

Ablecare Homes Limited

# Hengrove Lodge

## 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 ●

# Summary of findings

## Overall summary

Hengrove Lodge is a residential care home registered to provide accommodation and personal care for up to 15 older people. At the time of the inspection the service was looking after 15 people but one person was in the process of moving to an alternative care home.

The inspection was unannounced. At the last inspection in January 2016 the service was rated as Good. At this inspection we have found the service to be exceptionally caring and to have maintained a good rating.

### Why the service is rated Good

There was a long-term registered manager in post at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. 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 service people received was safe. The staff team had received training in safeguarding adults and knew what to do if concerns were raised regarding the people they looked after. Any risks to people's health and welfare were well managed. Staff recruitment procedures were robust and pre-employment checks ensured that only suitable staff were employed. The management of medicines followed safe working procedures and clear records were maintained. The premises were clean, tidy and fresh smelling. No infection control issues were identified.

The service people received was effective. The assessment and care planning processes followed ensured people's care and support was person centred and met their individual needs. Staff were well trained. New staff had to complete an induction training programme and there was an on-going mandatory training programme for the rest of the staff team. The staff team had the right skills, knowledge and experience to deliver effective care and support. Mandatory training included Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. The staff team worked within the principles of the legislation.

People were provided with sufficient food and drink. Each person was able to have a say about the meals that were served and were offered an alternative if they wanted something else to eat. The staff team supported people to access other health and social care services as required.

People were looked after by staff who were exceptionally caring. The feedback we received from people and their relatives was overwhelmingly complimentary. Their comments included, "Everyone is so good to me. The staff are so helpful and caring", "I cannot fault a thing, my life is very good and I wish I had moved in years ago", "This is an exceptionally caring home. When I was looking for a place for Mum I visited others. The welcome I received when I visited here was what made the difference" and "This home was recommended to me by a healthcare professional. It has exceeded the family's expectations and we are fully

confident that Mum is extremely well looked after". Health care professionals said, "People are very well looked after here and the home is a nice place to visit" and "People receive a person centred service. This is a very homely home and the staff are all very caring".

The service people received was responsive to their individual needs. Each person received a person centred service. They were supported to have a meaningful and fulfilling life with the ability to participate in the activities they liked. A range of different activities were arranged including visits by external entertainers and stay and play sessions with toddlers from a local children's centre.

The service was well led. The registered manager provided good leadership and management for the staff team. The staff team were committed to providing people with a good quality and safe service and many of them had worked at the service for many years. There were clear and effective governance arrangements in place and there was a programme of checks and audits completed. The provider maintained an active oversight of the service and was very involved in local care network forums.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains safe.	<b>Good</b> ●
<b>Is the service effective?</b> The service remains effective.	<b>Good</b> ●
<b>Is the service caring?</b> The service remains caring.	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains responsive.	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains well-led.	<b>Good</b> ●

# Hengrove 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 unannounced and undertaken by one adult social care inspector. The service was last inspected in January 2016 and at that time there were no breaches of the regulations.

Prior to the inspection we looked at the information we had about the service. This included notifications that had been submitted by the service. Notifications are information about specific important events the service is legally required to report to us. We reviewed the Provider Information Record (PIR). The PIR was information given to us by the provider. This is a form that asks the provider to give some key information about the service, tells us what the service does well and the improvements they plan to make.

During our inspection we spoke with six people who lived at Hengrove Lodge and spent a period of time observing the interactions between people and staff. We did this because some people were living with dementia and were unable to engage with us. We spoke with two relatives who were visiting their family member and two health care professionals. We spent time with the registered manager and the deputy manager and also spoke with four other members of care.

We looked at the four people's care records and four staff records. We also looked at other records related to the running of the service.

## Is the service safe?

### Our findings

People told us they felt safe living at Hengrove Lodge. They said, "Perfectly safe, they keep a good eye on us", "The staff are very nice to me and I don't have to worry about a thing" and "I am very well looked after and have no concerns at all". Both relatives we spoke with did not have any concerns regarding the safety of their family member. The two health care professionals we spoke had no concerns regarding the service.

The service had effective safeguarding systems in place including a safeguarding policy and procedure, to be followed if any concerns were raised. There were measures in place to protect people from bullying, harassment, avoidable harm and abuse. Safeguarding training was an important part of the provider's training programme and all staff had completed this training. Care staff we spoke with were aware of the different types of abuse and knew what action to take if abuse was suspected, witnessed or alleged. They said they would report any concerns to the management team or head office but knew they could report directly to the local authority, the Police and Care Quality Commission.

