

Venus Healthcare Homes Ltd

Abbey 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 

Overall summary

The inspection took place on 24 April 2015 and was unannounced.

Abbey Lodge is a residential care home that provides accommodation and personal care. There were 6 people living at the home when we inspected.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

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Summary of findings

People confirmed they were offered a variety of hobbies and interests to take part in and we saw that people had the opportunity to access local community facilities and social events. One person told us that they liked going out shopping and another person enjoyed going to the pub.

Residents meetings had been held regularly in order to ensure people had an opportunity to discuss or raise issues about the service provided.

The CQC monitors the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLs) which applies to care services. There were policies and procedures in relation to the MCA and DoLs to ensure that people who could not make decisions for themselves were protected. Records showed that where people lacked the capacity to make decisions they decisions had been made that were in their best interests.

We found staff treated people in a way they had expressed within the main plan of care. We found there were sufficient numbers of staff to safely meet people's needs. People received care which had maintained their health and well-being. Relatives were very happy with the care provided.

Medicines were stored correctly and records showed that people had received their medication as prescribed. Staff had received appropriate training for their role in medicine management.

Staff knew how to recognise and report allegations of abuse. Staff recruitment processes were safe and a range of training was provided to staff to give them the skills and knowledge required to undertake their roles safely and effectively

Staff supported each person according to their needs. This included supporting people with healthy eating plans and reducing diets. We found people received sufficient quantities to eat and drink.

Staff respected people's privacy and dignity. They knocked on people's bedroom doors and waited for a response before entering. People told us staff ensured doors were shut when they were assisting them with their personal care.

People's needs were clearly recorded in their plans of care so that staff had the information they needed to provide care in a consistent way. Care plans were regularly reviewed to ensure they accurately reflected people's current needs.

We saw that people's health and support needs were met and they had access to health and social care professionals when necessary.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Staff knew how to recognise and report allegations of abuse.

Staff did not start work until satisfactory employment checks had been completed.

People's medicines were managed safely.

Good



Is the service effective?

The service was effective.

Staff were aware of their responsibilities in respect of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLs).

People's health and nutritional needs were effectively met.

Good



Is the service caring?

The service was caring.

People said staff were caring, kind and compassionate.

Staff recognised people's right to privacy, respected confidential information and promoted people's dignity.

There was a homely and welcoming atmosphere and people could choose where they spent their time.

Good



Is the service responsive?

The service was responsive.

People and or their relatives were involved with developing and reviewing their care plans. People were supported to take part in their choice of activities, hobbies and interests.

Relatives were kept very well informed about anything affecting their family member.

People's complaints were thoroughly investigated and responded to in line with the provider's policy.

Good



Is the service well-led?

The service was well led.

There were opportunities for people and staff to express their views about the service via meetings, discussions with the management and through surveys.

A number of systems were in place to monitor and review the quality of the service provided to people to ensure they received a good standard of care.

Good



Abbey 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.

This unannounced inspection took place on 24 April 2015. It was undertaken by one inspector.

Before our inspection we looked at all the information we held about the home. This included information from notifications. Notifications are events that the provider is required by law to inform us of. We also made contact with the local authority contract monitoring officer.

During the inspection we spoke with four people who lived in the home. We observed staff support people and spoke with three care staff and the manager. We also spoke with a relative to obtain their feedback on how people were supported to live their lives. We received feedback from representatives of the local authority commissioning team.

We looked at three people's care records, staff training and recruitment records, and records relating to the management of the service including audits and policies.

Is the service safe?

Our findings

People told us they felt safe at the home. We saw that people were supported in a kind and professional manner. One person told us that “I like all the staff here; they are great people and know me well”. Another person we spoke with told us “We are all friends here; they [staff] make me laugh and I know they look after me”.

There were a minimum of two staff on both the morning and evening shifts with additional staff provided during the daytime in order to support people with their daily activity programmes. For example on the day of the inspection the manager stayed on duty in order to support people on a social outing. We found that the staffing provided was adequate to meet people’s needs.

Staff confirmed they had training in safeguarding people from harm. They knew how to raise concerns, both internally and externally, and how to report potential abuse by whistle blowing. Information and guidance about reporting concerns, together with relevant contact numbers, was displayed at the home and had been provided both to staff and people who stayed there. There had been no safeguarding incidents or referrals since the last inspection took place. This meant that people were protected from the risk of harm by staff that knew and understood the safeguarding procedures of the home.

People’s health and safety risk assessments were carried out and measures were taken to minimise these risks. The risks included, risks associated with road safety. We found that alternative measures were used, for example ensuring that the person has identification with them in cases of emergency. In addition, where people had been assessed to be at risk of harm, due to behaviours that challenge others, measures were put in place to minimise this risk. For example when a person’s behaviour challenges others there were various distraction techniques available for staff to use.

One member of staff told us about their recruitment. They said various checks had been carried out prior to them commencing their employment. Staff recruitment records showed that all the required checks had been completed prior to staff commencing their employment. This ensured that only staff suitable to work with people were employed. We were told that new members of staff were rota’d on shift to “Shadow” the more experienced staff member as part of their induction programme. This meant that people were only supported by competent and well trained staff.

