

Alliance Care (Dales Homes) Limited

Houndswood House Care Home

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

The inspection took place on 13 December 2017 and was unannounced.

When we last inspected the service on the 1 and 3 March 2017. We found that the provider had failed to maintain the health, safety and wellbeing of people in their care and were in breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014. The service was not consistently well led and there was no registered manager in post. The service was rated as requires improvement overall.

The provider submitted an action plan telling us how they intended to make the required improvements. In addition the provider made a change to their statement of purpose and the service no longer accepts people who live with Dementia. The home has recently undergone a major refurbishment which has greatly improved the living space and environment for people who used the service.

At this inspection we found that the provider had made the required improvements and were now meeting the regulations, and the service has been rated as good.

Houndswood House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. They are registered to provide accommodation care and nursing for up to 50 people. At the time of our inspection there were 15 people living at Houndswood House.

There was a registered manager in post. 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.

People felt safe living at Houndswood House Staff understood how to keep people safe and risks to people's safety and well-being were identified and managed appropriately. People's needs were met by sufficient numbers of skilled and experienced staff. There was a robust recruitment process in place which helped to ensure that staff employed to provide care and support for people were of good character and fit for the roles they were employed for. People received their medicines regularly from staff who had been trained to administer medicines safely.

Staff received support from the management team which included regular one to one supervision with their line manager. Staff attended regular team meetings which made them feel supported and valued. People received support they needed to eat and drink sufficient quantities to help sustain their wellbeing and people's health needs were met with appropriate support and access to a range of health care professionals when required.

People and their relatives were consistently complimentary about staff who were kind and caring. Staff were knowledgeable about individuals' support needs and preferences and people and or their relatives had been involved in the planning of their care.

People and their relatives were asked to give feedback about the service they received and their views were taken into account to help drive improvements. People were supported to raise any concerns through the complaints policy and were confident their views would be acted on. Compliments and positive feedback was also captured.

There was a warm open and inclusive atmosphere in the home. Staff had clear roles and responsibilities and felt valued and well supported. The registered manager had worked hard to develop a positive 'can do' culture and people were central to everything that happened at the service. The provider had suitable arrangements in place to regularly monitor the health, safety and quality of the care and support people received and had an appetite to make continual improvements.

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.

People told us that they felt safe living at Houndswood House.

Staff were trained in how to safeguard people from avoidable harm and were knowledgeable about the potential risks and signs of abuse.

There was sufficient staff available to meet people's needs in a timely way.

Safe and effective recruitment practices were followed to help make sure that all staff were of good character and suitable for the roles they performed at the service.

People received their medicines regularly from staff that received the appropriate training.

People were protected from the risk of infection because staff followed the correct procedures.

Is the service effective?

Good ●

The service was effective.

People and their relatives told us that the service provided at Houndswood House was effective in meeting people's needs.

People received care from staff who knew them well and had the knowledge and skills to meet their needs.

Staff completed an induction when they started working at the service and received ongoing training and support.

People consented to their care and were offered choices about all aspects of their lives.

Staff were aware of the MCA principles and how they applied to their day to day work.

People were supported to eat and drink sufficient amounts to

maintain their wellbeing.

Staff supported people to access healthcare professionals when required.

Is the service caring?

Good ●

The service was caring.

People and their relatives told us that staff were kind and caring.

People were supported to make choices about how they lived their lives and people were encouraged to remain as independent as possible.

The service was person centred and this was embedded in the culture and demonstrated during discussions with people, relatives and staff.

Staff had developed meaningful relationships with the people they supported and knew people's individual likes and dislikes.

Is the service responsive?

Good ●

The service was responsive.

People's individual care needs were kept under regular review to ensure when their needs changed they continued to be met.

People were supported to participate in a range of activities that were suited to their differing interests and abilities.

People knew how to raise concerns and were confident they would be addressed and dealt with appropriately.

Is the service well-led?

Good ●

The service was well led.

People, their relatives and staff felt the home was well managed.

The provider had robust systems in place to monitor and effectively manage the quality and safety of the service.

People, their relatives and staff felt there was an open and transparent culture at the home.

The management team were supportive and approachable.□

Houndswood House Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 13 December 2017 and was unannounced. The inspection was undertaken by one inspector.

Before the inspection we reviewed information we held about the service including the Provider Information Return [PIR]. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The information helps us plan the inspection so that we could determine what areas we needed to look at during our inspection. We also reviewed other information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we spoke with three people who lived at the home, three staff members, three relatives and we received further feedback from another relative following our inspection. We spoke with the registered manager and a new manager and also the regional manager. We also reviewed the last contract monitoring report carried out by the local authority.

We reviewed care records relating to three people who used the service, staff recruitment records and other documents which related to people's health and well-being. These included staff training records, medication records and quality monitoring audits.

Is the service safe?

Our findings

When we last inspected the service on the 1 and 3 March 2017. We found that the provider had failed to maintain the health, safety and wellbeing of people in their care and were in breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014. The service was rated as requires improvement overall.

During this inspection we found that the provider had made the required improvements and were now meeting the regulations.

