

Lady Spencer House Ltd

Lady Spencer House

Inspection report

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Date of inspection visit:
07 February 2023
22 February 2023

Date of publication:
17 March 2023

Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

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

About the service

Lady Spencer House is a residential care home that provides personal care to up to 24 people. The service provides support to adults, some of whom were living with dementia. On the day of the inspection 23 people were using the service. The premises are an older style purpose-built building on three floors with communal space including a lounge and dining room on the ground floor and a further lounge on the first floor. Most bedrooms had a hand basin and there were shared bathroom facilities on each floor.

People's experience of using this service and what we found

For the most part, people were protected from the risk of the spread of infection, although we found some items in people's rooms required cleaning or replacement. We also found staff did not always use the correct bins to dispose of Personal Protective Equipment (PPE). Some bins were not lidded or emptied frequently enough. The manager took steps to address this straight away.

The provider continued to have a booking in system for visiting. This had not been reviewed to reflect the easing of the government restrictions on visiting imposed as a response to the COVID19 pandemic. Some relatives told us they did not like this because they felt it prevented them from seeing their family members as frequently as they would like.

There were enough staff on shift, and we saw that the manager had several ways with which they checked staffing numbers were sufficient such as a dependency tool, practice observations and whole shift observations.

Care plans and risk assessments were completed as required and regularly reviewed and updated. Everyone had a personal evacuation plan detailing the support they required to evacuate the building in the event of a fire. We saw that fire evacuation equipment was in place on all floors.

People told us they felt safe, and staff were aware of their responsibilities to protect people from harm. They understood who to report any concerns to both within the service and to external bodies. People's medicines were managed safely, and we saw that appropriate referrals were made to external professionals to ensure people's health care needs were met. People received appropriate support to maintain a healthy diet. We saw people had enough to eat and drink and that food provided appeared to be of a good quality. Where people were at risk of not eating or drinking enough, this was monitored, and appropriate referrals made.

Although some areas of the home and some furnishings were tired and in need of replacement at the time of the inspection, a refurbishment programme was underway. The manager assured us that people were being consulted about this work and that the needs of everyone, including those living with dementia, were being considered when making improvements to the environment.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People told us that staff were kind, attentive, respected their decisions and protected their dignity and privacy.

People had a range of opportunities on offer to occupy their time in ways that were meaningful to them. This ranged from having access to newspapers, quizzes and word searches, to group and individual pastimes such as playing the guitar, making bread and popping to the shops. Staff engaged positively with people and there was an amiable and comfortable atmosphere in the home.

The provider and manager had good oversight of the service. There were robust quality monitoring systems which included seeking feedback from people, their relatives and staff through a variety of means. The manager was visible within the service and frequently carried out practice observations to review the quality of care provided. There was a strong emphasis on staff development and learning. Staff completed a wide range of training to support them to carry out their roles well. Incidents, accidents, events and complaints were all used to identify areas for development and improvement of the service.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 26 June 2019) and there was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

At our last inspection we recommended that the provider sought advice from the fire safety officer from Bedfordshire to ensure they had taken all reasonable steps to protect people from the risks associated with fire. At this inspection we found the service had sought this advice and had taken steps to improve fire safety at the service.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Recommendations

We have made a recommendation that the provider reviews their policy in relation to visiting at the service to consider the most recent easing of government restrictions introduced during the COVID 19 pandemic.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe.

Details are in our safe findings below.

Requires Improvement 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good 

Lady Spencer House

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by two inspectors.

Service and service type

Lady Spencer House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Lady Spencer House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post. However, they were not currently based at the service. An acting manager based at the service reported directly to the registered manager, who maintained oversight and overall responsibility for the day to day running of the home. Following the inspection, the acting manager confirmed their intention to register as manager as well as the current registered manager.

Notice of inspection

This inspection was unannounced. Inspection activity started on 07 February 2023 and ended on 22 February 2023. We visited the service on 07 February 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We observed how the staff interacted with the people who used the service and looked at how people were supported throughout the day. We spoke with four people, the manager, three care staff, the activities coordinator and the chef. We looked at four people's care and support records and medicines records for nine people. We viewed records relating to the management of the service. These included recruitment and training records, quality audits, incident and accident records, the service improvement plan and the refurbishment plan. We also looked at a number of the provider's policies. We spoke with four people's relatives by telephone.

