Barchester Healthcare Homes Limited

Henford House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	**Inspected but not rated**
Is the service effective?	**Good**
Is the service well-led?	**Good**

Summary of findings

Overall summary

About the service
Henford House is a residential care home providing nursing and personal care for up to 53 people. At the time of the inspection, 43 people were living at the service.

People living at the service were accommodated across three floors. People had large bedrooms, access to communal lounges, dining area, activity room and gardens.

People's experience of using this service and what we found
People were supported to have maximum choice and control of their lives. 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 were supported by staff who had received the necessary training and induction to meet people's needs. This included training in the Mental Capacity Act, safeguarding, and dementia.

People's health care needs were assessed and reviewed to ensure people were supported to be healthy and free from pain. We saw detailed assessments, care plans and records monitoring people's skin care, weight, and health conditions.

Feedback was sought from people, their relatives and staff, to help continually develop the service. The registered manager and staff team helped to foster a person-centred culture.

There were strong links between the service and people or organisations in the local community. These had been maintained during the Covid-19 pandemic.

The registered manager had thorough oversight of the service, with a range of quality monitoring systems in place. They worked alongside the staff team to help build good relationships with people.

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

Rating at last inspection
The last rating for this service was requires improvement (published 17 May 2019) and the service was in breach of Regulation 11 for consent. 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.

Why we inspected
This was a planned inspection based on the previous rating. We undertook this focused inspection to check the service had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions of Effective and Well-led, which contained those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Henford House on our website at www.cqc.org.uk.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? At our last inspection we rated this key question good. We have not reviewed the rating at this inspection.	**Inspected but not rated**
Is the service effective? The service was effective. Details are in our effective findings below.	**Good**
Is the service well-led? The service was well-led. Details are in our well-led findings below.	**Good**

Henford 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 Care Act 2014.

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 completed by one inspector.

Service and service type
Henford 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.

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

Notice of inspection
We gave short notice of this inspection to check if the home had any confirmed or suspected cases of Covid-19, prior to our visit.

What we did before the inspection
We reviewed information we had received and held about the service since the last inspection. We used this information to help inform our inspection planning.

The provider was not asked to complete a provider information return prior to this inspection. This is

information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection
We reviewed care plans and records for five people, and reviewed documentation relating to how the home is managed. We observed care and support interactions between staff and people. We spoke informally with three members of staff and formally with the registered manager and area manager.

Inspected but not rated

Is the service safe?

Our findings

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- 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.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- 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.

Good

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection we found the service was not consistently working in-line with the principles of the Mental Capacity Act. This was a breach of regulation 11 (Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found improvements had been made and the service was no longer in breach of regulation.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where people did not have the mental capacity to consent to specific decisions regarding their care, this was assessed in-line with the principles of the MCA.
- Mental capacity assessments were detailed and clearly evidenced how people had been supported to be involved in decisions.
- When people were confirmed as lacking capacity, a best interest decision meeting was held. This included feedback from relatives and professionals involved in the person's care.
- If people had appointed representatives, this was clear in their care plans. For example, if people had a relative with Lasting Power of Attorney. Copies of the authorisation were held by the service. This ensured staff knew who had the appropriate legal authority to make decisions on a persons' behalf.
- We observed staff seeking people's consent when supporting them. Staff talked through what they were doing, such as supporting people to using a mobility aid, or to access the bathroom. This helped people to

give their informed consent and to be involved in their day-to-day care.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● People moving into the home had their care and support needs thoroughly assessed prior to admission. This ensured the staff could effectively meet people's needs and preferences.
● Assessments included a detailed overview of people's existing and past health conditions and contact details for the health care providers they were registered with. This gave staff a good understanding of people's conditions and support systems already in place.
● National best practice guidance to support people's needs was implemented and followed. We saw evidence of this in the wound monitoring records. Records showed people were being supported well to recover from wounds and pressure areas.

Supporting people to eat and drink enough to maintain a balanced diet
● People were supported to have enough to eat and drink, and positive feedback had been received about the food offered at the home. We saw people were offered choices and many people chose to be part of a social dining experience, eating in the dining room.
● People had access to a range of drinks and snacks throughout the day.
● People's nutrition and hydration needs were assessed and recorded in their care plans. The care plans also included information about people's food and drink likes and dislikes. This information was shared with the kitchen staff, to ensure people were supported to have food and drink they enjoyed, and which met their individual needs.
● People at risk of malnutrition or dehydration had their food or drink intake monitored. This helped staff to identify any patterns, changes, or additional areas for support.
● If a person was at risk of malnutrition, their weight was also regularly checked. Measures were also put in place to support them in maintaining or building a healthy weight. These included fortified meals, with additional calories added; also, referrals to dietary specialists.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support
● People had access to the healthcare services and support they needed. These included accessing appointments with opticians, dentists and the GP. We saw people were also referred to healthcare teams for specific care and treatment. These included nutritionists, and specialist community nurses for areas such as tissue viability care and continence support.
● People's care needs were recorded in their care plans. Staff accessed these to ensure they had an up to date knowledge of people they were supporting. The care plans included specific care needs, such as oral hygiene, and pain management.
● During the Covid-19 pandemic, the local GP maintained good email and telephone contact with the home. They had also completed virtual consultations over video call.

