

Ablecare Homes Limited

Hengrove Lodge

Inspection report

29 Petherton Road
Hengrove
Bristol
BS14 9BX
Tel: 01275 833006
Website: www.ablecare-homes.co.uk

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

We undertook an unannounced inspection of Hengrove Lodge on Wednesday 13 January 2016. When the service was last inspected during April 2014 no breaches of the legal requirements were identified.

Hengrove Lodge provides accommodation for people who require personal care to a maximum of 15 people. At the time of our inspection 15 people were living at the service.

A registered manager was in post at the time of inspection. 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.

People at the service told us they felt safe and a person's relative said they never needed to worry about the person living at the service. We saw the service had undertaken an assessment of people's individual needs and had recorded risk management guidance where appropriate.

Summary of findings

There were sufficient staff on duty to meet people's assessed needs and recruitment procedures were robust to reduce the risk of unsuitable staff being employed at the service. The provider had ensured staff had received training to allow them to identify and report actual or suspected abuse if required.

The service was clean and there were policies and procedures in place to reduce the risk of cross infection. People received their medicines when they needed them and equipment was regularly maintained to ensure it was safe to use.

People and their relatives said staff provided effective care. Where required, people were supported to access healthcare professionals to ensure their healthcare needs were met. The registered manager told us they had a good relationship with relevant GPs.

The registered manager was aware of their responsibilities in regard to the Deprivation of Liberty Safeguards (DoLS). DoLS is a framework to approve the deprivation of liberty for a person when they lack the mental capacity to consent to treatment or care and need protecting from harm. The registered manager had implemented an effective system to ensure any conditions attached to DoLS were met. Staff were aware of how the Mental Capacity Act 2005 impacted on their role and demonstrated how they applied the principles of the Act in their role.

People received support with their nutrition and hydration. Staff said they were provided with regular training, supervision and appraisal. We reviewed records that supported this. The provider had an induction process aligned to the new care certificate.

Positive comments were received about the caring nature of the staff. The services compliments log also contained positive views from people. People's relatives were welcomed at the service and felt the registered manager and staff communicated well with them. People were spoken with respectfully by staff. Staff understood the health and social needs of the people they cared for. People were supported by the service at the end of their life in accordance with their wishes.

People said staff responded to their needs. There were systems to ensure staff communicated key information about people to each other to ensure people's needs were met. Care records contained personalised historical information about people and staff showed knowledge of this information. People had the opportunity to participate in activities and a complaints process was in operation. We made observations during the inspection of staff being responsive to people's needs.

People and their relatives knew the management structure within the service. Staff were positive about the support they received from the services management and their colleagues. Staff spoke of a positive team environment.

The registered manager had been given regional and national recognition of their management and leadership achievements. There were methods to communicate with people and staff and people were asked for their views. There were systems that monitored the quality of service provided.

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.

Guidance to reduce identified risks was completed for people.

Staff knew how to identify and respond to abuse.

People received their medicines when they needed them.

There were sufficient staff on duty and recruitment was safe.

The service was clean and cross infection risks were managed.

Good



Is the service effective?

The service was effective.

People felt staff were well trained and said they received effective care.

People had access to healthcare professionals where required.

Staff understood the principles of the Mental Capacity Act 2005 and applied it in their roles.

The service was meeting the requirements of the Deprivation of Liberty Safeguards.

People were supported with their nutrition and hydration where required.

Good



Is the service caring?

The service was caring.

People and their relatives spoke positively of the care they received.

The service had received compliments about the care they had provided.

Staff understood the needs of the people they cared for.

People's visitors felt the service communicated well.

People were supported by the service at the end of their life in accordance with their wishes.

Good



Is the service responsive?

The service was responsive to people's needs.

People told us they received care when they needed it.

Staff had a system to communicate people's care needs to ensure they were met.

People's care records contained personalised information and there was a system to review records.

Activities were provided for people within the service.

The provider had a complaints procedure and people felt able to complain.

Good



Summary of findings

Is the service well-led?

The service was well-led.

People and relatives spoke highly of the management team at the service.

Staff felt supported by the management team and were positive about the team ethos at the service.

The registered manager had achieved regional and national recognition for their management and leadership.

People and their relatives were asked for their views on the service.

There were quality assurance systems to monitor the quality of the service provided.

Good



Hengrove Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 was carried out by one inspector. When the service was last inspected during April 2014, no breaches of the legal requirements were identified.

Before the inspection the provider completed 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 the improvements they plan to make. We reviewed the information in the PIR and

information that we had about the service including statutory notifications. Notifications are information about specific important events the service is legally required to send to us.

