

Life Style Care (2010) plc

Handford 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 

Overall summary

We inspected this service on 26 February 2015 and the inspection was unannounced. Handford House Care Home provides personal care for up to 52 older people, some living with dementia.

There was a registered manager in post. 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 in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There were enough staff to support people safely and staff knew what to do if they suspected someone may be being abused or harmed. Recruitment practices were robust and contributed to protecting people from staff who were unsuitable to work in care. Medicines were managed and stored properly and safely so that people received them as the prescriber intended.

Staff had received the training they needed to understand how to meet people's needs. They understood the importance of gaining consent from people before

Summary of findings

delivering their care or treatment. Staff were clear about their roles. Where people were not able to give informed consent staff and the manager ensured their rights were protected.

People have enough to eat and drink to meet their needs and staff assisted or prompted people with meals and fluids if they needed support.

Staff treated people with warmth and compassion. They were respectful of people's privacy and dignity and offered comfort and reassurance when people were distressed or unsettled. Staff also made sure that people who were becoming unwell were referred promptly to healthcare professionals for treatment and advice about their health and welfare.

Staff showed commitment to understanding and responding to each person's needs and preferences so that they could engage meaningfully with people. Outings and outside entertainment was offered to people and staff offered activities on a daily basis.

Staff understood the importance of responding to and resolving concerns quickly if they were able to do so. Staff also ensured that more serious complaints were passed on to the management team for investigation. People and their representatives told us that any complaints they made would be addressed by the manager.

The service had consistent leadership. The staff told us that the manager was supportive and easy to talk to. The manager was responsible for monitoring the quality and safety of the service and asked people for their views so that improvements identified were made where possible. The organisation also carried out quality assurance visits, set action plans and checked the actions had been undertaken.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Staff had received training in how to recognise abuse and report any concerns and the provider maintained safety by making sure that there were enough qualified, skilled and experienced staff on duty to meet people's needs.

Risks were minimised to keep people safe without reducing their ability to make choices and self-determination. Each person had an individual care plan which identified and assessed risks to them.

The service managed and stored medicines properly.

Good



Is the service effective?

The service was effective.

Staff received the training they required to provide them with the information they needed to carry out their roles and responsibilities.

Staff understood how to provide appropriate support to meet people's health, social and nutritional needs.

The Deprivation of Liberty Safeguards (DoLS) was understood by the manager and staff. Where people lacked capacity, the correct processes were in place so that decisions could be made in the person's best interests.

Good



Is the service caring?

The service was caring.

Staff treated people well and were kind and caring in the ways that they provided care and support.

People were treated with respect and their privacy and dignity were maintained. Staff were attentive to people's needs.

People were supported to maintain relationships that were important to them and relatives were involved in and consulted about their family member's care and support.

Good



Is the service responsive?

The service was responsive.

People's choices preferences were respected and taken into account when staff provided care and support.

Staff understood people's interests and assisted them to take part in activities that they preferred. People were supported to maintain social relationships with people who were important to them.

There were processes in place to deal with any concerns and complaints and to use the outcome to make improvements to the service.

Good



Summary of findings

Is the service well-led?

The service was well led.

People and their relatives were consulted on the quality of the service they received.

Staff told us the management were supportive and they worked well as a team. There was an open culture.

The manager had systems in place to monitor the quality of the service and took appropriate action to improve the standards when necessary, as did the provider.

Good



Handford 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 28 February 2015 and was unannounced and the inspection was carried out by two inspectors.

Before we carried out our inspection we reviewed the information we held on the service. This would include statutory notifications that had been sent to us in the last year. This is information about important events which the provider is required to send us by law. We would use this information to plan what areas we were going to focus on during our inspection.

During our inspection we observed how the staff interacted with people who used the service, including during lunch. We spoke some people who used the service, some people were unable speak with us directly because of communication needs relating to dementia. We used the Short Observational Framework for Inspection (SOFI). The SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with eight people who used the service, five people's relatives, the manager, two senior care staff and five care staff. We also spoke with the area manager was at the service during our inspection.

We also looked at six people's care records and examined information relating to the management of the service such as health and safety records, staff training records, quality monitoring audits and information about complaints.

Is the service safe?

Our findings

The people we spoke with told us that they felt safe living in the service, one person told us, "I feel safe here, if I call for assistance they are very swift in responding." Many people were not able to talk to us because they were living with dementia, but we spent time with some of those people, chatting with them generally. On the whole they were relaxed and did not give the impression of being worried about their safety.

