

Wellfield and Henley House Limited

Henley House

Inspection report

225 Whalley Road
Accrington
Lancashire
BB5 5AD

Tel: 01254232763

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10 May 2017

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This unannounced inspection took place on 9 and 10 May 2017. Henley House is a residential care home registered for 23 people. The service is over two floors with a lift in the service for people to access the first floor. There were 23 people living at the service when we visited.

At the last inspection on 17 March 2015, the service was rated 'Good'. At this inspection we found the service remained Good.

The service had a registered manager who was also the provider. 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's medicines were administered safely, as prescribed. Medicines were also managed and stored securely to ensure they were safe. There were risk assessments which identified risks to people and management plans put in place to ensure people's health and well-being were maintained.

People consented to the care and support they received. The service complied with the requirements of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). Staff had been trained and understood their responsibilities in relation to MCA and DoLS.

People were safeguarded from the risks of abuse and improper treatment. Staff had received training on safeguarding and they were knowledgeable on the procedure to follow if they had any concerns. There were sufficient staff available to safely meet people's needs.

People told us staff were kind and caring. We observed that staff treated people with respect and promoted their dignity. People were supported to communicate their views about how they wanted to be cared for.

People's nutritional needs were met. People told us they enjoyed the choice of food that was available to them. People had access to food and drinks throughout the day. People were kept occupied and encouraged to participate in activities.

Staff were trained on various areas to ensure they had the relevant skills, knowledge and experience to provide good care to the people they supported. Staff received regular support and supervision to carry out their duties effectively.

The service liaised with various healthcare professionals to meet the needs of people. People at the final stages of their lives were supported in line with their wishes and were cared for in a dignified way.

People had their individual needs assessed and their care planned in a way that met their needs. People

received care that reflected their preferences and choices. Reviews were held with people and their relatives to ensure people's support reflected their current needs.

People and their relatives had opportunities to share their views and give feedback about the service and these were acted upon. The service was subjected to regular quality checks to ensure the service was of good quality and met people's needs.

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 remains Good	Good ●
Is the service effective? The service remains Good	Good ●
Is the service caring? The service remains Good	Good ●
Is the service responsive? The service remains Good	Good ●
Is the service well-led? The service remains Good	Good ●

Henley House

Detailed findings

Background to this inspection

We carried out this comprehensive inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

This unannounced inspection took place 9 and 10 May 2017. The inspection was conducted by one adult social care inspector.

Before the inspection we studied information we held about the service which included notifications of events and incidents at the service. We planned the inspection with this information.

During the inspection we spoke with six people who used the service, three relatives, seven members of staff, two visiting health care professionals, two assistant managers, one activities coordinator. We also spoke with the registered manager.

We looked at six people's care records and medicines administration record (MAR) charts for people using the service at the time of our visit. We also reviewed five staff recruitment records and other records relating to the management of the service including health and safety and quality assurance systems.

After the inspection, we received feedback from health care professionals involved in the care and treatment of people at the service.

Is the service safe?

Our findings

People continued to be safe at the service. People told us they felt safe living at the service. A person told us, "I feel safe and protected. Good 24 hour care." A relative said, "My relative is safe and well looked after. Staff are really switched on to looking after people." Another relative said, "It gives me piece of mind knowing that my relative is safe and settled at the home."

People were protected from the risks of abuse and neglect because the provider continued to ensure that there were adequate systems in place. Staff understood the different types of abuse, signs to look for and how to report any concern to their manager in line with their safeguarding procedure. Staff were confident that their manager would take appropriate action if they reported any concern. One staff member told us, "I feel confident in tackling issues that concern me and in raising those concerns to the manager." Another staff member said, "I would challenge any wrong doing straightaway and wouldn't leave the situation until I was sure people were safe. I'm sure that the manager would take action but if they didn't I would escalate it."

The provider maintained a level of staff that was sufficient to meet people's needs safely. People told us that staff numbers were adequate. One person said, "There are always staff about and if I need help it comes quickly." Another person told us, "There's always someone around if you need them." During the inspection we saw that people had the attention of staff when they needed it and that people's calls for help were responded to quickly. Staff told us there were enough on duty to support people and they covered staff absence or shortfalls. The registered manager told us staffing levels were planned according to people's needs and that they had enough staff available without needing to use staff from an agency. This ensured people received the required support from staff that were familiar to them.

People continued to receive their medicines safely. A person told us, "I get my medicines at the same time every day. They are very strict about it and keep records of everything." We observed staff administer medicines to people during our visit and saw they checked the prescription against the medicines administration record (MAR) chart to confirm it was for the right person, right time and right dose before administering. MAR charts were correctly and clearly completed. Medicines audits were carried out by the registered manager or assistant managers to ensure medicines were accounted for.

We saw that medicines were stored securely and safely. These were locked in a cabinet in a separate room and only designated staff had access to the keys. We noted that the storage room was a temperature controlled environment and the temperature was regularly monitored. Controlled medicines were kept in a separate locked cabinet within the same room and staff kept specific records in relation to their use. The records showed controlled drugs were regularly audited and accounted for.