A range of risk assessments were completed for each person. These were in respect of the likelihood of falls, moving and handling, the likelihood of pressure damage to skin and nutrition. Where people needed to be helped to move about or transfer from one place to another a plan of care was written detailing any equipment required and the number of care staff required. Specific risk assessments were completed for people where other risks had been identified. For example door sensors were fitted to some bedroom doors where a risk of wandering had been identified. A bed rail risk assessment has been completed for one person who needed these to maintain their safety in bed at night. Personal emergency evacuation plans (PEEP's) were in place for each person and these detailed the level of support the person would require in the event of a fire and the need to evacuate the building.

The service had measures in place to ensure the environment was a safe place to live. The garden area was secure and enabled people to have unrestricted access to a safe outdoor place. The gates were opened electronically and the front door was operated using a key code. The key code was given to those people who were able to come and go safely. The service had a business continuity plan in place and the registered manager said this had worked well in recent snowy weather.

A fire safety risk assessment was in place and had just been reviewed. There was a programme of maintenance checks completed by the maintenance team or external contractors in place. These checks included fire safety tests, hot and cold water checks, and visual checks of the premises and equipment. The staff team were expected to report any issues that required maintenance attention. These checks ensured people were cared for in a safe place and staff were not placed at risk.

The service ensured there were sufficient numbers of staff on duty each shift in order that everyone's care and support needs were met. Staffing numbers were adjusted to reflect the needs of people and any social activities taking place. The registered manager told us the staff team was stable with many of the staff having worked in the service for a long time. In addition to the care team other staff included catering and housekeeping staff. The service was also supported by a group maintenance team (they covered other

services run by Ablecare Homes Ltd), a gardener and a care home administrator. The service was in the process of recruiting additional care staff.

Staff files were checked to ensure that safe recruitment procedures were followed. The measures in place prevented unsuitable staff being employed. Each file evidenced that appropriate pre-employment checks had been undertaken. Disclosure and Barring Service (DBS) checks had been carried out for all staff (previously called CRB's). A DBS check allowed employers to check whether an applicant had any past convictions that may prevent them from working with vulnerable people.

At the time of the inspection each person was assisted with their medicines and these were administered by trained care staff. The level of support each person required with their medicines was included in their support plan. The registered manager told us not all care staff were medicine trained. Once a member of staff had completed medicine training they were observed on five occasions to ensure they were fully competent. We found there were suitable arrangements in place for the ordering, receiving and disposal of medicines. People's medicines were securely stored and care staff recorded the administration of medicines on medicine administration record charts. Those we looked at were accurate and complete.

All areas of the service were clean, tidy and fresh smelling. Cleaning schedules were in place to maintain these standards. Care staff received infection control training as part of the provider's training programme and were provided with any personal protective equipment (gloves, aprons and hand sanitising gels) they needed. Regular checks were undertaken of the environment and housekeeping staff worked each day to clean communal areas and people's bedrooms. Where a person had an infection we saw that a management plan was in place to mitigate the likelihood of that infection being spread to others.

## Is the service effective?

### Our findings

People made the following comments: "I am ok here, we have a really good time", "I could not be any better looked after" and "I get all the help I need". When we asked one person if they were looked after in the way they wanted they gave us a thumbs up sign and said "As long as I get a regular cup of tea I am happy". The relatives we were able to speak with were more than satisfied with the way their family member was looked after and had no concerns.

People received effective care because their care and support was planned and delivered in line with their individual needs. The assessments of people's care needs were comprehensive and covered all aspects of the person's daily living needs, social and emotional needs. Care plans were regularly reviewed and this meant any changes in a person's needs were identified and adjustments made to their care plan. At the start of each new shift, a handover report was given to those coming on shift. This ensured the care team were kept informed of any changes and were able to deliver the right care.

The service had a programme of induction training for new staff. The programme is in line with the Care Certificate and is delivered in a variety of different formats. The Care Certificate ensures all health and social care staff meet the minimum standard required to carry out their role effectively. New staff have three off-site training days plus some shadow shifts.

The provider had a programme of mandatory training all staff had to complete and this included safeguarding adults, moving and handling first aid, dementia awareness, safe administration of medicines, food hygiene the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The programme ensured the care team had the right skills, competence, knowledge and experience to carry out their roles. The care staff we spoke with confirmed their training was up to date and that other opportunities for training were arranged as and when required. Staff were encouraged to undertake qualifications in health and social care (previously called national vocational qualifications (NVQ)), and were supported by the service to complete the awards. Members of the care team had level two and level three awards in health and social care.