A relative told us that they felt their family member was safe and well cared for. They said, "I have had no worries about my [relative] since they moved here, I know they are safe." Another relative told us, "This home was a good choice."

Staff told us and records confirmed, they had received training in protecting adults from abuse and how to raise concerns. They were able to demonstrate the action they would take and tell us who they would report concerns to in order to protect people. Staff understood the different types of abuse and knew how to recognise signs of harm and understood their responsibilities to report issues if they suspected harm or poor practice. They were confident that the manager would take action if they reported any concerns. One member of staff said, "I would tell the manager, head office, the local authority or CQC." Staff were also aware of the whistleblowing policy and said they would feel confident to use the process if they thought it was necessary.

The manager demonstrated an understanding of keeping people safe. Where concerns had been raised, we saw that they had taken appropriate action liaising with the local authority to ensure the safety and welfare of the people involved.

Risk assessments were in place that were designed to minimise the risk to people in their day to day lives so that they could keep their independence and self-determination as much as possible. For example the risk of falling, there was guidance for staff on what support people required to reduce the risk. Records showed us that people who had developed pressure areas and those that had been assessed as being at risk of developing them were receiving the care they needed to prevent

deterioration and aid recovery. Their wounds were being dealt with in line with their care plans and specialist equipment was being used, such as pressure relieving mattresses and seat cushions.

There were also policies and procedures in place to manage risks to the service and untoward events or emergencies. For example fire drills were carried so that staff understood how to respond in the event of a fire. The service was kept clean and proper procedures were carried out to maintain infection control, which helped keep people safe from infections.

The manager explained how they managed risks to people's health and welfare such as accidental falls or the risk of pressure ulcers. Incidents were managed promptly and actions were taken to prevent or reduce the risk of further occurrences. If people were assessed as being in danger of developing pressure areas specialist equipment such as pressure relieving mattresses and cushions were obtained.

There were sufficient staff on duty to keep people safe and protect them from harm. One relative told us, "The staff are very good you can't fault them."

Staff told us that there was enough staff to meet people's needs throughout the day. One staff member said, "They [the service] don't use agency staff very often, part-time staff often cover." And added that if an agency staff was used, a regular agency ones were used whenever possible. This meant that people received care and support from staff who knew them and their needs.

The manager also told us that they felt the staffing levels were good and explained how they regularly assessed people's care needs and changed the number of staff on duty if assessments showed that more were needed to support people's needs. For example, someone may move into the service that had complex needs and needed a higher staff ratio to ensure their safety.

During the day of our inspection we observed staff responding to call bells promptly. On one occasion we observed two carers answering the call bell, after they had entered the room the call bell continued to sound. The lead nurse went to the room to answer the call bell, the call bell ceased and they left the room and the carers remained.

Is the service safe?

Medicines, including controlled drugs, were managed safely by the service. We observed staff supporting people to take their medicines in a patient and caring manner. Where people needed medicines only occasionally (PRN) there were protocols to inform staff when to use them.

We observed two different nurses administering medicines to people who used the service. They both ensured that once they had taken the medicines out of the trolley that they locked the doors and took the keys with them when they went to give people their medicines.

Records showed that staff had received the appropriate training to enable them to administer medicines and were assessed to check they were capable of doing the task safely. Spot checks were carried out by the manager and senior staff to check practice.

Is the service effective?

Our findings

People told us that they were supported well and that staff made sure that they got what they needed. One person told us, "I'm OK, I don't need for anything." Another person said, "They [the staff] know what they are doing." A relative told us, "I visit every day, the staff are very attentive."

Records showed that staff received training and support to enable them to do their jobs effectively. Staff told us they were provided with training, supervision and support which gave them the skills, knowledge and confidence to carry out their duties and responsibilities. The organisation's training matrix, which was how they tracked staff's training, showed us that a high percentage of staff had completed their training, enabling them to develop the skills they need to carry out their roles and responsibilities.

Staff were expected to complete competency checks after they had undertaken any training. On speaking with staff we found them to be knowledgeable and skilled in their role. We were told the service supported staff to gain industry recognised qualifications in care. This meant people were cared for by skilled staff trained to meet their care needs.

One staff member said, "I like working here the staff are supportive to each other." One person's relative told us, "The staff are nice, they work hard."

Staff had attended Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) training. These safeguards protect the rights of adults by ensuring that if there are restrictions on their freedom and liberty these are assessed by appropriately trained professionals. The manager had a good understanding of both the MCA and DoLS and when these should be applied to the people who lived in the service, including how to consider their capacity to make decisions.

