

Henran Care Ltd

Henran 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

We undertook this unannounced inspection on 19 & 20 January 2015 of Henran Lodge. Henran Lodge provides care and accommodation for a maximum of four older people with dementia and mental health needs. At this inspection there were two people living in the home. The home was registered in June 2014. This is the first inspection of the home.

The home has a registered manager. 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 of the Health and Social Care Act and associated Regulations about how the service is run.

On both days of the inspection staff were welcoming and people in the home appeared settled and well cared for. People had complex needs and were not able to fully share their experiences of using the service. However, the feedback we received from them via brief replies, nods

Summary of findings

and gestures indicated they were satisfied with the staff and the care provided. Two social care professionals informed us that people were well cared for and the home was well managed.

We saw staff going about their duties in a calm and orderly manner. They were friendly and interacted with people. There was always at least one staff member in the lounge supervising and engaging people in conversation or in some activity when we inspected.

People's needs had been carefully assessed and detailed care plans were prepared with the involvement of people and their representatives. Their physical and mental health needs were closely monitored. There were reviews of people's health and a record of appointments with health and social care professionals. This ensured that they received treatment and support for their individual needs. There were suitable arrangements for the recording, storage, administration and disposal of medicines in the home.

Staff had been carefully recruited and provided with training to enable them to care effectively for people. They demonstrated a good understanding of the needs of people with dementia.

The home had a safeguarding policy and the London guidance document "Protecting Adults at Risk: London Multi-Agency Policy and Procedure to Safeguard Adults from Abuse". Staff had received training and knew how to recognise and report any concerns or allegation of abuse.

Staff had assessed people's preferences prior to their admission and arrangements were in place to ensure that these were responded to. The home had residents' meetings to ensure that people could express their views and their suggestions were addressed.

The home had arrangements for quality assurance. This included a satisfaction survey, checks on medicines, health and safety and care documentation by the registered manager. Professionals who provided us with feedback stated that they were satisfied with the quality of care provided and there were no concerns regarding communication.

We found the premises were clean and had been recently renovated. The home had an Infection control policy and measures were in place for infection prevention and control. The home was well maintained and there was a record of essential inspections of the electrical installations, portable appliances and gas boiler.

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. The home had a safeguarding procedure, had received training and knew how to recognise and report any concerns or allegation of abuse. This ensured that people were protected.

Risk assessments had been prepared. These contained action for minimising potential risks to people such as the risks of self neglect and aggression towards others. There were suitable arrangements for the management of medicines.

Staffing arrangements were adequate. Safe recruitment processes were followed and the required checks were undertaken prior to staff starting work.

The home was well maintained and there was a record of essential inspections of the electrical installations, portable appliances and gas boiler.

Good



Is the service effective?

The service was effective. People who used the service were supported by friendly staff who were knowledgeable and understood their needs. Staff had received appropriate training to ensure they had the skills and knowledge to care for people. People were supported with their healthcare needs to ensure these were met appropriately.

There were arrangements to meet the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The registered manager and staff knew what action to take when people's freedom needed to be restricted or deprived to ensure their safety.

Good



Is the service caring?

The service was caring. People were treated with respect and dignity. The provider ensured that people were respected and their needs attended to regardless of their varied backgrounds.

Staff spoke with people and supported them in a pleasant and friendly manner. They ensured people's privacy and dignity were maintained.

People or their representatives, were involved in decisions about their care and support.

Good



Is the service responsive?

The service was responsive. Care plans were prepared to address people's individual needs and these took account of their preferences and choices.

The home had an activities programme and people were encouraged to take part in activities. Outings outside the home were organised for people.

The home had a complaints procedure. This was included in the service user guide of the home. Staff were aware of action to take when a complaint was made. They stated that they would report it to the registered manager and ensure it was documented.

The home had meetings where people could express their views. The registered manager took into account the suggestions made by people and acted on these.

Good



Summary of findings

Is the service well-led?