People’s medicines were managed safely. We saw medicines were stored safely and within safe temperature levels. Medicine administration records were in place and the recording of medication was accurate. There was a system in place for the management of controlled drugs and spot checks were undertaken which ensured that the amount in stock was recorded correctly. Staff told us they had received updated training in medication administration within the past year.

Following training, staff were regularly monitored to demonstrate their knowledge and ensure they were competent. Staff told us they followed appropriate guidance with regard to the administration, safe storage, and disposal of medication. We saw that medication audits were undertaken periodically as part of the overall quality monitoring at the home.

We saw that plans and guidance had been put in place to help staff deal with unforeseen events and emergencies which included relevant training, for example in fire safety. Personal evacuation plans, tailored to people’s individual health needs, had been drawn up for each person who lived at the home. Regular checks were carried out to ensure that both the environment and equipment used, including safety equipment, were well maintained and kept people safe.

Is the service effective?

Our findings

We saw that people were supported in a kind and professional manner. One person told us that “I like all the staff here; they are great people and know me well”. Another person we spoke with told us “We are all friends here; they [staff] make me laugh and I know they look after me”.

Staff told us and the training records we reviewed showed that staff had received training in a number of topics including fire awareness, infection control, food safety, DOLs, first aid, medication, managing behaviour that can challenge and safeguarding people. One member of staff said: “I joined around a year ago and had a good induction. It covered all the areas I needed which included safeguarding, personal care, fire safety, dignity and respect and first aid”. The induction included up to two weeks shadowing an experienced member of staff who knew the people in the home very well.

Staff told us they had received regular supervision and felt well supported to effectively carry out their role by the manager. These sessions gave staff an opportunity to discuss their performance and helped staff to identify any further training they required. We saw that staff annual appraisals were also been completed.

The manager and staff we spoke with had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLs). Training had been arranged and completed for all staff. The three staff we spoke with knew what steps were needed to protect people’s best interests. In addition, they had a clear understanding on how to ensure that any restrictions placed on a person’s liberty were lawful.

We saw in one person’s care plan how a formal assessment to establish the person’s capacity for decision making had been appropriately assessed. This related to absconding from the home and the measures in place to keep this person safe from harm. This person’s care plan contained clear information about how their care was to be provided in their best interests. It also described their preferences for how they wanted to be supported. This meant that people’s liberty was being protected.

We observed staff supporting people to prepare and eat their supper and ensure they had access to food and drink. People were encouraged to make their own choices about food and drink. Some people chose to shop and cook with the support and guidance from staff.

During our visit we observed supper time as a social and relaxed occasion. One person said: “We take it in turns to go and get the food for the week, it’s my turn soon”. Another person told us that “My favourite food is chips”. Another person said, “We can choose what we eat and we don’t have to all eat the same”. We saw everyone was on a healthy eating plan or on calorie controlled diets for reducing weight. We saw the menus for the forthcoming week provided a range of meals that were both interesting, well balanced and included fresh fruit and vegetables.

We saw people’s individual care plans recorded how they had their healthcare needs supported with GP, chiropodist and dental visits. The home also receives support from the Community Learning g Disability Team and the intensive support team.

Is the service caring?

Our findings

Although not everyone who lived at the home was able to verbally communicate their views about the staff with us, we observed relationships and interactions between people and staff were positive. We saw staff were kind and empathetic towards people and understood how to relate to each individual. For example we saw that staff welcomed each person home from their daily activities in a friendly manner and invited them to sit and have a cup of tea whilst they asked them how their day had been and to plan the evening's activities.

People told us they were looked after in a kind and compassionate way by staff who knew them well and were familiar with their needs and how they wanted to be supported and cared for. One person said, "I like everyone, they take me out ". Another person commented, "Everyone is my friend and staff make it fun".

We saw that staff had developed positive and caring relationships with the people they looked after. They provided help and assistance when required in a patient, calm and reassuring way that best suited people's individual needs. We saw a number of positive interactions between staff and the people they cared for during our visit. For example, we saw that one person had become agitated by another person in the home. The staff member talked to them in a kind and gentle manner which de-escalated the situation and resulted in both people becoming calm.

One person told us staff supported them in a way that maintained their privacy and protected their dignity. We saw that if people were in their bedrooms, the staff knocked on the door and waited to be invited in before entering the room. Staff were able to demonstrate how they maintained people's privacy and dignity when providing care to them.

A staff member told us that they would always close the door when supporting people with their personal care and would be discreet when asking people if they needed supporting while they are others near them. They told us how they maintained confidentiality by not discussing people's care outside of the service or with agencies who were not directly involved in the persons care.

People helped create their personal life stories within their main care plan. However we found that not all the information had been produced in a format that could be understood or in an accessible format for people who could not fully understand the written word. We fed this back to the manager for their consideration. However we did see other examples where a pictorial format had been produced to inform people of how to complain, service user meetings and minutes and a pictorial tick chart for likes and dislikes.

