

Wellfield and Henley House Limited

Henley House

Inspection report

225 Whalley Road
Accrington
Lancashire
BB5 5AD

Tel: 01254232763

Date of inspection visit:
23 July 2019

Date of publication:
06 August 2019

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:

Henley House is a residential care home that was providing personal care to 21 people at the time of the inspection. The service can support up to 23 people. Henley House accommodates people across two floors, each of which has separate adapted facilities and a lift. Some of the people living in the home had a diagnosis of early stage dementia. The home is situated in Accrington, Lancashire.

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

People were supported to be safe and said that they felt safe. Staff received safeguarding training and had a good understanding of the principles involved in acting when abuse was suspected.

Medicines were managed safely. This meant people received their medicines as prescribed by healthcare professionals.

People's needs were met through assessments and support planning. The service worked with health and social care professionals to achieve positive outcomes for people. Staff had good knowledge and skills and this ensured people's needs were well met. We saw good examples of when people had been supported to maintain a healthy and balanced diet.

The provider had a robust recruitment process. This meant that staff were recruited safely. Any issues with staff were dealt with promptly using a fair and thorough disciplinary process.

People told us staff were compassionate and kind and during the inspection, we observed this to be the case. Management and staff knew people well. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People received care and support that was person-centred. We saw examples of how the care and support people received enriched their lives through meaningful activities. The service had a robust complaints policy.

The values and culture embedded in the service ensured people were safe and at the heart of the care and support they received. The registered manager and assistant managers planned and promoted holistic, person-centred, high-quality care resulting in good outcomes for people. People knew how to feedback their experiences and this was considered and acted upon by the registered manager and assistant managers. Staff told us they received good support from management.

There was an end of life policy in place that could be used if appropriate. Staff had been trained around this and the home were involved with local organisations to ensure best practice was applied during times when

people were at the end of life. Relatives were complimentary about the support that was provided at this sensitive time.

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

Rating at last inspection:

The last rating for this service was good (published 25 July 2017).

Why we inspected:

We carried out this inspection based on the previous rating of the service.

Follow up:

We will continue to review information we receive about the service until we return to visit as part of our re-inspection programme. If any concerning information is received 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?

The service was safe.

Details are in our safe findings below.

Good 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good 

Henley House

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. This inspection was planned to check 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:

The inspection was conducted by one inspector.

Service and service type:

Henley House is a 'care home'. People in care homes receive accommodation and nursing or 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection was unannounced.

What we did before the inspection:

Our inspection was informed by information we already held about the service. We sought feedback from partner agencies and professionals. We also checked for feedback we received from the local authority and health care professionals.

Our plan took into account information the provider sent us since the last inspection. We also considered information about matters the provider must notify us about, such as events involving injury and alleged abuse.

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.

During the inspection:

We visited the home and met the registered manager, two assistant managers and care staff. We also spoke with people and their relatives. We reviewed three care records and policies and procedures. We considered four staff recruitment and personnel files and other records about the management of the service. We also completed a review of the safety of the environment of the home which included looking at people's bedrooms and communal areas.

After the inspection:

We continued to seek clarification from the registered manager and provider to corroborate evidence we found.

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 remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse and other types of harm. Staff were well skilled and trained in safeguarding. They applied this and followed the service's policy to ensure that people were safe. Staff were also aware of the types of abuse that could occur in a care home setting and raised referrals to safeguarding authorities when abuse was suspected.
- People and their relatives told us they felt safe using the service. One person said, "I feel safe and well and have peace of mind about this". A relative said, "My relative is the best possible place and is far safer here than when they were at their own home".

Assessing risk, safety monitoring and management

- The service managed risks to people's safety including risks to people's health and well-being. Staff completed regular checks to ensure fire equipment, including alarms, were safe. We found personal emergency evacuation plans were in place for all people who used the service and had been updated when people's needs had changed. This meant staff knew how to support people to leave the home safely in an emergency.
- People's care files included risk assessments based on their support needs. Risk assessments covered areas such as the home environment, medicines, falls, behaviours, cognition, communication, mobility, nutrition, continence and medicines. Staff were aware of people's risks and knew how to support people in a safe way, while maintaining their freedom.
- The provider had a contingency plan to safely maintain the business and continuation of support to people in the event of an emergency. This involved using another service operated by the provider.