Some people in the home were living with dementia and were not able to tell us about their experiences. We used a number of different methods to help us understand people's experiences of the home such as undertaking observations. This included observations of staff and how they interacted with people and we looked at three people's care and support records.

During the inspection, we spoke with four people and two people's relatives. We also spoke with the registered manager, the deputy manager and two members of care staff. We looked at records relating to the management of the service such as the staffing rota, policies, incident and accident records, recruitment and training records, meeting minutes and audit reports.

Is the service safe?

Our findings

People we spoke with told us they felt at the service and that staff treated them well. One person told us, "I'm happy here and I enjoy the staff company." Another person commented, "They [staff] look after us here." A relative we spoke with told us, "My Mum's happy here, I never worry about Mum." The registered manager had recently asked people to complete a 'Feeling Safe' survey which asked people how safe they felt in the home. All survey results were positive.

The home had undertaken an assessment of people's risks and management guidance had been completed. This guidance ensured that although a risk had been identified, people could continue to be independent. For example, assessments for some people's risk of falls had identified they were unsteady on their feet at it was evident they were at risk of falling. The guidance showed that the service supported choice and independence whilst enabling people to take calculated risks in accordance with preferences. For example, we saw within one person's records that they preferred to wear slippers that were slightly ill-fitting. The risk management included ensuring that to ensure the person was supported safely, staff supported the person when mobilising to ensure they were safe whilst being able to wear the clothing of their choice.

Where people had individual medical conditions the service had produced guidance on the safe management and support of the person's condition. For example, for people who had diabetes there was an individual care plan within their care records. This record showed the person's condition and associated risks, together with any intervention with any healthcare professionals who may have been involved in the management of the condition. This showed the service had followed published national guidance in relation to care planning around diabetes. This reduced the risk of the person receiving unsafe or inappropriate care.

There were sufficient numbers of staff on duty to support people safely and meet their needs. People told us their needs were met and we made observations that supported this. Relatives we spoke with felt people's needs were met. Staff we spoke with did not raise any concerns about the current numbers of staff and felt people's needs were met. The registered manager told us used a set number of staff

within the home which met people's needs. Staff told us the current set staffing levels gave them time to socialise and talk with people and they did not feel in general they were rushed or pressured when providing personal care.

Staff files showed that safe recruitment procedures were followed before new staff were appointed. There was an application form, employment references and photographic evidence of the person's identity had been obtained to complete employment checks. A Disclosure and Barring Service (DBS) check had been completed for all staff. The DBS ensures that people barred from working with certain groups such as vulnerable adults are identified.

The service had arrangements to identify and respond to the risk of abuse. We saw that safeguarding and whistleblowing policies were available for staff. Staff we spoke with understood safeguarding and showed a clear understanding of reporting procedures. Staff told us they had received training in safeguarding which was confirmed by supporting records. Staff were familiar with the concept of whistleblowing to report poor practice and explained how they could contact external agencies in confidence if they had any concerns.

The registered manager had undertaken a monthly review of reported incidents and accidents. This review was to identify any patterns or trends in incidents and accidents and was aimed at preventing or reducing reoccurrence through intervention and support for people. We saw that these reviews involved the use of a clock face to mark the times of incidents to establish if incidents were happening at a specific time. There were floor plans of the building to establish if certain locations were part of a pattern and each incident was reviewed and commented on by the registered manager or a senior member of staff. Recent reviews showed no trends in the reported incidents or accidents.

The service was clean and domestic staff were employed daily to maintain standards of cleanliness. There was liquid anti-bacterial gel available at the entrance of the building. We made observations that staff wore personal protective equipment such as gloves and aprons when required. People told us they felt the service was cleaned to a good standard and people's relatives supported this. We saw that where required during an outbreak of illness, the registered manager has sought advice and guidance from organisations such as Public Health England. It was

Is the service safe?

highlighted to the registered manager that the Department of Health guidance within the service had been superseded by a more current version and we have sent the current version to the provider.

The ordering, retention, administration and disposal of people's medicines was safe. Records showed people's medicines were given to them when they needed them and no recording concerns on people's medicine administration records were identified. Medicines were stored safely and where required specified medicines were secured in accordance with current legislation and guidance. The service had the occasional requirement to store medicines within a refrigerator to ensure they were effective when used. The current method of storing these

medicines was within a food refrigerator in the services kitchen. It was highlighted to the registered manager that storing medicines in this way, although only occasionally, requires risk assessments to be completed. This would ensure that the refrigerator would only be accessible by the correct staff and a system was in place to monitor the temperatures.

