Speciality Care (REIT Homes) Limited

# Houndswood House Care Home

## Inspection report

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Date of inspection visit: 9 & 10 April 2015
Date of publication: 15/05/2015

## 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 an unannounced inspection of Houndswood House care home on the 9 and 10 April 2015. The home provides accommodation for up to 50 people who require nursing and personal care, including people living with dementia. There are two separate units in the home, Magnolia Lodge, which provides care for people living with dementia and Primrose House which provides care for people who require nursing care or nursing dementia care. On the day of our visit there were 45 people living in the home. There were 25 people living on Primrose and 24 on Magnolia.

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

# Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were kept safe and free from avoidable harm. There were appropriate numbers of staff employed to meet people's needs and provide a service. Staff were aware of people's rights and choices, and provided people with support tailored to meet people's individual needs.

The provider had a robust recruitment process and checks in place which ensured that qualified and experience staff were employed at the home. Staff received on-going training and support and were aware of their responsibilities when providing care and support to people at the service.

Plans were in place detailing how people wished to be supported. People were involved in making decisions about their care or, where they were unable to, then the staff involved the person's family or representative with any decision making. All care was reviewed regularly with the person or their family.

People were supported to eat and drink well and were supported to access healthcare professionals as they required. Staff were quick to act on peoples' changing needs and were responsive to people who required support.

Medication was administered by staff who had received training on the safe administration of medication.

The service was managed by a registered manager and deputy manager, and we saw evidence of good leadership throughout our inspection. Staff were well supported to deliver a good service and demonstrated that the people came first.

# 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 were knowledgeable about how to protect people from harm. They had received training in safeguarding, signs to look for, and the processes that were to be followed if they had concerns.

Staffing levels were appropriate to meet the needs of people who used the service.

Staff recruitment and pre-employment checks were in place.

Medicines were managed appropriately and safely.

Risks were assessed and well managed.

**Good**

**Is the service effective?**
The service was effective.

Staff had the skills and knowledge to meet people's needs.

Consent was sought in line with current legislation.

Staff were aware of the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLs).

People were supported to eat and drink sufficient amount to maintain good health.

**Good**

**Is the service caring?**
The service was caring.

People who used the service had developed positive relationships with staff at the service.

People's privacy and dignity were respected and maintained.

People were supported to express their views and be involved in their care planning where possible.

**Good**

**Is the service responsive?**
The service was responsive.

Staff were aware of people's support needs, their interests and preferences and were therefore able to provide a personalised service.

People were provided with opportunities to raise any concerns that they may have.

**Good**

**Is the service well-led?**
The service was well led.

Staff felt well supported and felt the management team were approachable.

The manager regularly checked the quality of the service provided and put remedial actions in place where shortfalls were identified.

**Good**

# Summary of findings

The staff demonstrated that there was a positive and open culture which was enabling to themselves and the people they supported.

# Houndswood House Care Home

**Detailed findings**

## Background to this inspection

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

This inspection took place on 9 and 10 April 2015 and was unannounced. The inspection team consisted of two inspectors.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR) This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information we held about the service this included information we had received from the local authority and the provider since the last inspection, including notifications of incidents and action plans. A notification is information about important events which the provider is required to send us by law. We also contacted stakeholders, including health care professionals and monitoring staff and requested feedback on the quality of care provided by the home.

During our inspection we spoke with three people who used the service, the manager of the home, two nurses, four visiting relatives, five care staff, a member of kitchen staff, the activities coordinator, a member of housekeeping staff and ancillary staff. We reviewed the care records of seven people that used the service, reviewed the records for six staff and records relating to the management of the service. We observed people being offered support over the two days of our inspection, and observed staff interaction with people who lived at the home, with visitors, other staff and managers.

We were unable to speak to many people who lived at the service because they had limited verbal communication skills due to their health conditions so we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Good

# Is the service safe?

## Our findings

A visiting relative told us they were 'never worried about their relative's safety because staff knew them well and kept them safe'. Staff told us that risks to people had been assessed and they were confident that where possible action had been taken to minimise the risk. For example pressure mats had been put in place for some people. This process helped reduce the risk of injury to people and also the occurrence of untoward incidents or accidents.

We observed staff assisting and supporting people appropriately and enabling them to access different areas of the home and garden safely. A person who was walking from room to room was asked if they would like to go into the Garden. The person was then offered a cup of tea and sat at a table and started talking to another person.

A visiting relative said that "although there were risks, they were well managed". The person told us about an incident relating to their relative, where staff had responded quickly and had also ensured the information was communicated to other staff. Another person told us they "went home without worrying about their relative's safety".