People and their relative told us that they were kept safe. Risks to people's health and well-being were kept under regular review and managed appropriately to help ensure people were kept safe. Where risks had been identified measures were in place to mitigate these. Staff were aware of risks to people for example in relation to mobility, falls and skin integrity and told us the information they required was all within the care plan or risk assessment.

Staff told us they received safeguarding training and demonstrated they knew how to identify the signs of possible abuse and also the process for reporting and elevating concerns. We saw the records which confirmed the training. One staff member told us, "We discuss safeguarding and protecting people from harm regularly so it's a constant reminder."

We observed the staffing levels to be adequate to meet people's needs in a timely way. One relative told us, "I think [Name] is now kept safe. The staffing levels are much better now there are less people and much better staffing levels." We saw that staff assisted people without rushing and noted call bells were answered in a timely way.

The recruitment process was robust to ensure that staff employed at the service were of good character and suited to work in this type of service. We saw that pre-employment checks had been completed which included staff completing an application form where gaps in employment were explored. References were taken up along with a disclosure and barring check and eligibility to work in the UK; along with proof of previous qualifications and current pin numbers.

People had their medicines safely administered by staff who had training and their competencies were checked. People told us they received their medicines regularly and we saw that medication administration records (MAR) were completed accurately and signed by staff each time after they administered people's medicines. We checked a sample of medicines and we found that the stock balances corresponded with the records kept.

People were protected from the risk of infections because staff followed correct infection control procedures. We observed the home was clean and well maintained.

Is the service effective?

Our findings

People who used the service and their relatives told us the care and support they received was effective. One relative told us, "Things are very much improved here and I have no concerns. I know they [staff] look after [Name] needs very well". We observed that people were supported in a timely way and staff took the time to engage with people; for example by offering and helping them to make choices. People received care from staff who knew them and had the knowledge and skills to meet their needs.

Staff completed an induction when they started working at the service and received on-going training and support. Staff shadowed more experienced staff until they were deemed competent to work in an 'unsupervised' capacity. Staff training included safeguarding, medicines, health and safety, fire safety and moving and handling. One staff member told us, "The training is very good and we can always request additional training if we need it." The provider told us, "We now provide more face to face interactive training and this has improved staff engagement with training."

Staff received regular support from their line managers including 'one to one' supervisions, where they had the opportunity to review and discuss their performance, training requirements and all aspects of their work. One staff member told us, "We are well supported and I feel we can approach any of the management team for support, they are all very good." We saw from records reviewed that staff also attended regular team meetings and there were daily 'ten at ten' meetings where the team got together for a catch up there where they discussed any issues or problems that needed to be addressed.

People consented to their care and were offered choices. 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. At the time of our inspection we found that the provider was working within the principles of the MCA where necessary and appropriate to the needs of the people they supported. Staff told us they always obtained people's consent before commencing support.

People were supported to eat and drink sufficient amounts to maintain their wellbeing. We saw that people had access to a range of snacks and people who chose to spend time in their bedrooms had access to drinks and snacks which were offered and prompted by staff. We saw the dining room was set up nicely with tables laid with condiments, flowers and daily menus. We observed staff assisting people with eating and drinking when required. People were observed to be offered choices. One person told us, "The food is lovely, very tasty and plentiful".

People were supported to access health services as and when they required. People's day to day healthcare needs were taken care of by staff who made appropriate referrals when required. Staff also supported people to attend regular health and medical appointments which staff supported them to attend. Staff told us people had been seen by opticians, dentists and GP's when required. This demonstrated that the

provider had suitable arrangements in place to maintain people's health and well-being.

Is the service caring?

Our findings

People who used the service and their relatives told us that staff were kind, caring and compassionate. One relative told us, "The staff that are here now are so kind and caring. Some staff have left and the whole dynamics have changed it has been very positive." Another relative told us, "The staff have time to sit and chat now and spend so much more quality time with people, it is so much better."

People and relatives told us they were supported by a team of staff who they had got to know very well. This helped people and staff to engage positively and to support them to develop meaningful relationships. One person told us, "The staff here are wonderful they really do care. They know my routine and how I like to be supported and are always asking if there is anything else I need support with." One staff member told us, "We try to encourage and support people to retain as much independence as possible so that they do not become overly reliant on staff supporting them. I think this makes people feel better the more they can do for themselves."

A relative told us, "The staff are very respectful and I feel that [Name] looks comfortable when being supported, the staff chat away which helps take their mind of the task in hand." A person told us, "I am very happy with the care I receive, the staff are always kind and caring."

We saw people were relaxed and smiling when engaging with staff. People were observed to be sitting chatting and laughing and there was lots of happy banter being exchanged. A relative told us, "The staff are exceptional; I would soon say if things were not right. They are so welcoming and always have a smile on their face and take the time to welcome me and enquire about how I am."

People told us they were encouraged by staff to maintain their family relationships and they kept in regular contact with people who were important to them. Relatives told us they were welcomed to the home at any time. One relative told us, "We have all been invited to have Christmas dinner with [Name]. It's so lovely and we are very happy with the way staff and management welcome us."