Equipment used within the home was maintained to ensure it was safe to use. The registered manager showed us the supporting records that detailed the regular maintenance and servicing of mobility equipment within the home. For example, equipment such as hoists and handling belts were serviced and the call bell system was subject to regular testing.

Is the service effective?

Our findings

People and their relatives commented positively about the standard of care provided by staff. All of the people we spoke with were satisfied with the level of care they received and told us they felt staff were well trained to perform their roles. One person told us, “The staff tick all of the boxes.” A person’s relative spoke highly of the staff and explained how the registered manager ensured that staff received specialist training in a certain matter to meet their relatives needs so they could live at the service.

People were supported to use healthcare services when required. People we spoke with told us they could access their GP if required and the registered manager told us they had a good relationship and communicated well with the relevant GPs. People’s additional healthcare needs were met by visits from the district nursing team and chiropodists. We saw that where required, referrals had been made to occupational therapists and physiotherapists to meet people’s needs.

The registered manager was aware of their responsibilities in regard to the Deprivation of Liberty Safeguards (DoLS). DoLS is a framework to approve the deprivation of liberty for a person when they lack the mental capacity to consent to treatment or care and need protecting from harm. We spoke with the registered manager who was aware they had the responsibility for making DoLS applications when they felt they were required. At the time our inspection, there were three people within the service who were lawfully being deprived of their liberty. The registered manager that three additional applications had been made and the service was awaiting the appropriate action from the local authority to progress these applications.

The service had an effective system to ensure conditions imposed as part of a DoLS authorisation were complied with. Within a DoLS authorisation, the local authority who had granted the authorisation may impose a single or set of conditions on the service as part of the authorisation. This could be to ensure the person’s care needs are met in the least restrictive way possible or to ensure their health needs are met. The service is obligated to meet the conditions set within the authorisation. The registered manager had created a document that listed any

conditions set and recorded an action plan to ensure the conditions were continually reviewed and met. Records we reviewed demonstrated the service had currently complied with all of the conditions set.

Staff were aware of the Mental Capacity Act 2005 (MCA) and told us how the MCA had an impact on their work. They told us their role involved them supporting people in making decisions about their daily lives. Staff gave examples of how they involved and empowered people in daily decisions about their care. We made observations during the inspection of how staff interacted with people and offered people choices of meals and drinks throughout the day, or if they wished to participate in activities.

When people required support from staff to eat and drink received the care they needed. Most people in the service were able to eat and drink independently and required minimal intervention or support by staff. Where people required some assistance of staff to eat their meals, this was provided. The registered manager told us that no person in the home was currently assessed at being of risk of malnutrition. People had access to drinks within their rooms and in shared areas throughout the day. A trolley with hot drinks was taken around the home at regular intervals throughout the day. People commented positively on the meals at the service and we saw that people were offered choices. One person didn’t wish to try the meal they had at dinner and was quickly offered an alternative by staff which they accepted.

Staff received training to carry out their roles. Staff we spoke with told us they felt they received sufficient training and were supported by the registered manager and provider with additional training. The training record showed staff had completed training in key areas to support them in providing effective care to people. This included first aid, moving and handling, safeguarding, infection control and food hygiene. We also saw that with the support of the provider, some staff had complete national qualifications in Health and Social Care and others were currently working towards a diploma.

Staff received additional training to assist them in understanding and supporting some of the people they cared for. The training record showed that training in dementia awareness was provided for staff. The record

Is the service effective?

showed that additional training how to care for a person at the end of their life, record keeping and equality and diversity was provided. Staff all commented positively about the training they received.

Staff were supported through regular performance supervision by the registered manager. Staff told us they received supervision and the registered manager produced the supporting documents. Supervision records showed that matters such as the staff member's performance and role were discussed, together with training and development needs, people's care needs, safeguarding and any matters agreed at the previous supervision. We spoke with the registered manager regarding annual staff appraisal. They acknowledged that although these had not

been completed recently, they were soon to be commenced, so staff would receive an annual appraisal of their performance and objectives could be set for the following year.

New staff received an induction. The provider's induction was aligned to the Care Certificate. They produced the documentation to support this. The Care Certificate was introduced in April 2015 and is an identified set of standards that health and social care workers should adhere to when performing their roles and supporting people. The certificate is a modular induction and training process designed to ensure staff are suitably trained to provide a high standard of care and support. On the day of our inspection new members of staff were receiving this induction training.

Is the service caring?

Our findings

People and their relatives gave a high level of praise about the staff at the service and the way in which they were cared for. All of the comments we received were positive. One person we spoke with told us, “They look after us, they can’t replace being at home with our family but they are good.” Another person commented, “I enjoy the company of the staff here.” One person’s relative told us of a less positive experience at a different service their relative had prior to arriving at Hengrove Lodge and said, “I wish I knew this place was here earlier.”