The service was well-led. The quality of the service was carefully monitored by the registered manager when they carried out regular audits and checks.

A senior carer also regularly monitored the quality of the service people received to ensure that the home was well managed.

The home had started a recent satisfaction survey. We saw that the feedback was positive. Professionals informed us that they had no concerns and the home provided care that people needed.

All staff we spoke with felt supported and they stated that their managers were approachable and helpful.

Good



Henran 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 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.

The inspection took place on 19 & 20 January 2015 and it was unannounced. It was carried out by one inspector. Before our inspection, we reviewed information we held about the home. We contacted two health and social care professionals to obtain their views about the care provided in the home.

During the inspection we spoke with two people living at the home, three care staff, the registered manager and the senior carer. People had complex needs which meant they were not always able to fully share their views about the quality of the service with us. To understand their experiences of using the service, we also observed the interactions of staff with them and the care and support they received.

We looked at the communal area, kitchen and people's bedrooms to check how the premises were maintained. We reviewed a range of records about people's care and how the home was managed. These included the care records for the two people living there, recruitment records, staff training and induction records for staff employed at the home. We checked the two people's medicines records and the quality assurance audits completed.

Is the service safe?

Our findings

The provider had suitable arrangements in place to ensure that people were protected from abuse. We saw that staff were constantly supervising and observing people to ensure that they were safe. A relative and two professionals stated that they had no concerns about people's safety and were satisfied with the care provided to people.

Staff had received training in safeguarding people. This was confirmed in the training records and by staff we spoke with. Staff were able to give us examples of what constituted abuse. We asked staff what action they would take if they were aware that people who used the service were being abused. They informed us that they would report it to their manager. They were also aware that they could report it to the local authority safeguarding department and the Care Quality Commission.

The home had the London guidance document "Protecting Adults at Risk: London Multi-Agency Policy and Procedure to Safeguard Adults from Abuse". This helped to ensure that staff were fully informed regarding what action to take. The service had a safeguarding policy and details of the local safeguarding team were available in the home. This ensured that people were protected. All staff we spoke with were aware of the provider's whistleblowing policy and they said if needed they would report any concerns they may have to external agencies.

The care needs of people who used the service had been carefully assessed. Risk assessments had been prepared. These contained action for minimising potential risks such as risks associated with self-neglect, aggressive behaviour and falling.

We looked at the staff rota and discussed staffing levels with the registered manager. Although there was an additional member of staff on duty during the first day of inspection, we noted that at most times there was only one staff on duty in the home to attend to people's needs during the day and night. This level of staffing during the day may not be adequate to ensure that people's needs were met. The registered manager and the senior carer agreed to increase staffing levels so that there was a minimum of two staff (including the registered manager

when on duty). On the second day of inspection we noted that there were two staff on duty and the duty rota had been amended to ensure that there were always two staff on duty during the day.

The home had a recruitment policy and procedure which had been followed. Safe recruitment processes were in place, and the required checks were undertaken prior to staff starting work. This included completion of a criminal records disclosure, evidence of identity, and a minimum of two references to ensure that staff were suitable to care for people.

There were arrangements for the recording, storage, administration and disposal of medicines. The temperature of the room where medicines were stored was monitored and was within the recommended range. We looked at the records of disposal and saw that there was a record that medicines were returned to the pharmacist for disposal.

The home had a system for auditing medicines. This was carried out internally by the registered manager. There was a policy and procedure for the administration of medicines. This policy included guidance on storage, administration and disposal of medicines. Training records seen by us indicated that staff had received training on the administration of medicines. We noted that there were no gaps in the medicines administration charts examined.

We visited bedrooms and communal areas of the home. Window restrictors had been provided in bedrooms. The fire alarm was tested weekly. There was a contract for maintenance of fire safety equipment. Only one fire drill had been carried out in the past six months for staff and people. This was discussed with the registered manager who agreed this was not sufficiently frequent. A second fire drill was carried out the next day and this was documented. Fire training had been provided for staff and they were aware of action to taken in the event of a fire. The home had a fire risk assessment.