The provider maintained robustness in recruiting staff to ensure people were safe. Recruitment records showed at least two references and criminal record disclosures were obtained for applicants before they were allowed to start working at the service. Their experience, knowledge and qualifications were also checked as part of the recruitment process. This meant that only staff who were deemed suitable were

allowed to support people.

People's well-being, health and safety continued to be maintained because the service consistently assessed and managed risks to people. Care records provided information and action plans for staff to follow to care for people in areas where risks had been identified. Risk assessments covered issues such as skin care, pressure sores, choking, falls, malnutrition and hydration. We noted that some people had pressure mattresses in place to manage the risks of pressure sores. People at risk of choking had the involvement of speech and language therapists (SALT) to manage these. We saw that some people had pureed diets and were on thickened fluids in line with the recommendations of a SALT to reduce the risk of choking. We confirmed from care records and observations during the inspection that people were supported in line with their care plans.

Is the service effective?

Our findings

People received care and supported from staff who were knowledgeable and experienced in their roles. One person told us, "The staff know everything. They do their job well." A relative said, "My relative's health has improved since coming here and the staff are obviously well trained."

Staff told us, and training records confirmed that staff received on-going training. A member of staff said, "We have regular training and updates which is helpful. I particularly like the hands on training like first aid." Records showed that all staff completed a period of induction when they first started work. Records also showed all staff had completed training in core areas of care delivery including moving and handling, safeguarding, health and safety, dementia care, dignity and privacy, Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). We also saw that staff completed 'refresher' courses regularly to ensure their knowledge and skills were up-to-date. One member of staff told us of a situation in the month before the inspection where she had to intervene with a person who required emergency first aid. They said, "Everything just kicked in. I applied the first aid techniques and it all worked out. I'm glad that we get comprehensive 'hands on' training."

Staff continued to receive support and supervision so they could be effective in their roles. One staff member told us, "There are always people about to support you. The managers are very experienced." Another staff member said, "We get supervision and the opportunity to share ideas. The team meetings are an occasion for us to raise matters and share ideas and find how we can do it better together." Records confirmed supervision was held regularly. Issues discussed included the well-being of people using the service and training needs. Staff appraisals were held annually and these were used to address performance issues and to analyse development needs to enable staff to improve their knowledge and skills.

The 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. People who lack capacity to consent to arrangements for necessary care and treatment can only be deprived of their liberty when this is in their best interest and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS)

We checked whether the provider was working within the principles of the MCA and saw that the service continued to ensure that people appropriately consented to their care and treatment. People told us that they were not restricted or forced to do anything. One person said, "You can do what you like all day. You don't have to participate in activities if you don't want to."

The registered manager continued to submit DoLS authorisation applications to the local authority as required to ensure they did not deprive people of their liberty unlawfully. Since the last inspection four applications had been made and we saw that the applications were sufficiently detailed and appropriately completed.

People's nutrition and hydration needs continue to be maintained by the service. People told us they liked the food provided to them. One person said, "If you don't like something, they'll get you something you like." Another said, "The food is pretty good here." Care records documented people's nutrition and hydration needs and the support they required. We saw during our observation at lunchtime that people were given choices of what to eat, the food served was well presented, the atmosphere was relaxed and those who required assistance to eat got the support they needed.

The service remained effective in supporting people to access healthcare services they needed. A relative told us, "My relative gets to see their experts regularly. This morning opticians came in to check their eyes." Record showed that a range of healthcare professionals such as G.P's, district nurses, dentists and chiropodists were involved in the care and treatment of people at the service. Professionals we contacted told us that the service worked well with them to look after people and implemented recommendations made and action plans agreed. One said, "The carers support their residents really well and are always supportive of me during my visits to the home."

Is the service caring?

Our findings

The service consistently provided service to people in a caring manner. People told us staff were kind and considerate towards them. One person said, "The carers have become my friends. They couldn't do anything better." There were cordial relationships between people and staff. One person said, "I feel like we are all part of a big family. Sometimes we have a right old laugh about things." People were called by their preferred names which were included in their care records. The atmosphere at the service was relaxed and peaceful.

Staff respected people's privacy and dignity. A relative told us, "My relative is always well dressed and clean. We can always contact the home and they will cooperate with us if our relative needs to get ready to go to a special family event." We observed that staff knocked before going into people's rooms and asked for people's permission before providing support. Staff we spoke with had good understanding of the importance of maintaining people's dignity and privacy. They gave examples of how they applied this in their work. One staff member said, "I treat people as I'd like to be treated. I am always mindful of the way I talk to residents."

People continued to receive care from staff who understood their needs and preferences. Care records detailed people's needs and preferences in relation to when they preferred to get up in the morning and time they preferred to go to bed. Their cultural religious and communication needs were also included in their care records. Staff were able to tell us what people liked and disliked. Care records and our observations confirmed that staff understood people's preferences and followed them. For example, we saw a person preferred to get up late and eat breakfast alone during the middle of the morning and catering staff were happy to support this. Professionals we contacted told us that staff understood people's needs and supported people in a way that met their needs and wishes.