Staff received individual supervision meetings with either the registered manager, the deputy or a senior member of staff. Staff were able to discuss their work performance and any training needs during these meetings and said they were well supported by the staff team. The registered manager received regular supervision with the director of Ablecare Homes and the quality and assurance & training manager.

People were provided with sufficient food and drink to meet their needs. One relative told us their family member had difficulty swallowing and was therefore provided with a soft diet that also took account of their food preferences. Each person's dietary requirements were assessed and they were provided with meals and drinks that met their requirements and preferences. The staff team had recognised that mealtimes were an important part of the day and therefore made them a positive and social experience. Staff were encouraged to sit and eat their meals with people, to provide discreet support where needed but also to facilitate social interaction. Meals were freshly made each day and a variety of drinks and snacks were



available throughout the day and night. Weight loss (or gain) was monitored and fortified foods or supplements were arranged for people who were at risk of malnutrition.

People were each registered with a local GP who visited the service on a weekly basis or at other times as needed. The weekly 'ward round' enabled the staff to be pro-active in seeking advice and asking for referrals to other health and social care professionals. The service worked in partnership with the district nursing team and also the dementia wellbeing team. Feedback we received during the course of the inspection was positive in respect of the collaborative approach of the staff team.

Hengrove Lodge was suitable for the provision of accommodation for people who needed residential care. There was a passenger lift to enable people with impaired mobility to access the first floor. All bedrooms were for single occupancy and some had en-suite facilities. A call bell system was installed in all rooms. A major bathroom refurbishment was in progress at the time of the inspection plus there was one other communal bathroom and a shower room. Communal facilities consisted of a lounge, a conservatory and a dining room.

People were encouraged to make their own decisions regarding their daily living needs but their capacity was assessed as part of the care planning process. Where more important decisions were required best interest decisions were recorded and other health or social care professionals were involved in this. From our discussions with people, their relatives and the care team it was evident that people were encouraged to make as many decisions as they were able and were given choices when they were being supported by the staff team to make any decisions.

Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) training was included as part of the mandatory training programme and staff confirmed they had received training. Those staff we spoke with had an understanding of the principles of the MCA and DoLS and always asked people if they were happy for them to provide care and support. MCA legislation provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make decisions for themselves. DoLS is a framework to approve the deprivation of liberty of people who lacked the capacity to consent to the treatment or care they needed. DoLS authorisations were in place for four people. Their care records referred to this being in place and included expiry dates and the person's representative. For one person an IMCA (independent mental capacity advocate) was used to ensure the person's liberty was restricted appropriately.

## Is the service caring?

### Our findings

People received a caring service. They told us, "Everyone is so good to me. The staff are so helpful and caring", "We are one big happy family here" and "I cannot fault a thing, my life is very good and I wish I had moved in years ago". Relatives made the following comments. "This is an exceptionally caring home. When I was looking for a place for Mum I visited others. The welcome I received when I visited here was what made the difference" and "This home was recommended to me by a healthcare professional. It has exceeded the family's expectations and we are fully confident that Mum is extremely well looked after". Health care professionals said, "People are very well looked after here and the home is a nice place to visit" and "People receive a person centred service. This is a very homely home and the staff are all very caring".

There was a person centred culture in the service and feedback we received demonstrated that people were always treated with kindness. The staff team were highly motivated and offered care and support to people that was exceptionally kind and compassionate. One relative told us that when her mother (who was living with dementia) had been admitted to hospital the staff had visited her on the ward, helped her to settle in and been able to explain to doctors and nurses what had happened and supply information about what worked best when she was anxious. The relative said that hospital admission had been "much calmer" than previous admissions and "mum was less anxious and well supported".

The service was exceptional at helping people express their views so that the care team and the registered manager understood their preferences, wishes and choices. They sought feedback about the care offered from a different number of sources. Clear records were kept by the care staff whenever new information came to light about a person. The care staff used 'This is Me' documentation to gather information about people's past life so they could get to know them well and what was meaningful for them. When 'residents meetings' were held they asked people what they thought about the care in the service.

The provider had engaged with a professional counsellor who visited the service regularly. They were available to confidentially support residents, family members and staff. This was an opportunity to discuss any concerns and issues people, relatives and staff had. The provider planned to continue this arrangement because of the benefits, particularly for families who were feeling guilty about their family member 'in care' or struggling with the dementia diagnosis. For staff they were able to discuss non work related issues. This is an example of a very caring employer.

