

Verulam Health Care Limited

Verulam House Nursing Home

Inspection report

Verulam House
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Date of inspection visit:

21 April 2016

22 April 2016

Date of publication:

15 June 2016

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

The inspection took place on 21 and 22 April 2016 and was unannounced. The inspection team consisted of one inspector, a specialist advisor with clinical experience of this type of service and an expert by experience who also had experience of this type of service. The service is registered for 50 people and on the day of our inspection there were 45 people living at the home.

There was a manager in post who had registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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 and associated Regulations about how the service is run.

People spoke positively about the standards of care they received at Verulam House. Relatives were also happy with the standards of care and support their family members received. The home and the environment was clean and well maintained and there were no odours. Fresh flowers were used in many of the communal areas, creating a homely feel. People had been assisted with personal care and looked well-groomed with clean and appropriate clothes.

People's bedrooms were personalised and people told us they were able to have any personal items including items of furniture in their room. We observed that people had a choice about how they spent their time and what activities, events or hobbies they wished to participate in.

People told us they felt safe living at Verulam House, and staff were able to demonstrate that they knew how to keep people safe. Staff had received training in how to safeguard people from potential abuse and were able to describe the process for reporting concerns both internally and externally if required.

Safe and effective recruitment practices were followed to help ensure that prospective staff were suitable to work in a care home environment. We saw that there were adequate numbers of staff on duty and people confirmed this to be the case. Call bells were answered in a timely way and staff responded efficiently to people's requests for assistance.

People were given a choice of food, drinks and snacks. We observed people could choose where they ate their meals. Hot and cold snacks and healthy option snacks were available to people throughout the day. People told us they were able to discuss menus and food planning at residents meetings or through the committee.

Staff were trained to assist people with taking their medicines safely and people confirmed they received their medicines regularly. Potential risks to people's health and well-being were assessed and where risks had been identified, remedial actions had been put in place to reduce risks. These were reviewed regularly to help keep people safe and to reduce the risk of harm or injury.

People, their relatives and commissioners were very positive about the standards of care in the home. Staff demonstrated that they had the right skills and abilities to support people appropriately. Staff were well supported and received training relevant to their roles and responsibilities. They had regular supervision with their line manager to discuss and review their performance and any development needs.

People had developed positive and caring relationships with the staff who supported them. Care and support was provided in a way that took account of their individual needs and preferences and the staff and management team knew people very well.

Staff obtained people's consent before providing care and support to them. People and their relatives were involved in the planning, delivery and review of the care and support provided. Information held about people's medical and personal histories was securely maintained. People had consented to the sharing of their personal information with other professionals who were involved in their care.

People told us that they felt their dignity and privacy was both respected and maintained. People were supported to take part in activities that were of interest to them, both group and individual activities were provided. People felt that staff listened to them and responded to any concerns they had in a positive way. They knew how to complain if they needed to, however none of the people we spoke to during our inspection had made a complaint.

People and their relatives were positive and complimentary about the way the service operated including the management team and staff approach. There were effective arrangements in place to monitor risks and the quality of care and support. Systems and processes were used in a way that supported improvements to the standards of care and support people received.

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.

People were protected against the risk of abuse by staff who had been training in safeguarding.

Risks were assessed and reviewed to help keep people safe.

There were sufficient numbers of staff employed and available to meet people's needs in a timely way.

Safe recruitment processes were followed to help ensure staff were fit for the roles they were employed for.

People were supported to manage their medicines safely.

Is the service effective?

Good ●

The service was effective.

People received support from staff who had received training appropriate to their areas of responsibility.

Staff obtained people's consent before providing care and support.

People were encouraged and supported to enjoy a varied and healthy diet.

People were supported to access a range of health care professionals to help maintain their health and wellbeing.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness and compassion.

Staff had a good understanding of people's needs, and people were involved in planning and developing their care plans.

People's dignity and privacy was respected and maintained.

Is the service responsive?

Good ●

The service was responsive to people's changing needs.

People were supported to be involved in decisions about their care.

People were supported to engage in social pursuits and hobbies of interest to them.

People's concerns and complaints were properly investigated.

Is the service well-led?

Good ●

The service was well-led.

People were positive about how the service was managed and had confidence in the staff.

The management team were open, honest and transparent.

The provider had systems in place to monitor the quality of the service and drive improvements.