The service maintained a record of the compliments they received from people and their relatives. There were several compliments from 2015 within the record and we reviewed some recent compliments. One card from a person who recently left the service read, “Thank you for all you have done for me, I love you all.” A selection of compliments from people’s relatives was looked at. One read, “I very much appreciate the care given to my Mother at Hengrove Lodge during her stay there.” Another read, “Thank you all so much for the wonderful care you gave Mum. You are a very special team.”

People’s relatives were welcomed to the service and several people’s relatives visited during our inspection. People’s relatives told us there were no restrictions on visiting and said they felt welcomed into the home by the registered manager and staff. The relatives we spoke with felt the communication between them and the service was good. They said they were kept informed of changes in people’s needs or health conditions. It was clear the registered manager and staff had a good relationship with people’s relatives.

Staff communicated in a friendly way and demonstrated they had an understanding of people as an individual. Staff interacted caringly throughout the inspection and took time to acknowledge people as they entered or left the room. Staff engaged in humour with some people and it was evident the person enjoyed this type of communication, we saw that staff addressed people

individually to ensure their needs were met or as part of a group. For example, we observed one member of staff, who had just provided drinks to people in a communal area, ask, “Would anybody like me to do anything for them?”

We made additional observations where staff supported people whilst promoting independence. For example, one person was trying to do something and was having a little difficulty. The staff member asked, “Do you want me to help you?” The person declined the offer and the staff member respected this. They observed the person complete the task whilst discreetly monitoring them to ensure they remained safe.

During our discussions with staff it was apparent they knew the people they cared for well. When asked, staff explained people’s individual care and support needs, what their preferred routines were and what their preferences for meals, drinks and activities were. Staff gave examples of how people’s support levels could change frequently, and that on some days people would require more support than on other days. They also explained how people’s levels of tiredness or their mental state could have an impact on their safety such as their ability to walk around the service safely. This demonstrated staff knew people well and when they needed to adapt to their changing needs.

The service supported people to have a comfortable, pain free and dignified death where possible. Some staff had received training in the provision of end of life care and the registered manager had a link with a local hospice to obtain advice, guidance and support if required. Within people’s records, information was communicated about a person’s end of life care wishes and people were supported by the staff in making and recording these decisions where possible. The service communicated with the person’s GP and other healthcare specialists to help ensure the service had sufficient medicines and equipment. This helped avoid inappropriate or unwanted hospital admissions and allowed people to stay at the service in the final stages of their life in accordance with the person’s wishes.

Is the service responsive?

Our findings

People said they felt their needs were met and that staff were responsive to their needs. Positive information was also received from people's relatives. We were given different personal examples of how the service had responded to people's changing needs. One person's relative said, "I have nothing but praise for the staff here." Another relative said, "I know they are very quick at involving the doctor for Mum if they need to." One person who lived at the service told us, "The staff team here are brilliant, they make it feel very homely."

The registered manager had a handover book in operation. This ensured that staff communicated about people's care needs to enable the service to be responsive where required. The handover book showed, for example, if a person had been given a short course of medicines, if the person needed a sample taken for testing or if the person had been involved in a fall or was unsettled. The registered manager and staff told us the handover book was effective and ensured key matters were communicated.

We observed when staff were responsive to people's needs. For example, people were supported with their mobility needs where required to ensure they moved around the service safely. Staff answered call bells quickly to meet people's needs and emergency bells were answered very quickly. Where people had mobility issues, the staff ensured the person's emergency pull cord was within reach so they could call for assistance if needed. One person's relative confirmed that every time they visited the pull cord was always situated next to their relative. Other examples of staff being responsive included getting people drinks when they requested them. Staff were heard to be constantly asking people, "Is that ok for you" or "Do you need anything else." This showed that staff continually aimed to meet the needs of the people at the service.

There were systems to ensure that care reviews and the reviews of people's risk assessments were completed. People were allocated individual keyworkers. These keyworkers were senior members of staff designated to people. The keyworkers ensured the person received care and support in line with their wishes and completed a review of people's care with them. The people we spoke

with and their relatives were aware there was a keyworker system and people were aware of who their keyworker was. We saw from the records of these keyworker reviews that people's mobility, daily living needs, health needs, social activities and personal safety were discussed.