The home was newly renovated and well furnished. There was a record of essential maintenance carried out. These included safety inspections of the portable appliances, gas boilers and electrical installations.

The home had an infection control policy which included guidance on hand washing and the management of infectious diseases. We visited the laundry room and

Is the service safe?

discussed the laundering of soiled linen with the registered manager. She was aware of the arrangements that needed to be in place to deal with soiled and infected linen to reduce the risk of the spread of the infection.

We examined the accidents and incidents record. One accident was recorded. The accident record contained adequate details and was signed by the staff member involved.

Is the service effective?

Our findings

People who lived at the home received effective care and support from staff who were well supported and had received appropriate training. People who used the service indicated to us that they were satisfied with the care provided. A relative wrote, "I have no comments but appreciate everything that was done for [my relative]." A social care professional who provided us with feedback stated that a relative of their client was happy with the care provided and staff were able to spend more time with the person using the service as it was a small home.

Staff demonstrated a good understanding of care issues and how the needs of people could be met. Warning signs and situations which could upset people were mentioned in the care notes so that staff were able to support people. When we discussed issues related to the care of people with dementia with staff, they showed they had the skills to care for them. They were able to explain how they would assist people. This included encouraging people to be as independent as possible, providing encouragement, engaging them in activities and ensuring that they took their medicines.

Staff told us they worked well as a team and their managers were supportive. The home had a comprehensive induction programme and on-going training to ensure that staff had the skills and knowledge to effectively meet people's needs. A training matrix was available and contained the names of all staff currently working at the home together with training they had completed. Staff were knowledgeable regarding care issues. Regular staff meetings had been held. The minutes of meetings indicated that staff had been updated regarding management issues and the care needs of people. The manager carried out regular supervision. Staff we spoke with confirmed that this took place and we saw evidence of this in the staff records.

People had their physical and mental health needs closely monitored. There was evidence of recent appointments with healthcare professionals such as people's GP and

psychiatrist. The weight of people had been recorded monthly and staff knew what action to take if there were significant variations in people's weight. We noted that one person who was previously underweight had been able to put on weight. Staff were knowledgeable regarding how to care for people with behavioural needs and gain their co-operation. This included providing people with reassurance, explanations and time to calm down. This meant that potential problems and risks could be minimised or defused. We noted that people interacted and responded well towards staff.

The arrangements for the provision of meals were satisfactory. We observed people eating their lunch and noted that they were enjoying the meal. One person who was having his lunch stated that the food provided was satisfactory. The menu was varied, balanced and reflected the cultural background of people.

The premises were homely, well furnished and suitable for meeting the needs of people. There were attractive paintings and plants in the communal areas. At the back of the house was a small garden and seating was provided.

The CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager was knowledgeable regarding the Mental Capacity Act 2005 (MCA) and the DoLS. These policies were needed so that people were protected and staff were fully informed regarding their responsibilities.

The registered manager and staff had a good understanding of the requirements related to the MCA and DoLS. Staff said they had received the relevant MCA and DoLS training. We noted that the registered manager had made applications to the local authority for authorisations where people might have been deprived of their liberty to help safeguard their rights.

Staff knew that if people were unable to make decisions, a best interests decision would need to be made for them. We saw documented evidence of best interest decisions made.

Is the service caring?

Our findings

People who used the service had complex needs and were not always able to provide us with verbal feedback about their experiences in this area. We however, observed that staff were caring and responsive towards people and showed respect for them. Staff talked in a gentle and pleasant manner to people. A relative wrote to say they were happy with the care received. A social care professional who had reviewed the care of people stated that they were satisfied that people were well cared for.

On both days of our inspection people who used the service were dressed appropriately and appeared well cared for by staff who smiled and regularly talked with people. We observed that one person became irritable and behaved in an aggressive manner. Staff were able to calm this person and defused the tense situation by being patient and being non-confrontational in their approach. One person was not always responsive when staff tried to communicate with them, staff nevertheless continued trying to engage them at intervals.