Verulam House Nursing 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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2012, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

The inspection was carried out on 21 April 2016 by one Inspector, a specialist advisor who has professional experience of this type of service and an expert by experience who has experience of this type of service and on 22 April by one inspector. The inspection was unannounced. Before the inspection, the provider had completed a Provider Information Return (PIR). This is a form that requires them to give some key information about the service, what the service does well and improvements they plan to make. In addition to this, we also reviewed all other information we held about the service, reviewed the latest contract monitoring report and requested feedback from commissioners..

During the inspection we spoke with seven people who used the service, three family members four members of staff, activities staff the registered manager and general manager and the provider. We also received feedback from health care professionals familiar with the service and the people they supported. We looked at care plans relating to four people, staff recruitment files and other records which related to the monitoring of the service.

Is the service safe?

Our findings

People told us that they felt safe living at Verulam House and one person said, "We can talk to someone if we are worried about anything." Another person said, "All the corridors are brightly lit in case we have an accident." A visitor told us, "I have no worries," and went on to say, "I notice at night there is quite a few staff on duty." Another visitor told us, "If I had any concerns, I would speak to the manager or a nurse."

Staff told us they had received training in various topics including health and safety, moving and handling, safeguarding, and first aid. Staff were able to demonstrate they knew how to report concerns and the process to follow. One staff member told us, "People's safety comes first here and we would never compromise that." Another member of staff said, "If I was concerned about anything I would have no hesitation reporting it, it's our duty." The registered manager showed us the recording process that was used to record any safeguarding concerns demonstrating that they had a robust methodology in place to deal with such events.

People felt there were enough staff to support them at all times. A visitor said, "There seems to be a lot of staff." They were positive about the system the service used to deploy staff. They told us it worked well for their relative and said the staff were consistent day and night. We observed staff to assist people in a timely way throughout our inspection.

There was evidence that staff responded quickly if the call bell was activated. One relative said staff responded 'immediately' if their relative used their call bell. However, another person felt that staff did not always come quickly when a call bell was used, and said it depended on the time of day and particularly when staff were busy supporting people. But they went on to say, "They always let you know they will be with you in a few minutes."

People were supported to use equipment and walking aids and risks were assessed and reviewed regularly. Where risks were identified actions had been put in place to reduce the risk. For example by use of equipment such as a falls mat or low profile bed. We observed staff assisting a person who used a wheelchair and noted that they waited for a second member of staff so that the person could be assisted safely. Risk assessments included both the environment and specific risk assessments such as skin integrity and swallowing.

We observed that where people used walking frames, they were mostly positioned within their reach, although one person had to ask for theirs as it had been placed out of their reach.

People told us they received their medicines on time and regularly. There was a system in place for the safe ordering storage, administration and disposal of medicines. There was a protocol in place for the safe administration of controlled drugs and these were checked after dispensing, and there was also a weekly audit carried out. We saw that MAR charts were completed once the medicines were consumed. We observed staff to wear a tabard when administering medicines reducing any potential interruptions.

Safe and effective recruitment processes were followed to ensure potential staff were suited to a caring role. Staff confirmed that they did not start to work at the home until their pre-employment checks which included satisfactory criminal records had been completed. Staff personnel files confirmed that all the required checks had been carried out before the new staff started work. This meant that the provider had taken appropriate steps to ensure that staff they employed were suitable to work with people living at the care home.

Audits of equipment and health and safety were completed regularly to help ensure that people were kept safe. People had individual fire emergency evacuation plans should they need to evacuate the building in the event of an emergency.

Is the service effective?

Our findings

People, their relatives and health care professionals were positive about the skills, experience and abilities of the staff who provided care and support at Verulam House. All staff members received training and refresher updates in topics such as safeguarding, infection control, administration of medicines and moving and handling. They also received training relevant to the specific needs of people who lived at the home. For example, care of people with diabetes, dementia or end of life care. Staff were able to demonstrate they had a range of appropriate skills to meet the needs of people effectively.

Staff were also encouraged and supported to obtain nationally recognised vocational qualifications in adult social care to help them develop relevant skills and do their jobs more effectively. The registered manager had established links with the local university and they had access to training from the university. Student nurses on placement from the university worked at the home bringing a range of skills and experience. The registered manager told us they were members of a reputable care providers association which was another area that training was accessed and undertaken to make sure that staff's training requirements were met. A staff member commented, "All my training is up to date, and I have recently had refresher training as well."