People received the care and support they wanted as they approached the end of their life. There were end of life care plans in place for people. These plans included their decisions about Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR), how any pain was to be managed and which relatives were to be contacted. We saw that GPs were involved in the care of people at this stage of their lives so they were kept comfortable and as pain free as possible. We noted that the home participated in the 'Six Steps to Success' end of life care package that is a nationally recognised program for improving end of life care. A manager at a local hospice said, "The home have sent staff to education sessions and have applied the learning and put it into practice. This has contributed to the delivery of end of life care and bereavement support."

People's lives were honoured and celebrated. The registered manager told us that the service offered a supportive environment in which people could share thoughts and feelings about the person who was close to them and who had passed away. We saw that staff and the registered manager were comforting a person who had recently been bereaved. Staff and the person's relatives were preparing to support the person at a funeral. The registered manager told us that this support enabled people to grieve appropriately in a caring and supportive environment.

Is the service responsive?

Our findings

The service continued to provide care and support to people that met their individual needs. People and their relatives told us, and care records confirmed, that the service carried out initial assessments of people's needs before they were accepted to stay at the service. The assessment covered areas such as physical health, mental health, personal care and social needs. Information about people's background and preferences was also included. Care plans were devised based on identified needs and provided information to guide staff on how to support and care for people. A person who used the service said, "I was fully involved in setting up the plan and staff always follow it when they move me or take me out of the home when I attend appointments."

The service continued to respond and adapt care provided to people to meet their changing needs and circumstance. Care plans were reviewed regularly to reflect people's current needs. For example one person had recently been discharged after a hospital admission. Their care plan was adjusted to reflect their decline in health and the level of support they now required with mobilising.

There was a range of activities people enjoyed to engage and occupy them. On the first day of the inspection we saw people watching TV and reading newspapers in the main lounge whilst others played dominoes. On the second day of the inspection the activities coordinator was involved with a group of people and their relatives in recognition games and making paper flowers. The coordinator said, "I am supported by the manager to provide varied activities. We have just finished a big celebration for St George's Day when we had a professional singer doing a show. We are planning for a day out which will involve shopping and a visit to a local town."

During the inspection we saw that people who were cared for in their rooms had personalised activities to meet their needs. A member of staff was assisting a person to have a video meeting with their family abroad and we saw staff reading to one person. We saw pictures taken during birthday parties, and Christmas celebrations and various occasions at the home. This showed people were supported to relax and enjoy social activities.

People and their relatives told us they knew how to make a complaint. The service had a robust complaints procedure. Complaints records showed that the provider followed their procedure. We noted that the complaints involved acknowledging the complaint, investigation within a timeframe specified in the procedure and a written response provided to the complainant. We noted that the home had not received a formal complaint since the last inspection. One person said, "I know what to do if I have a complaint. Thankfully I haven't had to make a formal complaint and if there are any issues we sort them out along the way."

Is the service well-led?

Our findings

The service continued to be managed and operated in an open and transparent manner. People and their relatives told us the service was well run and the provider listened and acted on feedback promptly to improve the service. One person said, "If I have any problems I immediately raise them with staff and they are acted upon. The manager runs the place well." A member of staff said, "We are like a big happy family and I include staff and residents in with that. We share problems and support each other and the manager is always available to guide." A relative said, "From what I see the home is well run. I am always welcomed and encouraged to raise anything at any time."

Although generally the registered manager complied with the conditions of the service's registration and sent notifications to CQC, such as of allegations of abuse, we found that since the last inspection a significant injury occasioned by a person who used the service had not been reported in a timely fashion. Evidence existed that supported that the registered manager had acted appropriately to protect the person involved and had fully cooperated with the local authority in its investigation. The registered manager said that an administrative error had led to a failure to formalise the required notification.

We recommend that the registered manager ensure that administrative systems are effective in ensuring that all required notifications are made as soon as practical after the notifiable event.

Staff told us that there was strong leadership and management presence in the service. They said they felt able to speak to the registered manager or any of the assistant managers if they had any concern and it would be addressed. One member of staff said, "The manager is helpful and really knowledgeable." Another member of staff said, "Management are all highly trained and experienced. They give you the support you need."

Regular meetings took place with staff and members of the management team to plan the service and obtain their views about the service. We saw minutes from a meeting in the month before the inspection where issues relating to record keeping were discussed and plans were made to support a person who was to attend a church service. From the minutes it was seen that the meeting incorporated the views of those present.

The service held regular meetings with people and their relatives where they contributed and made suggestions on how to improve care and support for people. Minutes of the most recent meeting we reviewed showed updates were provided from previous meetings and relatives were involved in planning the service. For example, they contributed to the planning of the menu and activities offered to people.

The service had various systems to assess and monitor the quality of the service. We noted that the registered manager and assistant managers conducted most of these. They included audits of care delivery, medicines management, and nutrition and pain management. Others areas covered more operational type issues such as health and safety systems, moving and handling equipment, fire safety, care records, incidents and accidents, infection control processes and training and development. We reviewed the most

recent audits and there were no concerns to follow up.