Care records showed additional information about people's life histories. This information can be of great value to aid communication when supporting people living with dementia. We saw that the document that was a summary of the person's history prior to living at Hengrove Lodge included key information. This included where people were born, their parents information or other family members, their occupations through life, where they lived and details of any children or grandchildren they had. Staff we spoke with demonstrated they understood people's histories which showed they had taken the time to learn about the people they supported.

A range of activities were provided for people to participate in. The registered manager told us that activities were provided to people daily and could either be completed as part of an individual or group activity. They told us that there was no formally scheduled programme as this had previously been unsuccessful. Choices were given to people daily to ensure the activity provided was in line with people's preferences. On the day of our inspection, several people enjoyed playing bingo with staff and there was conversation and some laughter throughout. Other activities included skittles, quizzes and arts and crafts. People also benefitted from external entertainers who played music. Other future events planned included Australia Day and a Burns Night celebration.

People and their relatives felt able to complain or raise issues within the home. The home had a complaints procedure and this information was available to people and their relatives. The complaints procedure gave guidance on how to make a complaint and the timelines and manner in which the provider would respond. There was information on how to escalate a complaint to the local government ombudsman should this be required. The registered manager informed us that no formal complaints had been received for a significant period of time at the service.

Is the service well-led?

Our findings

People and their relatives knew who the registered manager was in the service. We received positive comments about people's experiences with the registered manager and relatives told us that had nothing but positive feedback to give. One person we spoke when we asked if they knew who they could speak with about concerns said, "I know who to contact." One person who was currently on a respite stay said, "The manager introduced herself straight away, I know who the manager is." One person's relative described the registered manager as, "Brilliant."

Staff gave positive feedback about the support they received from the registered manager and senior management team. All said they had no concerns approaching the registered manager for work or personal matters and were confident they would be listened to and supported if required. One staff member commented, "She's an amazing manager. I could always ask for support and I would always get it." Staff also commented positively about the support they received during supervision, appraisal and training.

Staff spoke of a positive team ethos within the service and attributed this to the management and guidance given by the registered manager. One staff member commented, "We have a brilliant team here, and that all comes down to [deputy manager name] and [registered] manager name." Another staff member commented, "We have a really good staff team, we all help each other." The staff we spoke with felt the teamwork between staff resulted in a positive outcome for people living at the home.

The registered manager had been recognised for their leadership and management. They were nominated by colleagues and people's relatives for entry into the Registered Care Home Manager Award in Care and Support West's Annual Care Awards. Following this, the registered manager was nominated by the award organisers for entry into the Great British Care Awards South West and was the winner of this award. The registered manager has now subsequently been nominated for the National Great British Care Awards with the winners to be announced in the near future.

Staff meetings were held to communicate key messages about the service to staff. Staff confirmed that meetings

were held and told us they found them productive. We saw from supporting meeting minutes that matters such as people's welfare, record keeping, medicines, infection control and training matters were discussed.

The provider, registered manager and some senior staff held a weekly meeting to discuss higher level business matters within the service. We saw from the supporting minutes that financial matters, training, new people arriving at the service, Deprivation of Liberty (DoLS) applications and staff matters were discussed. This demonstrated the provider and registered manager communicated frequently about the service to ensure important business information was shared.

The provider and registered manager held meetings with people and their relatives to receive feedback. These meetings were held approximately every three months. This meeting was used to communicate important information to people and also to seek their views on the service. The previous meeting minutes showed that people were asked to comment on their care, their keyworkers, the activities they were involved in and the food menus. The registered manager communicated key matters such as the complaints procedure and the fire procedure. People were also informed the service had recently employed an independent councillor who would attend the service and that people or staff could speak confidentially to the councillor if they had any concerns or worries.

A quality assurance survey was distributed to people and their relatives in May 2015 to obtain their views of the service. People were asked to comment on their surrounds in the service, the level of service they received, if they felt their privacy and dignity was respected and if they were treated with kindness and compassion. All of the results we reviewed were positive and no areas for concern were identified. All of the people who completed the survey were asked if they would recommend the home to others to live in and all answered to the positive.

There were governance systems to monitor the health, safety and welfare of people. For example, There were infection control audits and medicine audits completed. The provider and the provider's quality manager completed monthly self-assessment against the five key questions the Commission review as part of our inspection methodology and the key lines of enquiry. We saw that where areas for improvement were identified, an action plan was created and the action signed off when

Is the service well-led?

completed. Additional quality assurance systems were completed by the provider in relation to checking care records, audit completions, fire safety records and Deprivation of Liberty (DoLS) applications.

The registered manager understood their legal obligations in relation to sending notifications of specific incident to

the Commission and records held by us showed that notifications were sent by the service. The Provider Information Return we requested had been completed by the registered manager and returned within the specified time frame.