Risk assessments were regularly reviewed and updated where required. We looked at risk assessments belonging to seven people who used the service. We found that risk had been appropriately assessed, and there was clear information for staff to follow in order to minimise risks to people. For example where a person was at risk of skin damage, appropriate referrals had been made to the tissue viability nurse (TVN) and pressure relieving equipment had been put in place. Where people had been assessed as having a high/medium risk of falls information was provided for staff about how to support people when moving around the home. For example ensuring walking aids were kept close by and that the people were reminded to use the aid when required for mobilising.

We saw all accidents and incidents were recorded and these were reviewed and analysed to enable patterns and trends to be identified. For example we saw the manager had identified that many of the falls in the home were early morning or late evening when people were getting up or going to bed. As a result of the analysis individual plans were put in place to reduce the amount of falls at these times. These included people being assisted earlier in the day and or pressure mats being put in place so as to alert staff if someone at risk of falling may be getting up and requiring assistance.

We saw not everybody had access to a call bell. The manager told us this was because some people were unable to use a call bell and so, following an assessment, an alternative method was put in place. These included staff carrying out regular checks or the use pressure mats to alert staff when people were moving around and could require assistance.

The provider had an emergency evacuation plan in place, which helped ensure that in the event of an emergency people using the service were kept safe. Individual assessments were undertaken which looked at people's ability and support they would need to leave the service safely in an event of an emergency. This included fire evacuation plans.

We observed people were assisted in a timely way and a visiting relative told us that there were

'usually enough staff on duty to support people, although staff were kept very busy most of the time'. The manager told they used 'dependency tool to assess the staffing levels required'. The tool assisted in determining the number of staff required on each shift to provide safe and effective care.

We looked at staff rota records covering the period 23 March 2015 to 9 April 2015 and these confirmed the staffing levels were as described by the manager. During our inspection we saw that there was always staff visible in the communal areas of the home, supporting people when required.

Staff were able to tell us about how people were protected from harm and the signs to look for and the processes for elevating concerns both internally and externally if they needed to. Staff were able to describe the whistle blowing policy and give examples of how and when they may need to use this. Training records and competency checks confirmed that staff undertook training in safeguarding and had access to information guiding through the safeguarding process. There had been two safeguarding referrals since the last inspection.

Staff told us they had been through rigorous pre-employment checks to determine their suitability for the

Good

# Is the service safe?

job. We saw evidence all staff had been (DBS) checked (Disclosure and Barring Service) prior to starting work, and where required, checks with professional bodies such as NMC were also undertaken. This helped the manager check that staff were suitable and qualified for the role they were being appointed to.

We observed medication being administered and reviewed the Medication Administration Records [MAR] for five people, covering the period of 23 March 2015 to 9 April 2015. We saw medication was given at the correct time and had been recorded appropriately. Each person's medication record held a photograph and details of any allergies. Staff signed to confirm who had given each dose of medication. There were clear guidance for staff to follow when administering medication.

We saw that checks were carried out regularly by the senior staff to ensure that all medication was accounted for and regular audits had been undertaken by the manager and a local pharmacy. These processes helped to ensure that medication errors were minimised and that people received their medication safely and at the right time.

Good

# Is the service effective?

## Our findings

A person who used the service told us they had "everything done for them that they needed". A relative said that they felt that their relative "Experienced care that met their needs". Another visiting relative said "staff are brilliant because they know people well and can understand their wishes and choices, and they respond accordingly".

We observed several people being assisted by two staff using a hoist. The staff told us "this was the safest and most effective way of assisting the people concerned to transfer". Staff ensured people were comfortable and reassured people whilst supporting them. Records reviewed showed that staff had received appropriate training in key topics such as moving and handling, safeguarding, health and safety and first aid. Staff told us the training helped support their development and were relevant to them supporting the people who lived at the home. The manager also had a system in place to ensure that staff were aware when refresher courses were required. There was a 'Dementia champion' in place and all staff had received some Dementia training. Staff told us that this helped them understand how different types of dementia affecting people and how best to support them.

We observed people being asked for consent before care and or support was provided and we saw that care records showed that people had consented to their care and having their photograph taken. We also saw evidence that people were assisted to attend medical appointments outside the home and where a person needed to access medical advice/treatment and was not able to leave the home, staff then arrange for a doctor to visit the person in the home. During our inspection we saw evidence of a GP visiting the home and attending to people that were not able to visit them in the surgery.

At the time of our inspection there was one person who had a Deprivation of Liberty Safeguards (DoLS) in place. However the manager had submitted a further 34 to the local authority and was awaiting their decision. We reviewed a sample of mental capacity assessments (MCA) and found that where people were found not to have the capacity to make a decision about their day to day health care requirements, their family members and, or health and social care professionals were involved in making decisions for them in their 'best interest'. Staff were aware of MCA and how it related to people who lived at Houndswood house.

