Leonard Cheshire Disability

Hovenden House

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

People and their relatives were very happy with the service. In addition, our own observations and the records we looked at supported this view. People were cared for safely. Staff were able to tell us about how to keep people safe. The provider acted in accordance with the Mental Capacity act (2005) (MCA) and deprivation of liberty Safeguards (DoLS). The provisions of the MCA are used to protect people who might not be able to make informed decisions on their own about the care or treatment they received. This includes decisions about depriving people of their liberty so that they get the care and treatment they need where there is no less restrictive way of achieving this. If the location is a care home CQC is required by law to monitor the operation of the DoLS, and to report on what we find. At the time of our inspection there was one person who was subject to DoLS.

We found that people's health care needs were assessed, and care planned and delivered to meet those needs. People had access to other healthcare professionals such as a dietician and a chiropodist.

Summary of findings

People were supported to eat enough to keep them healthy. People had access to a range of snacks and drinks during the day and had choices at mealtimes. Where people had special dietary requirements we saw that these were provided for.

We looked at records of fluid intake and found there were gaps in the completion of the record which could put people at risk of not having sufficient fluids. We also found gaps in the records which recorded when people were weighed. This meant there was not a complete record for staff to use to monitor changes in people's health.

People had their privacy and dignity were respected and made positive comments about staff. We saw that care took into account people's preferences and that staff obtained people's consent before providing care.

Staff were provided with both internal and external training on a variety of subjects to ensure that they had the skills to meet people's needs. Staff knew how to raise concerns. We found people and relatives were clear about the process for raising concerns and were confident that they had a voice in the running of the service.

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.

When we spoke with staff they knew how to recognise and respond to abuse correctly.

Where there were risks to people's safety these were appropriately assessed and managed.

Where people did not have the capacity to consent, the provider acted in accordance with the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS).

Good

Is the service effective?
The service was effective.

Arrangements were in place to ensure that people had access to healthcare services and receive ongoing support if required. We found that there were gaps in some records.

Staff had access to appraisals and felt supported in their role to provide effective care to people.

People enjoyed the care home's food and had a choice about what and where to eat. Plans were in place to ensure that people's nutritional needs were met.

Good

Is the service caring?
The service was caring.

People's privacy and dignity was respected.

People were positive about the care they received and we saw they were involved in decisions about their care on a day to day basis.

People's end of life care was recorded and staff followed the agreed plan.

Good

Is the service responsive?
The service was responsive.

People were able to make everyday choices and during our visit we observed this happening.

Activities were available throughout the day and we observed people being supported to participate in these.

We observed occasions when the service changed their practice in response to people's needs and requests.

Good

Is the service well-led?
The service was well led and systems were in place for monitoring quality.

Relatives and people who lived at the home felt able to raise concerns and processes were in place to manage any concerns raised.

The systems that the manager had put in place for monitoring quality were effective.

Good

Hovenden House

Detailed findings

Background to this inspection

Our inspection team consisted of an inspector, and a specialist advisor. A specialist advisor is a professional who has expertise in an area relevant to the service being inspected. The specialist advisor had expertise in physical health.

Prior to our inspection we reviewed the information we held about the service and the provider. 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. During our inspection we spoke with a visiting professional about their experiences of care within the home.

At our previous inspection we had found the provider to be compliant with the areas we looked at.

We spoke with four people living at Hovenden House, one relative, one nurse, four care staff, the registered manager and the activities coordinator.

We observed care and support in communal areas and also looked at the kitchen and some people's bedrooms, as well as a range of records about people's care and how the home was managed.

We looked at five people's care records in detail, to help us decide whether or not people were receiving care that was safe and meeting their assessed needs. We also looked at three staff files and management records such as quality audits and complaints records.

Good

Is the service safe?

Our findings

Through our observations and discussions with people, we found that there were sufficient staff with the right experience or training to meet the needs of the people who lived in the home. We spoke with people who lived in the home about staff numbers. One person told us, "I don't have to wait long before staff come if I ring the bell. They'll always come quickly."