Staff told us they were encouraged and supported to have their say about how the service operated at regular team meetings. One staff member commented, "The manager is 'hands on', and supportive." Another staff member told us, "I look forward to coming to work, I really enjoy learning new skills and developing my knowledge." New staff were required to complete a structured induction programme, during which they received training relevant to their roles and had their competencies observed and assessed in the work place. We saw that staff had regular supervisions, attended team meetings and had an annual appraisal. Staff told us they felt well supported.

Staff were very knowledgeable about people's individual needs and preferences. Individual plans of care contained detailed guidance about how to meet people's identified needs effectively. People received care and support that met both their physical and social needs. They were supported to access appropriate health and social care services in a timely way and to receive the on-going care necessary to meet their individual needs. This included helping people to make appointments with GP's, who visited the home regularly as well as dentists, opticians and other health and social care specialists relevant to their individual needs. People's identified needs were documented and reviewed to ensure that the care and support provided remained current.

The Mental Capacity Act (2005) provides a legal framework for making particular decisions on behalf of people who may lack 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. Where 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 when this is in their best interests and legally authorised under the MCA. We checked whether the service was working in line with the principles of the MCA and found that. The home had made Deprivation of Liberty safeguards [DoLS] applications to the local authority which related to keeping people safe within the home.

People's consent was asked for before care and treatment was provided and the management and care staff demonstrated an understanding of the Mental Capacity Act (MCA) 2005. For example consent had been obtained for the person for their photograph taken and consent to their care plan.

People were supported to eat and drink sufficient amounts to help maintain their health. We saw that they were offered regular drinks and snacks. We saw that people had a choice of food and drinks and the chef demonstrated they catered for different requirements including specialist diets, soft diets or vegetarian options. People were positive about the food they were offered. However one person who was being cared for in their bedroom was unable to access a drink without support and told us they were thirsty. They were supported to have a drink and the concern was brought to the registered manager's attention. They took immediate remedial action to support the person with drinks and also to monitor their fluid intake on a fluid balance chart.

Is the service caring?

Our findings

People told us, and our observations confirmed that people were supported in a kind, caring and compassionate way. One person said, "Its good living here, all the staff are very friendly and help me when I need support; they are all very nice." A relative of one person commented, "Staff are always polite and caring and demonstrate a good understanding of [family member's] needs. "Another person told us, "We couldn't be in a better place. The staff are super." and they went on to say, "It's not like a hotel at all; it's a real home." The dining area was light and there were linen cloths and fresh daffodils on each table creating a homely ambience.

There were many photographs on a public board showing people on their birthdays - always with a special cake. The clinical manager pointed out one person in a photo who was over 100 years old. The staff showed a very genuine fondness for the people who used the service.

One relative we met in the corridor had a dog with them. They explained they were visiting their family member and the home allowed them to bring the dog. They told us seeing the dog made the person so happy. We observed that the person's face lit up when they saw the dog. This helped to demonstrate how the registered manager and staff went the extra mile to meet people's needs and wishes in a kind and caring way.

We saw that staff had clearly developed positive and caring relationships with the people they cared for and supported. They laughed and interacted with people in a warm and friendly manner. People also told us they felt they were treated with dignity and respect. One person told us that staff always knocked on their door and waited until they were invited in to people's rooms. People's rooms were personalised with their belongings and furniture. There was evidence that people's opinions were sought through residents and committee meetings.

We saw that staff took time to reassure and comfort reassure people who appeared anxious. For example a person who had just moved to the home was greeted warmly, offered tea and asked if they would like to go to see their room again or spend some time familiarising themselves in the lounge. Staff spoke with people in a kind and patient way the tone and approach was appropriate to people's needs.

For example they ensured they faced the person and sat or stooped down so they were at the same level as the person and made eye contact. We observed this was a consistent approach throughout the day.

People were supported to maintain positive relationships with friends and family members who were welcome to visit them at any time. Visitors spoken with during the inspection were very positive about their experiences at the home. One person told us, "We can visit any time and can even go on trips with relatives if we want." They went on to say, "I go to the theatre whenever it's possible."

People, their relatives where appropriate and key workers were involved in the planning and review of the care and support provided. A relative of one person commented, "I have been involved in developing the

care plan and am also regularly invited to contribute to reviews." Another person told us, "We are informed of anything of importance. We are fully involved in [family member's] care planning."

People were supported to access advocacy services for advice where necessary. Confidentiality was well maintained throughout the home and information held about people's health needs and medical histories was kept secure.

Is the service responsive?

