

Henran Care Limited

Henran Lodge

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 ●

Summary of findings

Overall summary

About the service

Henran Care Limited is a care home providing personal care for up to five people with mental health needs. At the time of the inspection two people were living at the service.

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

People and health professionals told us staff were kind and caring and they were very happy with the service.

There were many ways in which the service was well-led. People and professionals were happy with the service and told us they found the manager responsive, audits took place to check quality and staff were supported in their caring role through supervision and training.

Care records were up to date, person centred and comprehensive. Risk assessments were in place and we saw staff were working to mitigate these risks.

Medicines and staff recruitment were safely managed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service was provided in a homely environment in which there were good infection control procedures in place.

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

Rating at last inspection

This service was last inspected on 15 March 2017 and was rated good (report published 29 March 2017).

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Henran Lodge

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.

Inspection team

One inspector carried out this inspection.

Service and service type

Henran Lodge is a 'care home'. People in care homes receive accommodation and personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

Before the inspection, we checked for any notifications made to us by the provider and the information we held on our database about the service and provider. Statutory notifications are pieces of information about important events which took place at the service, such as safeguarding incidents, which the provider is required to send to us by law.

We used all of this information to plan our inspection.

During the inspection-

We spoke with two members of care staff, the registered manager and one person who lived at the service. The second person living there was unable to communicate verbally with us.

We reviewed a range of records including two care records, medicine administration records, two staff recruitment files and training. We also looked at management quality information including audit documents covering medicines, hygiene and the environment. We also looked at staff supervision, training and accident and incident documentation. We checked the service had key services maintained to support a safe environment.

After the inspection

We made contact with one relative and contacted three organisations for feedback on the service. We received feedback from two of the organisations.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The service had systems and processes in place to safeguard people from abuse. Staff were able to explain their role in safeguarding vulnerable adults and could tell us what they would do in the event of any concerns. They also understood when and how to whistleblow.
- The safeguarding policy set out actions to take in the event of a safeguarding concern and we had received notifications appropriately.

Assessing risk, safety monitoring and management

- There were risk assessments in place on care records. These covered a wide range of areas such as eating and drinking, skin integrity, mental health and mobility. Staff understood how to care for people and meet their needs.
- Essential services, such as gas, electricity and fire safety systems had been maintained and checked on a regular basis.

Staffing and recruitment

- Safe staff recruitment processes were in place with appropriate criminal and reference checks taking place prior to staff starting work with vulnerable people.
- There were enough staff to meet people's needs.

Using medicines safely

- Medicines management was safe, medicines were stored appropriately, the majority were in blister packs, and medicines were administered on time. As needed for occasional conditions, PRN medicine, was available with guidance for staff.
- Staff were trained to give medicines safely, had been competency checked, and the registered manager audited medicines administration and stocks on a regular basis.
- Adults can be given medicines without their permission if they have been assessed as lacking the mental capacity to make decisions about their health or medicines and there is relevant paperwork showing that it is in their best interests. Minor adjustments were required to documentation related to the giving of medicines covertly which were made immediately following the inspection.

Preventing and controlling infection

- Staff used gloves and aprons where necessary and staff had been trained in infection control procedures.
- The service was clean throughout and people told us this was always the case.
- The service had received the highest rating possible for food hygiene.

Learning lessons when things go wrong

- The service kept records of incidents and the registered manager was able to show us actions taken following incidents and learning shared with staff, but this information was not documented on the form. Following the inspection the registered manager updated the form to capture this information.

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 good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The registered manager reviewed people's care documentation prior to them viewing the service. Once it was agreed the person was suitable for the service, the registered manager set out the care plan and risk assessments for the person at the service.
- These assessments, along with information from the local authority were used to produce individual care and support plans so that staff had the appropriate information and guidance to meet people's individual needs effectively.

Staff support: induction, training, skills and experience

- People told us the staff were able to provide them with care in the way they wanted and were skilled in doing so. Comments included, "I get help when I need it. I am happy here."
- Mental health professionals told us staff had the skills to work with the people living at the service.
- Records showed staff received an induction and then shadowed experienced staff prior to working with people alone. Staff were trained in key areas and completed tests as part of the quality assurance process to ensure they understood the training.
- Staff supervision took place regularly and was detailed. Staff told us supervision was helpful to them in their role. They also said the registered manager was very supportive to them in their role.