Staff told us that they had regular supervisions from their senior staff and they were informative and constructive. They said they were able to discuss any areas for personal improvement, and raise any issues relating to the home and the people they supported. Supervision was also an opportunity for managers to give praise and talk about what was working well. Staff told us that they received feedback from managers in a constructive and motivating way. All the staff we observed and spoke with were enthusiastic and motivated to provide good care.

We observed people having lunch over the two days of our inspection. We saw people were supported appropriately during lunch time. Lunch was very relaxed. For example people, some of who were living with dementia were encouraged to choose where they wanted to sit, what they wanted to drink and eat. Staff linked arms or held hands or walked with people to enable them to choose where they sat. They then showed them jugs or different juice to enable them to choose. People got up from the table walked around and staff interacted positively with them throughout. We observed people being offered choices and being supported to make decisions. For example a person was observed to not eat their lunch so they were offered alternatives verbally, but still could not make a decision, so the staff brought some different food types to the table and the person was supported to make a choice. We noted that people's food and drink intake was monitored and recorded. We saw people were offered hot and cold drinks throughout the day along with a range of snacks including a 'healthy option' of a mixed fruit platter.

The chef told us how people and their relatives were able to contribute to menu planning and about the availability of specialist and culturally appropriate foods. We saw that there were risk assessments in place where people were at risk of poor hydration and or nutritional intake and appropriate referrals were made to other professionals such as the SALT team (speech and language therapist).

We saw that there was a flexible and personalised approach to social activities, hobbies and events at the home. For example people were able to have 'pampering hand massages' or to play soft ball inside or outside depending on their ability. Some people just choose to

Good

# Is the service effective?

watch other people and were not pressurised to participate. A relative told us that 'their relative's quality of life had been enhanced and improved by participation in activities'. People were able to participate at varying levels and staff encouraged and supported them. For example a person with reduced mobility was assisted with chair exercises. A relative told us that there had been 'really good outdoor events, including a dog show, line dancing, a fete and garden party'. These events provided entertainment for people. A person told us "It gave them something to look forward to". People told us that they liked doing activities with the staff and would like to do more if they could.

Good

# Is the service caring?

## Our findings

A person living at the home told us the staff were "marvellous and very caring". Throughout the day we observed staff interacting with people in a positive and helpful manner. Staff knew people by their names and responded in a timely manner when people required assistance. We saw staff listening to what people had to say and responding in a caring and respectful way. For example they sat down beside them and made eye contact with them They spent time 'engaging' with people.

A visiting relative told us that the staff were like extended family and another said; they go home knowing their loved one is well cared for. A person told us that "staff kept them informed if there were any changes or concerns", this reassured them that their relative was receiving good care.

People and relatives confirmed that they were usually involved in making decisions about their care. Two people, when asked if they were involved in decisions about their care or if they had had sight of their care plan, told us they knew they had a care plan and their family had been involved in the planning of their care at the initial assessment stage and when their care was reviewed.

Staff demonstrated a good knowledge about the care needs of the people they supported. Staff were able to tell us about people's personal life history or preferences. With people's agreement, there was a summary of their life history in their bedroom as a reference document for staff.

People were treated with dignity and respect. Staff demonstrated a good understanding of what it meant to respect people's dignity and privacy. For example when people needed to be assisted with personal care staff were discreet. Likewise when people had visitors staff ensured that they were attentive to people's needs but not invasive, so people had space and privacy.

We observed and people confirmed that they were offered choice in relation to the time they got up in the morning, what clothes they wanted to wear for the day, whether they participated in social activities or not and the time they went to bed. Staff were seen and heard to offer people choice in relation to where they sat during the day or where they had their meals. People were given a choice of what they wanted to eat at meal time and also when snacks were being served. For example we saw a person still in their pyjamas being offered a choice of where they wanted to go to eat lunch. The person had decided not to get dressed that day and decided they wanted to eat lunch in the main dining room, they were supported to do this.

We saw people were asked about their likes and dislikes choices and preferences and these were documented within their care plan for staff to refer to. This included what time people preferred to get up at, and what time they wanted to go to bed at. People were asked if they wanted to get dressed and what clothes they wanted to wear.

People were supported to maintain contact with family and friends and, relatives told us that they were always welcomed and there were no restrictions on visiting times. We observed people coming and going as they pleased, utilising the garden and saw staff took time to speak with them and offer them refreshments. Two relatives told us "that they were always made to feel welcome, no matter how busy staff were".