After the inspection

We held a teleconference meeting with the manager, the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

At our last inspection people were put at risk because staff did not respond to an unsafe situation in a robust and timely way. A hoist to support people to reposition was not available to use when one person urgently required assistance because all the slings for that person were being washed at the same time. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection sufficient improvements had been made and the provider was no longer in breach of regulation 12.

- We saw that staff were quick to respond to people's needs and were alert to risks. Arrangements for cleaning were in place to ensure appropriate equipment was available at all times.
- Individualised assessments had been developed to identify and reduce risks to people's health and wellbeing. These included for areas of need such as mobility, nutrition, skin integrity, and risks associated with certain types of medicines. These were reviewed regularly and amendments made to reflect any change in need.

At our last inspection we recommended the provider sought advice from the local fire safety officer to ensure risks associated with fire were mitigated as far as possible. This was because people who required the support of two staff and a hoist to mobilise had bedrooms located on the second floor of the building, where there was no evacuation equipment in place. Although they each had a personal evacuation plan, these did not contain sufficient information to reduce the risk. At this inspection the provider had made improvements.

- There was evacuation equipment located on every floor of the premises. The second-floor bedrooms were occupied only by people who were independently mobile. Each person had a detailed personal evacuation plan which identified and mitigated specific risks in relation to evacuation in the event of a fire or similar emergency situation.

Staffing and recruitment

- For the most part, the provider had carried out all the required checks to ensure staff were suitable to the role before starting work, including a full employment history, satisfactory references, identity verification and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. However, in one record we checked there were unexplained gaps in the

member of staff's employment history. We raised this with the provider who confirmed they would take immediate action to address this.

- There were enough staff on duty to meet people's needs and they told us that staff responded to their needs quickly.
- The manager used a dependency tool to calculate staffing requirements. They also verified the results by carrying out regular observations of the care provided on shifts. This helped them ensure staff had adequate time to meet people's needs and that they were deployed in the right way.
- One person told us, "I've never had to wait a long time. They are always attentive." During the inspection, we saw staff were visible throughout the service and people did not have to wait long for assistance.

Preventing and controlling infection

- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. The communal areas of the home were visibly clean and there was evidence of regular cleaning and enhanced cleaning for high touch areas. However, we found some people's bedrooms contained items that were in need of cleaning or replacing. A bin in the laundry room had no lid and a bin in the dining room was so full that the lid did not shut properly. The manager took action to address these issues immediately. We found several general waste bins in the service contained PPE gloves. These should always be disposed of in bins for clinical waste only. We raised this with the manager who said they would address this with staff immediately.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely. Staff were wearing PPE correctly and in line with the provider's policy and current government guidance.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

The service was open to visitors although the provider still operated a booking in system. However, they told us they took a flexible approach to this and tried to accommodate all requests to visit where possible. After the inspection, we discussed this with the provider to understand their rationale for not returning to open door visiting following the easing of restrictions and current government guidance. They confirmed they would review this taking our discussion into consideration. Some relatives we spoke with were keen for the provider to resume open visiting. One relative said, "I really don't like that we have to book in.... I don't see [family member] as much as I would like."

We recommend the provider reviews visiting arrangements in the light of current government guidance and the eased restrictions on the general population. This is to ensure people's human rights are considered

alongside assessing any ongoing risk to people related to visiting.

Systems and processes to safeguard people from the risk of abuse

- People who lived at the home told us they felt safe. One person said, "I do feel safe. I think it's the staff who make me feel safe."
- All staff spoken with had a good understanding of the different types of abuse and signs to look for that a person may be at risk of, or had been, harmed. They understood how to report concerns both internally and to external professionals such as the local authority and CQC.

Using medicines safely

- Medicines were managed safely at the home. We observed staff administering medicines and saw this was done safely, in line with the prescriber's instructions and the provider's medicines policy. There was written guidance to show staff how people preferred to have their medicines given to them and for medicines prescribed on a when required basis (PRN).
- Staff responsible for administering people's medicines had received training and had their competency to do this regularly assessed to ensure they had maintained their skills and knowledge.
- Staff and the manager carried out checks of people's medicines and their records. There was a system in place to report incidents and investigate errors relating to medicines.
- People and their relatives confirmed staff managed their medicines well. One relative said, "The [staff] are really good with meds."

Learning lessons when things go wrong

- Incidents or accidents were recorded effectively and used to support the service to develop and improve.
- Records showed the manager reviewed this information and took appropriate action to reduce the risk of reoccurrence.
- Minutes of staff meetings, shift handover records and action plans referred to issues that had been identified and shared to ensure all staff were aware of the required improvements.