Questionnaires were used to gain feedback. As a result of a quality assurance process completed earlier in 2018, 11 people said they were "delighted" (a score of five out of five) with the standard of care provided by staff and four people had scored four. The service not only asked people living in the service but also their family and friends, visiting health and social care professionals, visiting entertainers and contractors. They did this to get an overall perspective of the service. They were asked whether they felt the service had a friendly atmosphere and people were being treated with kindness and respect. The service valued feedback from 'someone from outside' recognising they could see things from a different perspective.

It was evident people were treated lovingly and the staff team had very close relationships with them.

People's privacy and dignity was respected and promoted. Those interactions we witnessed during our inspection were loving and gentle. One person who was living with dementia asked one of the staff why he was there and the member of staff said, "Shall we go somewhere private and we can talk about that". The member of staff later told us they did this in respect of the person and so they could talk openly about the reasons the person lived in Hengrove Lodge. Another example was where a member of staff recognised certain behaviours a person was exhibiting, asked them if they would like to go for a walk and then attended to personal care issues. Because the staff team knew the person well they were able to anticipate their needs and offer sensitive and respectful care and support.

All the staff we spoke with confirmed they would highly recommend Hengrove Lodge to family and friends as an exceptional place to live and to work.

## Is the service responsive?

### Our findings

People received personalised care which was responsive to their specific needs because of the assessment and care planning approach followed. An assessment of their care needs was undertaken by a member of the care team, either in hospital or at the person's home to ensure the service could meet their specific needs. Prior to admission people were offered an assessment day where they visited Hengrove Lodge and met with all the other people who lived in the service. The service did this to gather a true picture of how the person would manage in a new environment. The registered manager said they always ensured a person was "keen to live in the home". People were provided with the home's brochure which gave details about life at Hengrove Lodge and detailed what people could expect. The registered manager said the provider would make arrangements for information about the service to be produced in alternative formats if the written format was not appropriate.

In 2017 the dementia well-being team had visited the service and undertaken a 'direct observation' of the staff with people. They had looked at the social interactions between staff and people. Their findings referred to greetings, touching, the giving of compliments, helping, sharing feelings, offering of choices, the atmosphere in the service and how people were encouraged to talk about experience. The exercise was in line with the butterfly approach and initiative to do with dementia well-being. Whilst the service did not receive any negative feedback staff said the feedback had helped them reflect on how they interacted with people. A member of the dementia wellbeing team told us the care team were very focused on providing good social interactions with people and our observations during the inspection supported this.

We reviewed a sample of care records. Care planning was focused on the person's care and support needs but also included cognitive information, social and emotional needs and an overview of what and who was important to the person. The plans were well written and informative. It was evident the person had been involved in the writing of the care plan although this was in varying degrees depending upon their level of cognitive impairment.

Each person had a key worker who was responsible for ensuring the care plan remained up to date. Care plans were reviewed on a monthly basis and updated with any changes. On a daily basis the care team completed 'My daily report' sheets. These had three sections and covered the morning, afternoon/early evening and overnight shifts. For each section the staff on duty recorded information about personal care delivered, assistance to use the toilet, daily skin checks, health care or professional visitors, medicines, psychological and emotional needs, eating and drinking and any activities participated in. Care staff had to sign these forms at the end of their shift to confirm they had delivered the care as stated.

The service had a programme of activities. This included links with the local community. The local church were visiting the home the day after the inspection when the service was also taking part in the National Care Homes Open Day. A local children's nursery visited each week and the registered manager told us about one person who really benefitted from this visit because "they were really fond of one particular child" and got very excited when she knew they were coming to visit. For this person, the interaction with the child provided them with a sense of wellbeing that lasted beyond the length of the visit. This was because the

care staff would chat with the person throughout the week about the things that had happened. The staff team told us about coffee mornings that had been held, arts and crafts sessions, and Cup Cake Day in which they raised money for the National Alzheimer's Society.

People were supported to maintain contact with friends and family and to participate in activities away from their home. Relatives were able to and encouraged to participate in the social events organised by the service as well. People and their families were informed of upcoming events by putting posters on display and sending personal invites to parties and occasions. The service had created a Facebook page to create a sense of community and invited families and staff to post positive comments and interact together. The provider told us this had recently included praise for the maintenance team and the caring interactions they had displayed with people whilst working in the service.