Where people lacked capacity, the care plans showed that relevant people, such as their relatives or GP had been involved in making decisions about their care. Any decision made on behalf of a person was done in their best interest and the least restrictive option was chosen so that people could still make some decisions for themselves and keep control of their lives. The manager had completed a number of DoLS referrals to the local authority in accordance with new guidance to ensure that restrictions on people's ability to leave the home were appropriate.

People's care records showed that their day to day health needs were being met and that they had access to healthcare professionals according to their specific needs. The home had regular contact with a GP surgery that provided support and assisted staff in the delivery of people's healthcare. Two healthcare professionals were at the service during our inspection. One told us that the staff were helpful and organised, "They are always willing to help if I need it." The other told us, "The records are well ordered and easy to follow, that makes my job easier." Records showed that people were supported to attend hospital and other healthcare professionals away from the service. For example, specialist diabetic clinics and diagnostic tests.

People told us that they enjoyed the food offered to them, had enough to eat and they were able to make choices between two different main meals offered at dinnertime. We were told, "The food very good, top class meals." Another person told us, "I get enough to eat, I like the puddings"

We observed positive interaction between staff and the people they supported to eat their dinner. Staff sat with the person they supported, while chatting and encouraging them to eat. We observed that people were not rushed to eat their food and staff offering choices of drink to people and gently encouraging people to eat their meal.

Plate guards and specialist utensils were available for those who found it easier to eat with these aids. This helped to promote independence, meaning that people could manage to help themselves to eat without the need of staff support.

The home had responded to specialist feedback given to them in regard to people's dietary needs and had taken action to meet them. For example, by introducing food that was fortified with cream and extra calories to enable people to maintain a healthy weight. Staff were found to be knowledgeable about supporting people to eat healthily and meeting their individually assessed dietary needs. We saw that where people were too distracted to be able to sit and eat their meal they were offered finger food that they could eat on the move. This helped to ensure that people got the food they needed to stay well.

Recognised professional assessment tools, such as the Malnutrition Universal Screening Tool, were used to identify people at risk nutritionally and care plans reflected the

Is the service effective?

support people needed. People's weights were monitored so that staff could take action if needed. For example, they would increase the calorific content in food and drinks for those people losing weight or refer them to the dietician for specialist advice.

Is the service caring?

Our findings

People felt that staff treated them well and were kind. One person said, “.” A relative said, “I visit every day, the staff are very attentive.” And “The carers are good, we have a friendly banter.”

When staff spoke with people they were polite and courteous. Relatives were complimentary about how staff treated their family members. One relative said, “The staff know my [relative’s] needs very well. They are well looked after, always well dressed and in clean clothes.”

We saw interactions between people and members of staff that were caring and supportive and which demonstrated that staff listened to people. Staff sat in the lounge chatting and being sociable. They spoke with people in a thoughtful manner and asked if they were all right or if they wanted anything. People were offered alternative drinks or snacks if they were unable to voice a preference. We saw genial banter and laughs between people and staff. Staff were able to tell us about people’s needs and specifically how they liked to be supported and their experiences in life which were important to them. This helped staff communicate effectively with them.

For example, we saw a staff member talking with a person as they were sitting down for their dinner, they chatted in a friendly manner and made sure they were sitting comfortably and had everything they needed within reach. When this was done the staff member said, “I’m not sure what it is for dinner today, I’ll check and make sure there is

something you can eat. Maybe its chips, I know you like those.” Before the staff left the person they put their hand on the person’s shoulder and smiled at them in a reassuring way. This showed that staff had built up a good relationship with the people they were supporting, there was a light hearted atmosphere in the service.

One person told us “I have never regretted moving in here.” Another told us, “I choose the home myself; I am very pleased with the home.”

One relative told us, “A hard job was made easy for me by the kindness and support of all the people [staff] here.” Another relative told us that, “I am often here, but the staff work around me and make me feel welcome.” The manager told us that people were encouraged to be involved in planning their care where they were able and relatives also told us they were consulted about their family member’s care. One relative said, “They [the staff] make sure they let me know anything I need to, they call me if something happens.”

People were treated with dignity and respect and staff were discreet when asking people if they needed support with personal care. Any personal care was provided promptly and in private to maintain the person’s dignity. We observed staff knocking on people’s doors and waiting to be invited in before entering. Doors were closed during personal care tasks to protect people’s dignity and we regularly observed staff discreetly and sensitively asking people if they wished to use the toilet.