Good

# Is the service responsive?

## Our findings

People living at the service told us that staff were responsive to their changing needs. Three people told us they liked the home and would not change it. One person told us they had originally come to have respite but "got on so well I stayed". "Staff are very good and anything you want done they do for you."

We reviewed seven people's care plans and saw they had details of how people liked their care delivered and their likes and dislikes. For example information was recorded about what food and drink people liked, where they preferred to eat their meals, what hobbies they enjoyed and were able to participate in. However, the care plans were hand written and were at times hard to read. Also the care plans did not contain any pictorials or symbols which some people may have found useful, because they could relate better to symbols and had a better understanding . All care plans contained information on which areas people required support with and what support staff needed to provide. Care plans had been regularly reviewed and updated when required. This included when there was change to the person's ability or needs.

We observed care staff encouraging people. Their approach and interaction was tailored to people's varying abilities. For example they made sure they communicated in the most effective way that the person could relate to and they made eye contact and ensured they were in a position where the person could see them. They sat beside or knelt down so that they were at the same level as the person they were engaging with. People were supported to go into the garden and to engage with the surroundings. We saw one person, who had appeared a little withdrawn in a lounge, started smiling and became more relaxed when they were in the garden and in the different surroundings.

Staff spoke with people and engaged them in conversation, about things that they were interested in. People became involved in the discussions and some were able to draw on past experiences to clarify their point of view. An example was a discussion about the landscaping in the gardens and a person was able to contribute to the conversation because they had extensive past experience in this field. There was good eye contact, respect and laughter. A visitor told us "it was meaningful for the people that lived there".

The home had a complaints policy and procedure in place which was displayed at the front of the home. We reviewed the complaints records and found that there had not been one complaint in the last twelve months. People that we spoke we told us they were aware of how to make a complaint and would have no hesitation in complaining should the need arise. We saw the manager had a protocol in place to record, investigate and respond to complaints. A relative told us that if they were unhappy about anything they would speak to the manager or deputy and the issue would get resolved. This approach pre-empted complaints being formalised.

Good

# Is the service well-led?

## Our findings

People said that they found the manager, deputy manager and senior staff approachable. The staff were positive when talking about the support they received from the management team. The manager was clear about their responsibilities, and those of the deputy and other senior staff within the home.

The manager told us that the aims and objectives of the service were to provide excellent personal and quality care, an enhanced recreation and activities programme to support the well-being of those living at the home and to provide the ideal dining experience. To support and facilitate these objectives there was daily heads of department flash meetings and these concentrated on looking at the values, and choosing one each week to disseminate to all staff. Staff and managers told us they discuss their values and objectives during morning handover, staff meetings and in supervision. A recent development was that two members of staff had just attended a two day course on "pace setting" which had set them up with the knowledge and tools to deliver training to the rest of the staff on the values and objectives.

The manager told us they will be attending a two day course in July on leadership, management and team building and have recently attended training on sales and marketing. There is a refurbishment planned for later this year, when it is hoped the environment will be enhanced and enriched.

We saw the home held regular staff meetings for all staff, including ancillary staff. We spoke with care staff, domestic staff, kitchen staff and they all confirmed that they had regular meetings and supervision with senior staff. Meetings were held for residents and friends and Family as well.

The management team were visible throughout the service. Staff and visitors told us that the managers regularly walked around the home and had a presence. Everybody we spoke with knew who the registered manager was and many people mentioned the role of the deputy manager as well. Staff we spoke with felt there was good leadership in the service both from the registered and deputy manager and from nursing and senior care staff. One staff member told us, "I've worked in a few care homes, but really like it here, the team is great".

The manager and deputy were supported by a regional manager who visited the service regularly. The manager carried out regular audits within the service. These included care plan and medication audits regional manager carried out detailed and unannounced visits and completed audits of the service in order to identify any concerns or areas for improvement. Action plans were developed from these visits, and were monitored and followed through until the required improvements were made. The manager told us that they attended manager's meetings which were an opportunity for learning and sharing information around good practice.

The provider had undertaken a quality monitoring and satisfaction survey for people living at Houndswood house in November 2014; the results had not yet been published. However, where people/relatives had commented on the service the manager was sent a copy of the comments. The manager was addressing and evaluating the suggestions with a view to bringing about any improvements where possible. For example a review of the menus and activities planning.

The manager told us there were plans to refurbish the home later this year and people and their relatives were being consulted about colour schemes and what they would like. A pre planning meeting had been scheduled for July 2015 and the manager explained that people would be able to contribute and or raise any concerns.

This section is primarily information for the provider

# Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

# Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.