Adapting service, design, decoration to meet people's needs
● The service was designed to meet people's needs. The building was purpose built and areas of the home were being redecorated at the time of the inspection.
● There were handrails throughout the home, and these were a different colour to the wall to support people with visual impairments.
● People had personalised their bedrooms. The registered manager said, "We encourage people to bring pictures and things to decorate their rooms, to make it more homely." People's bedrooms were spacious, which meant wheelchairs and mobility equipment could be used with ease.

Staff support: induction, training, skills and experience

● People were supported by staff who had received the training they needed to meet people's individual needs.

● New staff were inducted into the service with a training programme. This included the completion of online and face-to-face learning, as well as shadowing more experienced staff.

● Staff completed a range of different mandatory training modules, including safeguarding, infection control and dementia care. The registered manager told us all staff completed dementia care training, regardless of which department they worked in. This ensured people would receive consistency in their care and support.

● There was a thorough managerial oversight of staff training completion. Any gaps in staff knowledge or skills were identified and supported through regular supervision meetings.

Good

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

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

- We saw evidence that since our last inspection that improvements had been made. These improvements had been sustained and were thoroughly embedded into care practice.
- The home had a strong leadership team in place. This included a registered manager, deputy manager, clinical leads, team leaders and senior care staff.
- Daily staff meetings took place which enabled the registered manager to have a thorough oversight of what was happening in the home. These included meetings with head staff in different departments, as well as clinical meetings with nurses from each floor of the home. The registered manager said, "The daily meetings are really good, I get an update on each person and know if anyone is unwell, if there have been any accidents or incidents. We speak about staffing, training, recruitment, the kitchen and menu for the day, also what activities are planned."
- There were different staff appointed as champions for areas of people's care. These included, dementia care, continence care, and nutrition. The champions received additional training in these areas. This enabled them to lead on initiatives, monitor quality and support other staff to best meet people's needs.
- A range of quality monitoring audits were completed, by the registered manager and different staff. These included checks of health and safety, medicines, care planning, nutrition support, falls analysis, and the environment.
- The provider supported quality performance at the home, with audits and checks from the provider's quality team, as well as regular visits from the area manager. The registered manager explained there were also regular conference calls where they could speak with directors and other managers. These calls had been found to be particularly useful during any guideline changes or updates when supporting people during the Covid-19 pandemic.
- The registered manager had a thorough oversight of any outcomes from audits. Any actions from audits were added to an action plan and monitored to ensure these areas were addressed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive and person-centred culture in the home. We observed and heard kind interactions between staff and people. These included shared laughter, caring conversations checking the person's wellbeing and supporting people to get ready for the day ahead.
- At our last comprehensive inspection, we received very positive feedback from people about the kind and

caring approach of the staff.
● People and their well-being were at the forefront of developments and initiatives in the home. The registered manager regularly asked people, their relatives and staff for their feedback about what could be being done better.
● There were multiple examples of initiatives being put in place following ideas and suggestions from people and staff. These included giving people who had to self-isolate, items based on their hobbies and interests, in a 'well-being basket'. For example, one person enjoyed arts and crafts. They were given an art canvas and paints, as well as DVDs based on the types of films they liked to watch. Another person had knitting needles and wool, to help them stay mentally and physically active.
● The registered manager worked alongside the staff team and helped to foster a positive culture at the service. They ensured they met with people and staff daily, checking in with them about their day and how they are. The registered manager spoke with pride about how the staff worked together and said they were proud of having "such a happy home."
● People, their relatives and the staff team had been encouraged to engage openly with the management team during changes in the leadership of the home. Events were held with drop-in sessions to meet the new management team members when they started. These were an opportunity for people, their relatives and staff to get to know the registered manager and deputy manager, and openly share their feedback or ask any questions.

Working in partnership with others
● The home had positive working partnerships with people and staff at the home, as well as with professionals and the local community. These had been adapted to continue the positive partnerships during the Covid-19 pandemic.
● The registered manager explained that they kept in contact with people's relatives, through email, phone and video call, while visits to the home were not always possible. Garden visits had been introduced and were booked in advance. The registered manager explained based on relative feedback, the time slots for the visits had been extended. This helped give people and their relatives time adjust to socially distanced time with their family members.
● Prior to the Covid-19 pandemic, the service had invited vulnerable people in the local community to attend a lunch-club one day a week. Since the lockdown measures had been put in place, the home adapted their community engagement to ensure they still supported people. Welfare packages and food were delivered to people who would have usually visited.
● People at the home had incorporated community engagement into their activities. These included painting rocks for a local display. This was made up of colourful painted rocks, decorated to celebrate health and social care, and the local community.
● The registered manager shared their appreciation for the community support the home had received during the Covid-19 pandemic.

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
● The registered manager understood the requirements and responsibilities of the duty of candour. In the event of any accidents or incidents, people's families were communicated with.