We were told recruitment of nurses was difficult due to the rural location of the home. However, arrangements were in place to ensure sufficient staff were available to meet people's needs. The provider had contracts with agencies and the home used the same agency in order to provide continuity of care. When we spoke with staff they told us that they felt that there were usually sufficient staff available unless a member of staff was off sick at short notice and they were unable to obtain cover in time. All the staff we spoke with told us that they worked together as a team across the home and supported each other.

Risks to people's safety were appropriately assessed, managed and reviewed. When we looked at the care records, we found that risk assessments had been completed on areas such as moving and handling, finance, nutrition and skin care to ensure that people were protected from risk of harm. We observed safe and efficient moving and handling techniques used by staff, which was comprehensively risk assessed in care plan documentation.

We spoke with four members of staff who were able to tell us how they would respond to allegations or incidents of abuse, and they also knew the lines of reporting in the organisation. Staff said that they were confident about challenging and reporting poor practice, which they felt would be taken seriously and acted upon. In addition, we had evidence that the registered manager had notified the local authority, and us, of safeguarding incidents. All the people we spoke with who lived at the home said that they felt safe. One person said, "Yes, I feel completely safe here. They all know how to hoist me." The relative we spoke with also said that they were not concerned about their family member's safety at the home.

In the records that we looked at we saw they contained individual plans for evacuation in the event of an emergency. When we spoke with staff they were able to tell us about these arrangements.

Where people did not have the capacity to consent, the provider acted in accordance with

the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS).

The provisions of the MCA are used to protect people who might not be able to make informed decisions on their own about the care or treatment they received. Where it is judged that a person lacks capacity then it requires that a person making a decision on their behalf does so in their best interests. We saw in the care records mental capacity assessments had been completed and details included as to what areas of care these related to, for example, personal care, finances and keeping them safe in bed at night. It was clear from the records whether people had capacity or required support with decisions.

At the time of our inspection there was one person who was subject to DoLS. This had been applied for and approved and was under review to ensure it remained a valid DoLS. We looked at the paperwork and saw this had been appropriately completed. The registered manager told us that they were in the process of reviewing another person to be considered under DoLS. When we looked at the records we saw that the process for assessment had been commenced.

Good

Is the service effective?

Our findings

People we spoke with told us that they felt that their needs were met. One person told us, “The staff are excellent.” Another person told us, “Staff understand my needs and they listen to me.”

Throughout the inspection we saw people had access to drinks. Staff checked that people had drinks and offered drinks on a regular basis. There were also kitchen areas available for people to obtain their own drinks and snacks if required.

Staff ensured that people were eating enough to keep them healthy. We saw that menus were available for the day and that menus were rotated on a four weekly basis to ensure variety. People who lived at the home were involved in putting together the menus and discussed meals at their regular meeting.

In order to ensure that a person received sufficient drinks to keep them hydrated we saw that they had their fluid intake monitored. Staff recorded what they drank each day. When we looked at the record we found that it was not clear how much the person had received on a daily basis which meant that it was difficult to monitor the fluid intake and ensure they received adequate fluids to meet their needs.

When we observed lunch we saw that people had specialist equipment to support them to eat independently, for example, plate guards and cups with straws. Lunchtime was calm and we saw staff interacting positively with people whilst supporting them with their meal. People were asked what they wanted and offered alternatives if they were unhappy with the choice.

We saw that where possible the staff were flexible in order to meet people’s needs. For example, the registered manager told us about an arrangement for meals where one support worker is allocated to support people at mealtimes on a daily basis. This enabled people to have their meals at a time that suited them. For example, when we arrived at 10 am we saw a person being supported with breakfast. They told us that they preferred a later breakfast.

Care records included information about people’s nutritional needs including risks such as choking and malnutrition. They also included information about people’s likes and dislikes and how to communicate with them. For example one record said, "I like lukewarm sweet drinks.” Another said, “I may point to things that I want”.

Records included information about people’s diet and nutritional needs, for example, whether or not people ate solid food or required supplements in order to maintain their health. We saw where people required specialist support, such as equipment, with their eating and drinking guidance was included in the records so that staff were aware of people’s needs.