Our findings

People who used the service received personalised care and support that met their individual needs from staff who were very knowledgeable about their preferred routines, likes and dislikes, and what was important to them. Staff were provided with information and guidance to help them provide care in a person centred way, based on people's individual health and support needs. Care plans were very detailed and included information about how they liked to be supported with personal care, their medicines, and what they enjoyed doing or any hobbies that people had.

Staff had also developed a 'thinking ahead plan' to support people with end of life decisions. Staff told us how they supported people to think about how they would like care to be delivered in the event of a significant deterioration in their health or wellbeing. We also saw that an information pack had been developed to assist relatives with making decisions and a range of helpful contact numbers were provided.

One person told us, "I was very sick when I came to live here. But the care and support has been so fantastic I am almost fully independent now." We saw from records that the management responded appropriately to people's changing needs. For example, by making referrals to other professionals such as an occupational therapist or physiotherapist. We observed that people had equipment to support their mobility and to mitigate the risk of falls.

People were supported to participate in a range of hobbies, social interests and activities relevant to their individual needs and abilities, both at the service and in the community. For example we observed a quiz taking place along with a current affairs debate and individual pampering and grooming. We saw the activities planner and a range of arts, crafts and games which were available for people to enjoy. Information was provided at various locations within the home to inform visitors and relatives about forthcoming events at the home. Staff told us they had some, "Great events in the garden when the weather was better." There were also regular outings to places of interest and shows depending on what people choose to do.

People and their relatives were consulted about the service and encouraged to provide feedback through various forums including a survey, residents meetings and a committee. Relatives told us they felt listened to, knew how to complain and told us that the registered manager and staff responded quickly to any concerns raised. One person told us, "I have no complaints; everything is perfect here." A relative of another person commented, "I have no complaints or concerns but if I did I would just speak to the manager."

We saw that there was a process in place to record, respond and review complaints or concerns. There had been no recent complaints received by the home or by CQC. We saw that there were many positive comments and thank-you cards from people past and current. The registered manager demonstrated how they learnt from complaints and said they saw them as a positive way to improve the service. Complaints were shared and discussed with staff as a way of learning. This meant that the service had demonstrated a willingness to listen and use mistakes as a positive opportunity for learning and improvement. service well-led?

Is the service well-led?

Our findings

People who used the service and staff members were very positive about the service and how it was operated. They told us the registered manager and the management team were approachable and available and that the team demonstrated clear and strong leadership. Although not everyone spoken to were able to identify the general manager and the clinical manager, people felt the service was well run. One person said, "Without doubt it's well run." Another said they knew both managers and that, "The girl on the desk is fantastic".

A relative of another person said, "I think the manager is open and transparent about the service and what needs to change and improve to meet everyone's needs." Another person's relative told us, "The service is safe and well run." □

Staff at the service felt that they were valued and well supported by the registered manager and other senior colleagues. Staff told us they had a consistent team and all worked well together. One staff member told us, "The manager is very approachable and listens to what we have to say." Another staff member said, "The management are very, good, they make sure people get a good service and that's what it is all about".

Staff also felt they had a voice at the service and could have their say about how services were provided and could be improved. One staff member commented, "We have regular meetings and I definitely feel as though I have a voice here." However two staff members said it would be helpful if staff could be involved in larger team meetings that could provide an overview of the service. They said this would help them to gain a more comprehensive understanding of each person who used the service and how to support them. This was fed back to the registered manager who said they would think about how this could be improved so that communication and information could be shared across the entire team. However they said that some clinical information was personal and did not need to be shared with all staff as it did not affect how they were supported.

The management team had clear objectives and direction for the service. Staff understood their roles, responsibilities and how the management team operated. The management team were knowledgeable about the people who lived at the home, their personal circumstances and relationships that were important to them. They ensured that the staff team had the skills and resources required to meet the varied needs of the people who used the service.

We found that feedback and views were obtained from people who used the service, and this was also being rolled out to include feedback from relatives, staff and professional stakeholders. For example, people who used the service were asked to provide feedback about their experience, including information about what was good about the service and what could be improved. The registered manager and other senior staff members carried out regular checks and audits in a range of key areas in order to identify monitor and reduce potential risks to the service and the people who used it. This included in areas such as equipment checks, medicines audits, health and safety, emergency procedures, and care planning.

The service was a member of a reputable care provider's association training and support programme which helped achieve and share good practice. The provider was said to be, "Very supportive and very involved in the service and how things were done." One staff member told us that the service was all about the people and that they had the necessary resources to enable them to provide good quality care and support to people who lived at the home.