

Salutem LD BidCo IV Limited

Hennel Lane

Inspection report

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Date of inspection visit:

12 April 2019

16 April 2019

25 April 2019

Date of publication:

29 May 2019

Ratings

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

Overall summary

About the service:

Hennel Lane is a residential care home that was providing personal care to five people who have a learning disability.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service:

People who could speak with us told us the staff were nice and said they felt safe in the home. We saw people were relaxed and comfortable with the staff on duty.

The service provided high-quality, person-centred care. The staff placed people at the centre of the service. They treated people in a caring and respectful way. The staff knew how each person communicated and gave people the time and support they needed to express their views and wishes.

People were protected from abuse and avoidable harm. There were enough staff on duty to provide people's care and to support people to take part in a range of activities they enjoyed. The provider carried out robust checks before new staff were employed. The staff had completed training in supporting people with their medicines and providing care safely. The registered manager carried out checks on the premises and equipment used in the home to ensure people were safe living and working there.

Care was planned and provided to meet people's needs. Appropriate specialist services had been included in assessing people's needs and planning their care to ensure it was based on best practice. The staff supported people to make healthy eating choices and people were provided with meals and drinks they enjoyed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems at the service supported this practice. People had opportunities to develop their skills, gain confidence and try new experiences.

People's privacy, dignity and independence were promoted. The staff spoke to people in a respectful way and knocked on doors to private areas before entering. People were supported to gain greater independence and to carry out tasks for themselves.

People were able to follow a range of activities of their choice. The staff gave people opportunities to try new

activities in the home and local community. The provider had a procedure for receiving and responding to complaints. The registered manager acted on any concerns raised to further improve the service provided.

The provider and registered manager asked people who lived at the home, their families and the staff employed for their views of the service. The registered manager used feedback they received to improve the service. The provider had arrangements to ensure the effective management of the service. The registered manager was supported by an area manager. The registered manager and area manager carried out checks on the quality and safety of the service.

Rating at last inspection:

This was the first inspection since the service was registered on 30 April 2018.

Why we inspected:

This was the service's first planned inspection.

Follow up:

Going forward we will continue to monitor this service and plan to inspect in line with our reinspection schedule for those services rated good. If we receive any concerning information about the service, we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Hennel Lane

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

The inspection was carried out by one adult social care inspector.

Service and service type:

Hennel Lane is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Hennel Lane accommodates five people in one adapted building.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service 24 hours' notice of the inspection visit because it is small and the registered manager is often out of the office. We needed to be sure they would be in.

What we did:

Before we inspected we reviewed the information we held about the home, including feedback we had received from the local authority and notifications of significant incidents the registered manager had sent to us.

We asked the registered manager to complete a Provider Information Return (PIR). This is a form that asks for key information about the service, what the service does well and improvements they plan to make. We used the information in the PIR and the information we already held to plan our inspection visit.

During our inspection we spoke with four people, three staff members, the registered manager and the provider's area manager. We also observed how staff interacted with people.

We looked at two people's care records, three staff personnel files, audits and other records related to the management of the service.

Following our inspection, we spoke with one person's relative and a social care professional by telephone to gather their views.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People were safe and protected against abuse and avoidable harm. Staff were trained and confident to identify and report abuse or concerns about a person's welfare. One person told us they felt safe in the home. We saw people who could not easily share their views were relaxed and comfortable around the staff on duty. Staff told us they were confident people were safe living in the home.
- The registered manager had identified and managed risks to people's safety. We saw staff knew how to keep people safe.
- The registered manager analysed incidents and accidents to ensure lessons were learnt and risks to the safety of the service were managed. The registered manager and provider carried out checks on the premises and equipment in the home to ensure they were safe for people to use.

Staffing and recruitment

- There were enough staff to support people. The registered manager assessed staffing levels to ensure there were enough staff to support people. We saw staff had time to spend with people. People were able to enjoy a range of activities in the home and local community because there were enough staff to support them.
- The provider used safe systems when staff were recruited to check they were suitable to work in the home. The provider carried out thorough checks before new staff were employed. These included checking their good character and obtaining a Disclosure and Barring Service check. This supported the provider in making safe recruitment decisions.

Using medicines safely

- People received their medicines safely and as they needed them. Staff were trained in how to administer medicines safely. Staff stored medicines securely to prevent them from being misused.
- The registered manager carried out checks on medicines and medicines records. These helped to check people had received their medicines as their doctors had prescribed.

Preventing and controlling infection

- People were provided with comfortable, safe and hygienic accommodation and protected from the risk of infection. The home was clean and free from odours. Staff had received training in infection control and handling food safely. Staff gave people guidance and advice about protecting themselves from the risk of infection.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and feedback we received confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People received high-quality care because their needs were assessed and care was provided to deliver good outcomes.
- The registered manager carried out thorough assessments of people's needs to identify the support they required. Appropriate specialist services had been included in assessing and planning people's care. The social care professional we spoke with told us the staff in the home contacted them as appropriate and acted on any advice they gave.
- The staff knew people well and supported each person as they needed and as they preferred.

Staff support: induction, training, skills and experience

- The staff were trained and skilled to provide people's care.
- The staff told us they received the training and support they needed to ensure they had the skills and knowledge to provide people's care. This was confirmed by training records we looked at. All new staff completed thorough induction training before working as part of the staff team. The staff had regular meetings with a senior staff member to discuss their performance and any training or development needs.
- We observed the staff knew people well and were competent to support people as they required.