Activity sessions were provided by both external organisations and individuals and internally by the staff. The deputy manager told us they did activities with people on Wednesday and Friday afternoons. The service subscribed to the 'Daily Sparkle' a newspaper which could be used as an aide to reminiscence. During the inspection we observed an interaction between one member of staff and a person – they were discussing one of the articles in the newspaper.

In 2017 the service had participated in the Big Lunch – a national community event celebrating community and connections. Pictures were displayed in the service of the event. It was so successful, in providing people and their families with a memorable event that the service planned to do the same in 2018. The service always takes part in the national care homes open day and this was planned for the day following the inspection.

People were supported to raise any concerns or complaints they had. This could be done at any time but people were reminded during care plan reviews and 'resident meetings'. Details of the complaints procedure were included in the home's brochure and also displayed in the entrance of the home.

The service would endeavour to continue looking after people when they were unwell, very poorly or at the end of their life. They would need to do this in conjunction with the person's family, and health and social care professionals where appropriate. The service used a 'Thinking Ahead' document to record people's wishes and preferences. This meant the service and people's relatives could share details that were important to the person. The relatives of one person who had previously passed away at Hengrove Lodge wrote afterwards, "Thank you for all your care and kindness. I will always hold Hengrove Lodge in a special space in my heart". It was evident the impact on the family had been great and the person had been supported to die in their own home.

## Is the service well-led?

### Our findings

People were looked after in a service which benefitted from good management and leadership. Relatives said, "Everything is consistently good here, the laundry, the food, the standard of care and the activities. It all runs like clockwork", "Exceptional. I visited lots of other care homes when I was looking for a place for mum, and this one stood out way above the others". Healthcare professionals said, "This is a good home, we are always contacted in a timely manner" and "I cannot recommend care homes to families however I do let them know this is a very well run and caring service". It was evident the service was well run, very homely and the people who resided there were very happy.

All staff reported that the registered manager led by example, had a 'hand on' approach and was always available to offer support, guidance and help. The registered manager covered vacant shifts when other staff members were not available. This promoted continuity of care and ensured they kept up to date with people's needs. During the inspection the registered manager demonstrated they were knowledgeable about people, the policies and procedures of the service and the quality of care being provided. People's relatives could meet with the registered manager and staff at any time. It was evident from observing interactions with three visiting relatives during the course of the inspection that the registered manager and the staff team had good, understanding relationships with them.

The provider recognised and celebrated staff performance. Staff were commended for good work in the Ablecare Homes (provider) newsletters and Facebook posts. There was a well-supported employee of the month scheme where anyone involved in the home could nominate staff members for recognition. The provider also nominated staff for regional and national awards recognising and rewarding their dedication and good practice.

The service made it to the final shortlist in 2017 for an employer of the year award. They did not win the award however the local member of parliament had written to say "the nomination is demonstrative of the hard work you have been doing. To make it to the final shortlist shows the caring and dedication which I saw first-hand when I visited Hengrove Lodge".

The service had clear and effective governance arrangements in place. The director visited the service on at least a weekly basis and the quality assurance and training manager completed a monthly audit. During this audit they followed up on any remedial actions identified at the last audit. The audits covered the five areas: Is the service safe, effective, caring, responsive and well led? The provider encouraged and supported a wide range of communication methods in order to reach out to every member of staff. From our discussions during the inspection it was evident there was good teamwork in the service. The provider ensured any learning from their other care services was shared with the staff team at Hengrove Lodge and vice versa.

The service had a programme of daily, weekly, monthly and six monthly health and safety checks that had to be completed. Daily checks included fridge and freezer checks and visual checks of the environment and equipment. Weekly checks included the fire alarm, and hot and cold water temperatures. Monthly checks

were made of the fire safety equipment. These checks ensured the quality and safety of the service and the premises were maintained and where improvements were identified, action was taken.

People and their families were actively encouraged to share their views and provide feedback about the service. There were regular 'resident and relative' meetings and they were encouraged to have a say about the running of the home. Examples of things that had been decided by people and their families included, social activities, meals and decorations.

The provider and the registered manager worked with other organisations to make sure they were following current best practice. The provider was an active member of Care and Support West – the director was a board member and attended various board meetings and meetings regarding the current topics within the care sector. The registered manager attended the Bristol Registered Manager network meetings. Senior staff members from Hengrove Lodge attended workshops relating to the care sector organised and attended by experts. Any learning gained from these meetings was taken back to the service and shared amongst the staff team and across the group.

The registered manager was aware of what information needed to be shared with CQC. Notifications had been sent in regarding one death, three falls and a further three occasions where there were concerns regarding a person's welfare.