out prior to any care being commenced to ensure that the service could meet people's needs appropriately. The registered manager, who undertook pre admission assessments, 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 formally admitted. 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. Records confirmed that pre-admission assessments were completed for people prior to admission being agreed.

From the initial pre admission assessment, the registered manager told us that short term care plans were compiled, to enable staff to provide the care people needed. Over the first few days of admission, whilst staff were getting to know people, they took note of their specific needs and routines and then formulated robust care plans, which gave detailed guidance to staff as to the exact care and support people required.

People told us they received the care they needed to meet their needs. One person told us that staff kept them updated at all times to make sure they had the right information. They felt this helped them to make full and informed decisions about their care. Another person told us that they knew they had care plans in place as they sat with the registered manager to talk about them. They said that the information detailed within them meant they had choices and the ability to make their own decisions about their preferred routines. Another person said, "Yes I can pretty much do as I please. The staff respect the way I like to do things." During our inspection, we saw that people were able to stay in bed until their preferred time, and staff would then provide them with support and breakfast as they wished. The care provided was person centred because of the systems in place.

The registered manager told us that care plans needed to be kept up to date so they remained reflective of people's current needs. We found that the service used electronic care plans and that the system flagged up when reviews were due or if evaluations had not taken place. Staff considered that the system was easy to use and meant that records were an accurate record of the care that had been delivered. People's likes, dislikes and preferences for how care was to be carried out were assessed at the time of admission and reviewed on a regular basis. Each care file included individual care plans for areas including personal hygiene, mobility, nutrition and pressure care. People's care plans were reviewed regularly, which ensured their choices and views were recorded and remained relevant to the needs of the person.

People told us that they enjoyed the activities on offer within the service. They advised that they had the choice to participate or not. One person said, "There are activities to take part in. I don't always join in but I can if I want to." Another person told us, "I love reading, I get through several books a week, I can read whenever I like." We were also told, "We had a pampering session where we had our nails done, and it was lovely." The registered manager and staff told us that the service employed one activity coordinator to ensure that people received adequate stimulation. They were responsible for planning activities but in their absence, staff would provide activities, such as bowling or bingo. Activity sessions meant that staff engaged

with people and focused on their responses, making each person feel valued.

People we spoke with 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. One person told us, "I have never had any complaints. I wouldn't worry about making a complaint if I needed to." People told us the registered manager listened to their views and addressed any concerns. Staff told us that if someone wanted to raise a complaint, "I would make sure to record it properly and inform the manager. I know that the manager would deal with it and get back to the person promptly." We saw there was an effective complaints system in place that enabled improvements to be made and that the manager responded appropriately to complaints. Copies of the complaints policy were displayed throughout the home and were made available for people and their relatives when required.

Good

Is the service well-led?

Our findings

Both people and staff told us that the management of the service was good. One person said, "Yes I know the manager. We see her all the time. She is very involved." Staff agreed that the registered manager's accessibility made for good working conditions. One member of staff said, "I definitely feel listened to. I have my say on what goes on." Staff said they had a good relationship with the registered manager who was helpful and understanding. Another staff member told us, "The registered manager is great. She is very supportive of me. We have an on call system to use to get hold of someone within management if needed." During our inspection we saw that the registered manager had excellent knowledge on the people using the service, and was able to interact with many people in a warm and friendly manner, leading the service in a proactive manner.

The service was well organised, which enabled staff to respond to people's needs in a planned way. Throughout our inspection visit we observed staff working well as a team, providing care in structured and caring manner. Staff told us that there was positive leadership in place, which encouraged an open culture for staff to work in and meant that staff were fully aware of their roles and responsibilities. One staff member told us, "We are a very good team. It's great working here because we all care for our residents and everyone puts in the effort. There is a waiting list for spaces here, and I think that is because people know we are good." None of the staff we spoke with had any issues or concerns about how the service was being run and were positive describing ways in which they hoped to improve the delivery of care in the future.

Records showed accidents and incidents were recorded and appropriate actions taken. An analysis of the cause, time and place of accidents and incidents was undertaken to identify trends in order to reduce the risk of any further incidents. We saw that 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 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 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 meetings. The registered manager assessed and monitored the quality of the service provided within the home. Records of annual satisfaction surveys for people who used the service and their relatives confirmed that people were satisfied with the care provided to them. Results were analysed to identify any possible improvements that could be made to the service.

The registered manager told us that they wanted to provide good quality care. It was evident they were continually working to improve the service provided and to ensure that the people were content with the care they received. In order to ensure that this took place, we saw they worked closely with staff, to promote an effective team spirit and ethos and to ensure that people felt part of the delivery of care.

The registered manager explained that a variety of audits were carried out on areas which included health and safety, infection control, and medication. Where areas for improvement were required we saw that

action plans would be formulated. There were systems in place to monitor the care provided and areas identified for improvement were recorded which enabled the service to review matters in order to improve the quality of service being provided.