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The manager had ensured people's needs were assessed prior to admission in line with legislation and up to date guidance.
- The assessment identified people's needs in relation to issues such as eating and drinking, mobility, skincare, emotional wellbeing and mental health, personal care, specific health conditions and communication. It also included information about people's personal history, their preferences, relationships and cultural or religious needs.
- This information had been used to develop an individualised care plan to support staff to understand how to meet the person's needs. These care plans were regularly reviewed to ensure they continued to meet the person's needs and preferences.

Staff support: induction, training, skills and experience

- People and their relatives told us staff knew their needs and supported them well. One person said, "I think the staff know what they're doing. I don't have any concerns." and that, "I think staff know me well."
- Staff confirmed they had received sufficient good quality training to enable them to carry out their roles.
- The provider and manager demonstrated a strong commitment to staff training and understood the connection between well trained and supported staff with the provision of good quality, effective care.
- At the time of the inspection there were 54 separate training topics that staff were expected to complete annually. These included topics such as moving and handling, safeguarding adults and infection prevention and control. Training was also provided about the specific needs of people using the service such as diabetes, dementia awareness and Parkinson's disease.
- There was evidence that staff received regular formal supervision to support them in their role and to encourage development. The manager carried out regular checks on staff competency in relation to medicines as well as other aspects of care such as moving and handling. They also carried out regular practice observations to check on staff skills and attitude. Whole shift observations were completed to review how the team worked together and how routines worked to ensure the care provided was effective and of good quality.

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

- People had enough to eat and drink and meals appeared to be of a good quality.
- Where people were at risk of not eating or drinking enough, their intake was monitored, and advice was sought from the appropriate external professionals. This advice was then followed by staff.
- Where people required food and drink of a specific consistency to reduce the risk of choking, this was

clearly identified, understood and followed by kitchen staff and staff providing mealtime support.

- People who required assistance to eat were supported by staff in a patient and respectful way. The mealtime experience was positive. People told us they enjoyed the music playing in the background during lunch. Staff chatted amiably with people and meals were presented nicely.

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

- The service worked well with other health care professionals to ensure people received good outcomes and were supported to live healthy lifestyles as far as possible.
- We saw evidence in records of referrals being made in a timely way to ensure people's health needs were met. For example, we saw from records that staff observed a person appeared to be in pain when eating. An appointment was made with the dentist and treatment was quickly sought to resolve the source of the pain.

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

- Lady Spencer House is an older style, purpose-built premises which was in need of redecoration and upkeep. At the time of the inspection a programme of refurbishment was in progress which was planned to include redecorating, replacement of some carpets and new bedroom furniture to replace items that were damaged.
- We discussed with the manager the need for the refurbishment to consider the needs of the people living at the service, including people living with dementia. The manager confirmed the work was being carried out in consultation with people. The manager recognised the need to ensure people living with dementia were able to live in an environment that supported their needs and enabled them to find their way around the premises. The manager was keen to ensure this was considered while also making sure the service remained homely and not overly institutional.

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 MCA 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 when this is in their best interests and legally authorised under the MCA.

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 appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Where appropriate, DoLS had been applied for and authorised. These were all within date and, where one person had a condition on their authorisation, the service was taking action to meet this condition.
- The manager and staff had really good understanding of the MCA. They understood how the principles of the Act underpinned their work and supported people to maintain as much control as possible over decisions about their care.

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant 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

- People and their relatives told us they were happy living at Lady Spencer House and were treated with kindness and respect by staff. One relative said, "[Family member] seems to love it there. All the [staff] are lovely."
- We saw that staff knew people well and treated them with kindness. We saw many examples of positive staff engagement throughout the day, which contributed to a pleasant and amiable atmosphere within the service.

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

- People and (where appropriate) their relatives were involved in planning and reviewing their care. People's views were sought through a variety of methods such as care plan reviews, one to one chats, formal and informal meetings and conversations and questionnaires. This information was used to develop a service improvement plan.
- We saw people were asked for their views and involved in making decisions on a day to day basis. For example, they were able to decide what time to get up and go to bed, what to wear, what to eat and what to do with their time. One person said, "I get up at about 6am. This is my choice, and I go to bed at about 10.30pm."