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

- Staff supported one person with eating and drinking in line with the guidance set out by the speech and language therapist.
- People told us the food was varied and they enjoyed the choices available.

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

- Care records showed the service worked with other health professionals to support people to have healthy lives and access appropriate health care.
- Mental health professionals told us the service worked in conjunction with them to meet people's mental health needs.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 with appropriate legal authority. 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.

- The service had applied for one person to be restricted under DoLS recently. There was a system in place to record when applied for and when renewal would be due.
- People's mental capacity was noted on care records.
- Staff understood the importance of gaining consent before providing care. One person became agitated at times when receiving personal care. Staff told us, "I try and calmly explain what we are doing re personal care. If I need to, I will come back later."

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

- The service was provided from a house in a residential street. There was a chair lift to the upstairs bedrooms, with one en-suite bedroom downstairs. The design met the needs of the people living there at the time of the inspection, but the registered manager told us that should people's mobility deteriorate they would need an accessible care facility.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and mental health professionals told us the staff were "kind and caring". One person told us, "I like living here."
- We saw staff were kind to people and there was a homely atmosphere at the service. Following the inspection, the registered manager bought furniture for the garden, so people could make full use of this facility.
- Staff were able to tell us how they treated people with dignity and respect; "I make sure people have a choice, I talk with them."
- Care records noted people's religious needs and whether there were any foods to avoid for religious or cultural reasons. One person told us they no longer wanted to go to a place of religious worship but were aware staff would support them to go if they chose to.
- One person had reverted to the language they had spoken from early childhood so there were words on a poster in their room to prompt staff to use, to support communication.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People and their relatives were asked how they wanted their care to be provided and we could see that care records recorded examples of this. One person was very private and did not like to speak about their personal history and this was noted on their care records.
- Care records set out what tasks people could do for themselves to promote independence.
- People told us staff treated them with dignity and respect.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- Care records contained personalised background information regarding people so staff could understand the work people previously carried out, and their social and family background. Care records also noted people's likes and dislikes.
- Care records were detailed, up to date and covered a wide range of needs. These included eating and drinking, personal care, mobility and memory, behaviours that challenge and support for medicines. They were regularly reviewed.
- People were offered activities at the service and were supported out on occasion to the local park or shops. The service kept a log of the activities they joined in with, but the registered manager told me they planned to improve recording in this area.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information was available for people in a way they could understand, and staff were also available to explain information for people.
- For one person who had reverted to the language they had spoken from early childhood, the communication plan referred to a list of key words in this language which was available for staff to use.

Improving care quality in response to complaints or concerns

- The service had a complaints process in place and had received one complaint in the last 12 months which we could see was dealt with appropriately.
- Health professionals told us the registered manager was very responsive and dealt with any issues they raised promptly and efficiently.

End of life care and support

- The service had an end of life policy in place and we could see that if people were willing to discuss it, their end of life wishes were recorded in detail on their care records.

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 good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 service was providing person centred care to people and this was evident from care records and from talking with people and their relatives.
- People told us the service was provided in the way they wanted.
- The registered manager was open and transparent throughout the inspection and people and health professionals spoke highly of the registered manager and the service.

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

- The registered manager undertook quality audits in a key number of areas including medicines, the environment and hygiene. There were systems in place to prompt supervision, training and competency checks.
- Staff were clear about their role and told us they were supported to do it.
- The registered manager had made notifications to CQC and the local authority as required to do so.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives were involved in the setting up of their care.
- The service had asked people to complete questionnaires to evaluate care previously and planned to do so again when there were more people living at the service. As there were only two people currently living there, and one person was non-verbal, feedback was informal.
- Staff team meetings took place and staff told us they could give their views on how best to meet people's needs, and how to make the service run better.

Continuous learning and improving care

- Policies were in place for key areas of service delivery.
- The registered manager implemented improvements quickly following the inspection including documents to record accidents and incidents and people's behaviours.
- The registered manager told us the previous 12 months had been challenging due to specific people's mental health needs. These people had now moved onto other services. The registered manager told us

they had learnt from this experience and were mindful of the need for a balance of people's mental health needs within the service, to ensure the service remained homely and safe for all.

Working in partnership with others

- Mental health professionals told us the service worked in partnership with them, and we could see there was regular communication with local health professionals.
- The registered manager retained their professional nursing qualification to keep up with best practice in care.