In two of the records we looked at we saw that people needed to be weighed on a weekly basis. However we saw that this had not taken place and there was a risk that staff would not be able to identify any changing needs. When we spoke with the registered manager they told us that they were in the process of reviewing this to ensure that people were weighed according to their health needs.

Records showed that people had regular access to healthcare professionals, such as GPs, physiotherapists, chiropodists, opticians and dentists. We saw that people were encouraged to attend dental services in the community, although sometimes this included attendance at hospital dental services - depending on individual needs. Where people had specific health needs such as epilepsy there were care plans in place to guide staff about how to support these people. We spoke with staff and they were able to tell us about these issues and how they would support people. This meant that the provider responded in an effective way to ensure people’s health care needs were reliably met.

The visiting professional that we spoke with said, “Staff are knowledgeable about individuals.” They said that staff worked well with them in order to ensure people’s needs were met.

The provider was in the process of introducing a health passport for use when people had to attend hospital or health appointments. This document would be used to transfer information in order to ensure that people’s health needs were met in other environments.

We spoke with one nurse and the registered manager they confirmed that all staff had an induction when they started work at the home. Other staff told us that they had support when they needed it and confirmed that they had received additional training on issues such as safeguarding,

Good

Is the service effective?

dementia care and fire safety. They also said that they had received appraisals and felt the senior team were supportive. We looked at records of training and saw there were plans for training for the forthcoming year. We saw that there was an appraisal plan in place for 2014.

The activities coordinator told us that volunteers had access to training in subjects such as safeguarding and moving and handling. They told us that all volunteers were provided with information about the home and received an induction before they started.

Good

Is the service caring?

Our findings

We saw staff and people who lived in the home interacted well. For example, we observed a member of staff who was supporting a person with their meal was sat with the person and chatted with them about what their plans were for the day. People said that staff respected their privacy and dignity and we saw that staff knocked on people's bedroom doors before entering and called people by their preferred name.

The care plans we looked at included information about people's preferences, such as how they communicated and their personal history. Care records explained how people liked to receive their care and communicate this. For example one said, "I may point to things that I want." Staff were able to tell us about consent and we observed that staff asked people if they required assistance before they provided it. For example, we saw staff asked people where they wanted their wheelchair situated and if they wanted to go into the dining room for lunch.

We saw evidence of regular reviews in care plans and service user involvement in their current and future care planning, with their wishes recorded and signed. The registered manager told us that people had been given the option to have their care plans within their bedrooms as they belonged to them. However this was discussed by people and they had decided not to keep the care plans in their bedrooms.

We received positive comments from the relative and people we spoke with about staff and the care that people received. For example one person said, "She (the manager) just listens and supports me." A relative told us, "The care is so good. It really is. We have no worries at all about our relative. We come and go as we want and they always tell us if they are not well or something. They communicate really well with us."

During our inspection we spoke with a visiting healthcare professional about the care people received. They told us that staff were always aware of people's needs when they visited. They said, "Staff are very caring."

One care plan we looked at set out a person's preferences for when they reached the end of their life. The care plan described the end of life care they wanted to receive so that staff could support them to remain in the home and be comfortable at the end of their life.

Good

Is the service responsive?

Our findings

The people we spoke with told us that they had their choices respected. One person told us "I can talk to my key worker or the manager if I need to. I'd always say if I had a problem, but I haven't. There's nothing to complain about!"

Another person said, "Staff understand my needs and know how to respond to them."

During our visit we observed occasions when people were given choices by staff about their care. For example what food they would like and if they would like to join in activities.

We spoke with the activities coordinator and they told us about plans to purchase new computers in response to requests from people to be able to communicate with their relatives online and use social media as a communication tool. They said that people would be involved in choosing the type of computer and relevant software to support this.

We saw that information booklets were available to people which informed them about the care they could receive and how to contribute to their care plans. People and their relatives told us that they were aware of the care plans and that they contributed to it. We saw that care plans had been signed consistently by the person or their representative to say that they were happy with their care plans.