Some people could not easily express their wishes and did not have family to support them to make decisions about their care. The manager said local advocacy services were available to support these people if they required assistance.

Is the service responsive?

Our findings

One person told us, "I'm happy here and staff care a lot about me." The manager comes and chats to me which is nice". We were told that staff support people to do the things that they liked. One person told us they "Liked going to the pub." Another person told us how they "Liked going shopping."

People and their relatives had been invited to take part and contribute to regular reviews of their care There was good use of photographs and also a profile of people stating what people like, what was important to them and how they wished to be supported

People received care that met their needs and took into account their individual choices and preferences. Staff knew the people they were supporting and caring for well. Care plans documented people's choices and preferences and made clear what people's skills and abilities were as well as the things they needed help with. Care plans were subject to on going review and reflected any changes in people's needs promptly.

All staff had undertaken training to help to ensure that people were given the support they needed in a way that was sensitive to their age, disability, gender, race, religion, belief or sexual orientation. Care plans recorded if people preferred to receive care, particularly personal care, from care staff of the same gender.

We saw staff supported people to play an active part in local community events as well as arrangement of in house activities. They also encouraged, trained and supported people to use public transport, access local facilities and amenities and be as independent as possible in the circumstances. For example trips to Thorpe Park, Chessington World of Adventure, weekend trips to London, Friday Disco Nights. People had individual weekly activity planners which were combined both in – house activities such as cooking, art and craft sessions, independent living skills. People and their relatives were positive about the opportunities available for people to pursue their social interests or take part in meaningful activities that were relevant to and met their needs.

The service had a complaints policy in place. This had been produced in both a written and pictorial format to ensure people who were unable to fully understand the written word could gain a full understanding of how to make a complaint. There were no formal complaints made to the service in the last year.

People had the opportunity to raise issues and give their feedback at the monthly resident meetings. e. Both the meeting agenda and meeting minutes had been produced in a pictorial format which ensured that everyone at the home was able to fully understand what was discussed and recorded. Each meeting covered every aspect of the service provided, including financial issues, health and safety points, planned activities and forthcoming holiday plans. Each person who had attended signed the minutes and agreed to the content and action plan.

The home sought views of people through satisfaction surveys. The most recent questionnaires were completed in February 2015 and provided a variety of positive comments. For example the type of questions people were asked were, "Do you like your room, Do you find the staff approachable, Do you get support to see your family?". One person stated "If you've got any problems you just tell the staff or the manager and it's sorted – not that there are any problems!". Another person stated that "I like the staff; they work closely with me so that they can understand all my different signs". We saw from the action plan dated March 2015 that out of the two issues raised, one point had already been actioned and the second had been raised with Hertfordshire Social Services. This meant that the provider had ensured there were systems in place for people to provide feedback on the service provided.

After supper we observed people either sat in the communal areas, listening to music, watching television, doing activities with staff members or spending some quiet time in their bedrooms. Throughout the evening we saw people were happy with lots of smiles and laughter in what they had chosen to do.

People had their own bedrooms and had been encouraged to bring in their own items to personalise them. We saw that people had bought in their own furniture and that their rooms were personalised with pictures, photos and paintings.

Is the service well-led?

Our findings

Feedback from people living in the home was the service had a positive and open culture. One person told us that, "The [manager] is really nice and they have chats with me in the office, just the two of us and nobody is allowed to come in when I have our time together." We saw in minutes of a recent staff meeting the manager reminded people that the home had an 'Open door' policy in place for everyone to access, at any time. This showed how the manager had initiated an open and transparent culture within the home.

Staff were positive about working at the home and found the manager accessible. Staff were positive about working at the home and found the manager accessible. One person [staff] "If I have a problem I can always freely discuss my concerns with them and I always feel that my views are listened to and valued." Staff said they were able to make suggestions informally as well as in supervision and in staff meetings, which were held regularly. Another person [staff] said they are encouraged to share their ideas with the manager and the people who lived at the home. We saw from a recent staff meeting held that topics such as the CQC 'Quality Wheel' had been discussed as well as discussions that related to safeguarding, whistle blowing, team building sessions and best working practice.

The culture of the home was based on a set of values which related to promoting people's independence, celebrating their individuality and providing the care and support they needed in a way that maintained their dignity.

There was a clear management structure in place. The manager had the day to day responsibility of running the home with the healthcare director visiting the service regularly, to provide support and guidance to both the manager and staff. The manager said there was good communication with themselves and the healthcare director and felt well supported by them. Although the service had not needed to submit any 'significant' notifications since the last inspection took place, the manager was able to provide a good understanding of their responsibilities and when statutory notifications were required to be submitted to us for any incidents or changes that affected the service.

There were systems in place to monitor the quality of the service. For example medication audits, financial audits, health and safety audits, infection control audits and cleaning audits. There was an overview of training undertaken and the manager identifies which staff needed to have their training refreshed within the required timescales. We saw that all staff training was up to date. Records seen for the people who lived in the home and staff were well organised and clear.