Is the service responsive?

Our findings

Relatives told us they were happy with the standard of care their family members received and it met their individual needs. One relative said, “There isn’t much to moan about, when I do the staff listen and make changes.” People told us that they thought the service responded to their needs, One person who used the service said, “The staff come quickly if I use my buzzer.” And “If I am not well they look after me and call a doctor if I want one.”

Relatives also told us that they had been provided with the information they needed during the assessment process before their family member moved in. Care plans were developed from the assessments and recorded information about the person’s likes, dislikes and their care needs. Care plans were detailed enough for the carer to understand fully how to deliver care to people in a way that met their needs. The outcomes for people included supporting and encouraging independence in areas that they were able to be independent as in choosing their own clothes and maintaining personal care when they could. One person said, “The staff listens to my wishes and act on them.”

Staff told us that they always consulted with people to ask their views when care plans were reviewed and updated. Care plans were clearly written and had been reviewed and updated.

Staff were encouraged to support people with activities that reflected their interests and pastimes, the focus was on what the individual wanted to do, whether that was sitting having a chat, reading a newspaper, playing cards or joining in a planned social activity. Entertainers came to the service regularly and people were supported to maintain their religion if they wanted to. Church services were held monthly.

The service employs two activities coordinators. Each person who lived in the service had been assessed for their individual likes and dislikes around activities, this information was used when planning activities to ensure that they suit people’s individual preferences. Social outings to the local pub and meals out had taken place for small groups and individuals. During our inspection we observed people being engaged with board games, listening to music and reading magazines.

There is an activities room that people could spend time in that contained memorabilia and familiar objects and pictures that people could immerse themselves in.

People were supported to keep in touch with people that were important to them such as family and friends, so that they could maintain relationships and avoid social isolation. Input from families was encouraged and relatives told us they were always made welcome when they visited.

A relative told us, “I have never made a complaint, I just tell them [staff] what’s wrong and it gets put right.” Another relative said, “I have no complaints. If I am concerned about anything I would go to one of the manager or my [relative’s] keyworker.” People told us that if they had a problem they would speak with the staff or the manager.

The provider had a procedure in place to manage any concerns or complaints that were raised by people or their relatives. The complaints procedure was displayed in the Lobby. The manager said that they encouraged people to raise concerns at an early stage so that they could learn from them and improve the service.

Is the service well-led?

Our findings

Relatives told us that the manager was approachable and made themselves available if they wanted to speak to them. One relative told us, “The manager is always open to ideas, she is very responsive.”

All the staff we spoke with were positive about the culture of the service and told us that they felt they could approach the manager if they had any problems, and that they would listen to their concerns. One member of staff said, “The manager is good, she is very responsive and it’s safe to go to her with any issues.” And “I like working here the staff are supportive to each other as are the senior staff.”

Another member of staff said, “The manager is very supportive and there is very good teamwork, all supporting each other.” There were regularly staff meetings, which enabled staff to exchange ideas and be offered direction by the manager.

The service was well led. The manager was knowledgeable about the people in the service and they spent time in all areas of the service daily and monitored staff and the delivery of care closely.

People were asked their views about the way the home was run by annual surveys and were given the opportunity to attend meetings and give their comments about the running of the home. A copy of the meeting minutes were posted in the entrance lobby for people and visitors to see along with other information of interest about the service,

such as our last inspection report and notices about upcoming events happening at the service. One person told us, “We have regular residents meetings; residents can chair it if they wish.”

Health and safety records showed that safety checks such as fire drills and essential maintenance checks, the lift and hoists for example, were up to date and regularly scheduled.

There were systems in place to monitor the quality and safety of the service. The manager carried out regular audits which were submitted to the provider. This included audits of staff training, health and safety procedures and a general building audit. These audits were analysed by the provider and were used to identify, monitor and address any trends.

The manager was supported by their line manager and the organisation carried out an extensive programme of quality assurance audits. The regional director was at the home during our inspection and was available to answer any questions we had about the organisational running of the home and to support the manager. Records showed that the regional area manager visited the service regularly to carry out quality assurance audits, including checking that care and personnel files were up to date and had been reviewed regularly.

We saw records of these audits and the action plan that was in place to record action needed and when it was met. For example, the audit talked about quality of the care records and highlighted areas that needed addressing, the next record showed that the care plans had been reviewed and updated.