A visiting health professional told us that staff worked with them to ensure that people's needs were met. For example, they told us about a person who had a particularly complex nutritional regime and they said that the staff were aware of this and monitored it accordingly and liaised with them regularly.

The registered manager told us that people who lived at the home ran their own meetings about the service they received. They told us that if they had issues to discuss with the registered manager or other members of staff they approached them following the meeting.

We heard from people who lived in the home and saw evidence during our inspection of the range of activities and opportunities available all year round. We heard that the home had three modes of transport to accommodate one or more people on trips out. The activities coordinator told us that sea side trips were mixed with trips into town for shopping, in addition to other visits and activities according to people's preference's. For example a person was supported by a volunteer to go to their favourite teams football matches. We observed during the afternoon people took part in a selection of table games.

The provider used volunteers within the home in order to support people with activities either on an individual or group basis. During our inspection we observed volunteers supporting people with activities. We spoke with the activities co coordinator who was responsible for the recruitment of volunteers. They explained the process for recruitment and we saw from the records that this was followed to ensure that people were suitable for supporting vulnerable people. We also saw that people were matched with volunteers according to their interests, for example one volunteer assisted a person with their model railway.

A complaints process was in place and people told us that they would know how to complain if they needed to. We saw that one complaint had been received and investigated. The registered manager told us that they had upheld the concerns and discussed the issues with staff.

Good

Is the service well-led?

Our findings

People told us that they were confident they could raise any concerns they had with staff and generally quoted the registered manager or their key worker as being the person they would go to. We observed a very open culture throughout the service which encouraged people's involvement. A person told us, "I can talk to my key worker or the manager if I need to. I'd always say if I had a problem, but I haven't. There's nothing to complain about!"

We spoke with five members of staff and they all told us that they felt staff worked as a team and supported each other. All the staff we spoke with told us that they felt able to discuss concerns and issues with nurses and team leaders.

There was a positive culture at the home where people felt involved and consulted. One member of staff told us, "You get job satisfaction here because you've got the training and you're actually doing something that matters for someone." Another said, "They're really supportive here."

Staff told us that they felt consulted and involved in the running of the home. For example, staff had been given four hours a week extra administration time to ensure care plans were fully up to date and all information transferred to new paperwork. During our inspection we observed a member of staff carrying out this work.

There was a clear management structure at the home. The staff we spoke with were aware of the roles of the management team and they told us that the managers were approachable and had a regular presence in the home. During our inspection we spoke with the registered manager who demonstrated to us that she knew the details of the care provided to people which showed she had regular contact with the staff and the people who used the service.

Arrangements had been put in place to ensure that there was sufficient senior support for staff. For example there was an arrangement in place for staff to obtain support from senior staff out of hours and at weekends.

A system for quality assurance monitoring was in place which included checks on cleanliness, call bell audits and care records reviews. We saw evidence of actions being taken following the reviews. For example a review of care records had commenced due to gaps being identified in the audit.

We saw that action plans were in place to address any actions identified by the audits. When we spoke with staff they told us that they received feedback from quality monitoring and were involved in subsequent changes. This helped ensure that the quality of care provided to people was maintained to a high standard.

A survey for people who lived in the home had been carried out in February and March 2014. We saw that these are carried out on a yearly basis and collated by an outside agency to ensure anonymity and independence. Following the collation of the survey a meeting was held to discuss the issues raised. Issues included concerns that people did not have sufficient access to transport. We discussed this with the manager who told us that there were some days when they didn't have a driver so they encouraged people to plan when they required access to try and resolve this.

The provider also used volunteers to support people to participate in their Customer Action Network (CAN). The network is a national network within the provider organisation and provides a voice for people who use the service in its running, including input into the board and a telephone helpline.

The management team involved people and their families in the assessment and monitoring of the quality of care. We saw that there was a regular meeting where people who lived at the home were able to discuss how the home was run and suggest changes. The registered manager told us that they shared the results of audits with the group and agreed actions.

We observed that the management team worked with other organisations to ensure that they had access to up to date guidance and information. For example the lead for infection control attended the local authority meetings and training.