Respecting and promoting people's privacy, dignity and independence

- People and their relatives confirmed staff offered support to them in a way that upheld their dignity and maintained their privacy. One person said, "Staff will cover me up during my personal care and shut my curtains."
- We saw that staff offered assistance in a discreet and respectful way. People were supported to maintain their independence as far as possible, and their wishes for how they did this was respected. For example, where one person wanted to eat their meals independently, the manager had sourced equipment that might help them to do so more easily. However, the person did not wish to use this equipment, and had developed their own way of maintaining their independence at mealtimes. This was understood and respected by staff.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Care plans were detailed and developed with people and (where appropriate) their families to ensure they took account of their individual needs and preferences.
- Staff appeared to know people well and understood the different ways in which people preferred to be supported. They engaged well with people and took time to chat and pass the time with them. This was in evidence throughout the inspection and reflected in the feedback from people. Daily logs were electronically generated and tended to be task based which meant the positive engagement was not always captured on record.
- During the inspection we saw that all staff were engaged in supporting people to have enough to do, rather than this just being undertaken by the activities coordinator. People said there was enough to do. One person told us, "I like to do the word searches and I also like to read the newspaper that I get every day. (Activities coordinator) is good. "
- The manager and activities coordinator recognised the importance of people having a sense of purpose, and of having ways to occupy themselves that were meaningful and enjoyable for them. There were a range of opportunities on offer for people to choose from. This included both group and individual pastimes from bread making to playing the guitar. There were also opportunities for people to do brainteasers such as word searches, crosswords and quizzes from a selection of options always available to them.
- The manager and activities coordinator were keen to support people to be involved in the daily running of the home if they wished, such as doing some tidying, dusting or shopping for their own toiletries.
- The activities coordinator monitored people's participation in the opportunities offered to enable them to identify what was well received and what was not.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Some people living at the service were not able to fully communicate their needs verbally. The staff had good understanding of people's individual ways of speaking and communicating but realised that people may find it hard to make themselves understood by strangers. They had employed a number of ways to support people with this, such as signs and gestures and some pictorial communication aids.

Improving care quality in response to complaints or concerns

- We reviewed the complaints log and found the manager and provider had responded appropriately to complaints raised in line with their complaints policy.
- People and their relatives knew how to make a complaint and who to speak to if they wished to do this.
- There was evidence that complaints and comments were taken seriously and used to develop and make improvements to the service.

End of life care and support

- At the time of the inspection, there were no people receiving end of life care. However, there was evidence that the manager had approached people and their family members (where appropriate) to discuss their wishes for end of life care and developed care plans in relation to this. Some people and their families had chosen not to discuss this yet. Where people and their families had expressed their wishes, detailed and sensitively written care plans had been produced.

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

- The manager had a good understanding of the principles of person-centred care and people's rights under the Mental Capacity Act. This supported the development of the positive, people focused culture that was seen at the service. This was clearly understood and supported by staff we spoke with.
- The provider and the manager promoted staff learning and saw this as essential to develop a strong, skilled workforce who were responsive to people's needs and achieved positive outcomes.
- Staff felt supported and that they had good opportunities to develop their skills and knowledge through training and they recognised the value of this.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The manager demonstrated a good understanding of their role and had good oversight of the care provided to people. They were visible within the home and people and their relatives knew who the manager was. They understood their duties to notify us of reportable events as required by law.
- Staff understood their roles and demonstrated a commitment to providing good quality, safe care that met people's individual needs.
- There were robust systems in place to support the provider and the manager to carry out regular checks on the quality of the service provided. Audits carried out by the provider were thorough and looked at records, practice and feedback from both people and staff.
- Manager audits were frequent, and included both individual and system wide observations, competency assessments and reviews of documentation.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People told us the manager and staff were approachable and they felt able to raise issues with them.
- The manager and provider sought feedback from people and their relatives and other stakeholders about the quality of the service. They did this in a variety of ways such as through a recent quality survey, through individual meetings, care planning reviews and routine communications with people and their families. This feedback was used to plan improvements to the service, for example, the recent refurbishment programme.
- If something went wrong, we saw the provider and manager were open and honest about this to people and their families and used incidents to learn and make improvements to the service.

- Staff told us the manager was approachable and responsive. They felt confident that the management team would listen to any concerns they shared, and that appropriate action would be taken.
- Staff were kept informed about issues related to the service and people's care. They felt supported to both develop and to participate in making improvements to the service.

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Working in partnership with others

- Partnership working with external professionals was effective and supported positive health outcomes for people.
- During the inspection, the manager was open, honest and responded quickly to address any issues identified during the process.