People told us they were treated with dignity and respect and staff maintained their privacy. One staff member told us, "We always knock on people's bedrooms doors before going in." One person confirmed, "The care staff always knock on my door and they only come in when invited." The support people received was personalised. Staff addressed people by their preferred name and respected people's views and opinions when chatting with them. We saw that staff demonstrated they were genuinely interested in what people had to say.

Care plans were personalised and were reviewed regularly. People's likes and dislikes had been recorded along with individual choices including cultural and religious preferences. People's personal information and their records were held securely to ensure confidentiality was maintained.

Is the service responsive?

Our findings

The service was responsive. People and their relatives told us they were involved in the development and review of their care and support plans where they could; and when it was appropriate. People's care plans were reviewed regularly to help ensure they continued to meet people's needs. People's relatives were invited to attend monthly care plan review meetings which enable them to contribute to the review process. One relative told us, "I get an invite but do not attend every meeting because often there are no changes. I do attend if there are any changes".

People's care plans were detailed to enable staff to provide personalised care and support. Care plans contained information about people's end of life wishes. This helped ensure that, if there was a decline in a person's health, the home would know how the person wished to be cared for. For example if a person had chosen to remain living at the home rather than being moved into hospital. One relative told us, "[Name] does not want to be moved. This is their home and has been for many years. It is their choice to spend their final days here."

People's changing needs were responded to appropriately. Staff were knowledgeable about people's life histories, preferred routines, likes and dislikes, and this helped them meet people's needs in the way they chose and which suited them. Staff told us the service was flexible and was adapted when people's needs changed. For example, when a person's agility declined specialist equipment was provided. We observed that people had low beds and sensor mats to help keep them safe following a reduction in their mobility.

We observed staff sat with people for short periods throughout the course of the day. People responded positively to this interaction. We saw that there was continual engagement and people were seen to be smiling and chatting about all sorts of things like what they wanted to do in the afternoon and what they fancied for their lunch.

We observed that there was a variety of activities taking place throughout the day both in the communal lounge and also in people's individual bedrooms where staff spent time sitting chatting to people reminiscing and reading the headlines from newspapers. Staff told us about entertainers who came to the home regularly to entertain people. People who used the service told us that they really enjoyed the entertainment. One person told us, "We all get involved and sing along to the songs that we know." We noted that there was background music playing at various stages during the day and this was alternated with people watching the TV or a film when this was requested.

There was a complaints process in place and we saw that complaints were managed in accordance with the provider's policy and procedures. People and their relatives told us that they would speak to the registered manager or a member of staff if they had any concerns. We saw that compliments and positive feedback was recorded to. We saw that many 'Thank-you' cards and emails had been received at the home.

One relative had recently sent an email thanking everyone for all the improvements that had been made at the home and for the positive impact it had had on their family member.

People were given opportunities to provide feedback on the service and were confident that they would be listened to and that their views were valued.

Is the service well-led?

Our findings

When we last inspected the service on the 1 and 3 March 2017. We found that the service was not consistently well led and there was no registered manager in post. The provider submitted an action plan telling us how they intended to make the required improvements. The home had recently undergone a major refurbishment which has greatly improved the living space and environment for people who used the service.

At this inspection we found that the provider had made the required improvements and were now meeting the regulations. There was a registered manager in post, and the service has been rated as good. People who used the service and their relatives gave consistently positive feedback about the service. One person told us, "Everything is so much better now. The environment is beautiful, there are plenty of staff and the whole atmosphere is welcoming." People and their relatives all knew who the registered manager was and felt they had worked tirelessly to make the improvements.

The registered manager demonstrated an in-depth knowledge of the people who lived at Houndswood House and were familiar with people's needs. We observed them interacting with people who used the service, relatives and staff who all clearly enjoyed the interaction.

Staff told us that there were regular staff meetings which enabled them to discuss any issues or concerns and to share positive ideas and contribute to making positive changes. The minutes of these meetings showed that all areas of the service were discussed including preparing for a CQC inspection.

The management team and staff had worked really hard to bring about the improvements and to make the home a better place for people to live in. The design décor and welcoming atmosphere had all helped to create a homely atmosphere where people could relax and enjoy their surroundings. One visiting relative told us, "Obviously the improved environment helps but it goes much further than that. It's such a relief to see that there are enough staff available to deal with the residents' needs which is something that has always been a worry for me in the past. Not only are there enough staff but they are good people who are going the extra mile. They seem happy, motivated and well managed."

There was a range of quality monitoring checks and audits in place to help ensure that the quality of the service was maintained and continually improving. These included checks on the building and included fire safety checks, records, medicines audits and MCA assessments. We noted that where issues had been identified an action plan had been developed to address the issue which was then signed off when completed.

People were asked for their views through a range of methods which included an annual survey, a suggestion box and feedback forms. In addition people and their relatives engaged in regular residents and relatives meetings where they could give feedback.

Providers of health and social care are required to inform the Care Quality Commission, (CQC), of certain

events that happen in or affect the service. The registered manager had informed the CQC of significant events in a timely way which meant we could check that appropriate action had been taken.