Supporting people to eat and drink enough to maintain a balanced diet

- People were provided with meals and drinks they enjoyed and supported to make healthy eating choices.
- People were given choices of meals and drinks. We saw the staff encouraged people to eat and drink enough to maintain good health. People were supported to make their own drinks and included in planning the meals provided. The staff gave people guidance and advice about how to choose healthy meal options.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People received effective care because the staff worked with appropriate health and social care services in planning and providing their care.
- People who lived in the home had complex needs. The registered manager had ensured people received support, as they needed, from specialist services such as the speech and language therapy team, dietician and podiatrist. The guidance given by services that supported people had been included in their care plans. We saw the staff followed the guidance to support people.
- People were supported to attend health care appointments as they needed to maintain good health.

Adapting service, design, decoration to meet people's needs

- The service had been designed and developed to meet the needs of people who lived there.
- The home was developed in line with best practice including registering the right support. The premises were similar in size and design to neighbouring properties. The scale of the home meant it was small and domestic in character.
- The environment was being improved at the time we carried out our inspection. People had been included in choosing new kitchen fittings and decoration. They had also chosen the decoration and furnishings for their own rooms to match their personal preferences. This helped to give the service a homely feel.

Ensuring consent to care and treatment in line with law and guidance

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.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People's rights were respected because appropriate consent was in place for their care to be provided.
- The registered manager and staff in the home had a good understanding of the MCA and how to respect people's rights. The staff gave people the time and support they needed to make choices about their daily lives. They knew how people expressed their decisions and respected the choices people made.
- Where people required restrictions on their liberty to ensure their safety applications had been made to the local authority for a DoLS authorisation. Where there were conditions included in a DoLS authorisation we saw the staff were aware of and following the conditions.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- The staff were kind, friendly and caring and treated people with respect. We asked people who could speak with us if the staff in the home were kind and they told us the staff were. One person told us, "She [staff member] is nice". Another person showed they liked the staff by smiling at them. The relative we spoke with told us the staff provided "excellent care".
- The staff identified if people felt anxious and gave them reassurance. We saw this supported people's wellbeing.
- The staff treated people with respect. They spoke to people in a kind and friendly way. People enjoyed laughing and joking with the staff who were supporting them.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to make choices about their care and the decisions they made were respected.
- The staff knew how each person communicated and gave them information to make choices about their care. They gave people the time and support they needed to make and express their choices. The registered manager had links to local advocacy services that she could contact if a person required independent support to express their views.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were protected, and they were given opportunities to gain greater independence.
- The staff respected people's privacy and dignity. They spoke to and about people with respect and people were given opportunities to gain independence and skills. One person was doing their own laundry. We saw the staff gave them advice and the time they needed to carry out the task.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care was planned and provided to meet their needs and to take account of their preferences and wishes. Each person had a detailed care plan to provide the staff with information about how to support them. The individual and people who knew them well had been included in developing and reviewing their care plans. The staff told us the care plans gave them the information they needed to support people. The staff knew how people communicated and this was detailed in people's care plans.

- People were provided with a range of activities they enjoyed in the home and local community. People followed activities of their choice and were given opportunities to try new activities. One person had identified a new activity they wanted to try. The staff had supported them to buy the equipment needed for the activity and had arranged for them to join an appropriate event in the community. We saw the staff offered people choices about how they spent their time.

Improving care quality in response to complaints or concerns

- The provider had a procedure for receiving and responding to complaints or concerns about the service. No formal complaints had been made to the service in the 12 months before our inspection.

- We saw that where concerns had been raised informally with the registered manager these had been addressed. The registered manager used feedback from people who used the service, professionals who supported people and people's relatives to improve the care provided.

End of life care and support

- There was no one who required end of life care living in the home when we inspected. The registered manager was aware of specialist services which could be contacted if a person required support as they reached the end of their life. People had been asked if they wished to share their wishes about how they wanted to be supported if they were at the end of life.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The service provided high-quality, person-centred care that met people's needs. The registered manager promoted an open culture and understood their responsibilities under the duty of candour.
- The registered manager was skilled and experienced and provided leadership to support the staff team to provide person-centred, high-quality care.
- We saw the staff placed people at the centre of the service. One staff member told us, "It's [the service] all about what people want." The staff told us they were happy working in the home because they were supported to provide good care and were proud of the service they provided to people.
- The registered manager had informed us of significant events that had happened in the home, such as allegations of abuse and serious injuries to people. The notifications showed us the registered manager had followed her responsibilities under the duty of candour.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager and staff were aware of their roles and responsibilities and ensured the service provided high-quality care. The staff told us the registered manager was supportive and set high standards for the service. They said they were confident the service was well managed. One staff member said, "I'm happy this is a good service."
- The registered manager was supported by the provider's area manager. The area manager visited the home regularly to support the registered manager to monitor the quality of the service.
- The registered manager had developed systems to support staff to reflect and learn from incidents to continuously improve the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People who used the service, their families and staff were asked for their views and their feedback was used to improve the service. The registered manager asked people who used the service, staff and people's relatives for their views in formal and informal ways. People had been asked to complete quality surveys to identify if there were areas of the service that could be further improved.
- The registered manager looked for innovative ways to gather the views of people who could not easily share their comments. Feedback from people who used the service, their relatives and staff were used to plan and develop the service.

Working in partnership with others

- The service worked in partnership with other agencies to provide holistic care that met people's needs and provided positive outcomes.
- Some people who used the service had complex needs. The registered manager and staff in the home took advice from appropriate services to ensure people received the support they needed. The advice given by specialist services had been used to develop people's care plans. We saw the support staff provided took account of the advice given.