Staff were aware that all people who used the service should be treated with respect and dignity. The home had a policy on ensuring equality and valuing diversity. It included ensuring that the personal needs and preferences of all people were respected regardless of their background. Information regarding people's past history and social life were documented in their records. The registered manager informed us that the home would make arrangements for people to attend places of worship if needed. Arrangements had been to ensure that the meals provided reflected people's cultural background. This was evidenced in the menu we saw.

All bedrooms were for single occupancy. This meant that people were able to spend time in private if they wished to. Bedrooms had been personalised with people's belongings, such as photographs and ornaments, to assist people to feel at home.

Is the service responsive?

Our findings

The home had arrangements for encouraging people to express their views so that the staff can respond to them. The registered manager stated that she talked regularly to people and asked them what they wanted and what activities they enjoyed doing. Meetings had been held in the home where people could express their views and make suggestions regarding the meals and activities provided. The minutes of meetings held were available.

The home had a complaints procedure and a complaints book. No complaints had been recorded since the last inspection. The registered manager explained that none had been received. Staff we spoke to knew what to do if they received a complaint. They said they would inform the registered manager and record it.

Assessments of people's care needs had been carried out with their help. These assessments contained information regarding people's background, care preferences, choices and daily routines. People who used the service had a care plan that was personal to them. The care plans contained information about people's preferred routines, likes and dislikes as well as their needs. We looked at the two care plans and saw they had all been prepared to meet individual needs. The care plans were up to date and had

been reviewed with people and professionals involved. Staff we spoke with stated that they were aware of people's preferred daily routine and how they wanted to be cared for.

The home organised activities were appropriate for people and in response to their preferences. One person expressed a preference to buy newspapers daily. We noted that this had been responded to. We saw staff accompany the person for a walk to the local shops to get their newspaper. Another person was assessed as liking gardening. Staff stated that they had engaged this person in gardening and watering the plants in the home. This was confirmed by the person concerned. On various days people had been out for trips outside the home to the library, park and shops. Care records also indicated that people engaged in other activities such as playing board games, music with exercise and cooking with help from staff. We saw that the home had a stock of board games. The registered manager informed us that the home had received guidance from experienced professionals regarding activities provided. We also noted that a music player had been purchased so that one person could listen to music they liked. A social care professional confirmed that the home had organised activities for her client. This ensured that people received social and therapeutic stimulation.

Is the service well-led?

Our findings

People who used the service indicated to us via short sentences and nods that they were satisfied with the services provided. We observed that they appeared comfortable with staff. Professionals who provided us with feedback stated that they were satisfied with the quality of care provided and there were no concerns regarding communication. One social care professional stated that the registered manager was helpful and provided them with prompt feedback. Following a placement, the registered manager had also kept this professional informed of the progress of people placed in the home.

During the inspection we found the registered manager and other staff were open and co-operative with us. Information requested was readily available. The home had a wide range of policies and procedures to ensure that staff were provided with appropriate guidance.

The registered manager informed us that there was a good staff team and they worked well together. Staff members we spoke with told us that the company was a good organisation to work for. They informed us that the registered manager was approachable and they could discuss problems and care issues with her. The registered

manager and care staff were aware of their roles and responsibilities. They were aware of the aims and objectives of the home to provide a high quality care to people and encourage them to be as independent as possible.

Audits and checks of the service had been carried out. These included checks on arrangements for medicines, health and safety and care documentation by the registered manager. In addition, the nominated individual also worked within the home and was aware of the issues affecting the care of people. The registered manager stated that she was in the process of arranging for a pharmacist and an experienced care professional to carry out quality monitoring visits to the home.

Professionals who provided us with feedback stated that the home kept them informed of progress and they were satisfied with the management of the home. The registered manager told us that a satisfaction survey had been done recently. We were provided with the results which indicated that people and their representatives were satisfied with the quality of care provided and positive comments were received. No deficiencies were identified following the survey.