Staffing and recruitment

- The provider had robust recruitment systems and processes in place. This meant that in the four recruitment files we saw, we were satisfied staff had been safely recruited.
- We received positive responses from people in relation to staffing levels. Staff rotas supported that there were enough staff members available to manage and support people's needs. We noted a good staff presence during the inspection. The registered manager told us they had a stable staff team and only tended to rely on agency staff when staff took unplanned leave such as in the event of an emergency.

Using medicines safely

- People's medicines were administered safely. The service had a medicines policy in place which covered the recording, storage and administration of medicines.

- Records showed staff were up to date with medicines training. People were supported with medicines and had a medication administration record. These were accurately completed and showed people received their medicines as prescribed. Where there were issues, we noted action was taken quickly to ensure people were safe.

Preventing and controlling infection

- People were protected against the risk of infection. We noted the home was clean and tidy and there were systems in place to ensure all areas of the home were clean.
- We noted on appropriate occasions staff wore personal protection equipment (PPE). We noted staff wore PPE when serving food and people told us it was also worn when members of staff were providing personal care.
- The kitchen was clean and staff had been trained in food hygiene. The service had recently been awarded a four stars rating for food hygiene by the local authority.

Learning lessons when things go wrong

- The provider had systems to learn lessons when things went wrong and make improvements. Staff recorded incidents and these were reviewed by the registered manager or assistant managers. We noted, on occasions, these were discussed in staff meetings and supervision sessions. When things went wrong, we saw that the provider apologised and provided an explanation of any lessons learned.

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 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

- People's needs were met through the registered manager and assistant managers carrying out assessments. This also included and took account of views and advice from relatives and health and social care professionals.
- People were given choices in their daily life. For example, we saw a person was asked by staff if they wanted to go outside to join others to enjoy the sunshine.
- Staff knew people's preferences, likes and dislikes. They provided support in line with legislation, standards and guidance to achieve effective outcomes. Information within care records staff accessed included food preferences and sleep and personal hygiene routines.

Staff support: induction, training, skills and experience

- Staff were well trained and supported. When new staff joined the service, they completed an induction programme which included shadowing the registered manager or more experienced staff. One staff member said, "I have come in today to do my essential training. Not only am I paid to do this but really enjoy the sessions. It all helps to provide a quality service."
- Training was provided in areas including medicines, dementia care, fire safety, moving and handling, safeguarding adults, infection control, first aid, equality and diversity and the Mental Capacity Act 2005. Some staff members had accessed a specialist 'support at end of life' course run at a local hospice.
- Staff said they felt supported and received regular supervision. The service had recently been awarded with 'Investors in People' accreditation. This is an internationally recognised standard for people management, that adheres to high standards of staff inclusion, development and good leadership.
- The service provided incentives for staff to develop in the service and an assistant manager told us they had started at the service as a care assistant and had been developed and trained. They had recently been promoted to assistant manager. The other assistant manager had been supported to achieve a high level qualification in health and social care.

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

- People were supported to eat and drink enough. One person said, "The meals are good here. Good hearty Lancashire dishes." There was however some mixed feedback about the quality and variation of lunch-time meals. We spoke to two groups of eight people just before lunch and three people expressed dissatisfaction with one person saying, "It's all the same with no variation." The registered manager undertook to arrange a residents' meeting to seek further feedback on this issue.

- Where appropriate, staff recorded what people ate and drank in the daily care logs to enable them to monitor their food and fluid intake. We noted one person had come to the home and their health had improved as a result of putting on weight. They said, "At home I wasn't eating properly but have been supported here and have put on weight. I feel a better person."
- Some people required support with their meals. Care records showed how people's dietary needs were assessed, such as their food preferences and how they should be assisted with their meals. There was a system that ensured kitchen staff were aware of people's requirements and food was prepared to ensure people were safe.

Staff working with other agencies to provide consistent, effective, timely care

- The registered manager and assistant managers worked with other agencies and professionals to ensure people received good care. We noted, where appropriate, information was shared with other agencies.
- Where people required support from other professionals, this was arranged and staff followed any guidance provided. A relative wrote to the service thanking management and staff. They said all staff had worked tirelessly for their relative and had immediately sought expert help when their condition had deteriorated.

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

- The home is an old traditional building that had been adapted around people's needs. The environment was homely and people could decorate their bedrooms with their personal items including photographs and ornaments. The communal lounge and dining areas were bright and spacious. There was an outside courtyard where some people were seen relaxing and drinking tea.
- Some people who used the service had a physical disability and consideration had been made around this with the availability of specialised equipment around the home. This included a lift to help people mobilise between the two floors.
- People looked relaxed and comfortable in the environment.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to be healthy. Staff were aware of what action to take if people were unwell or had an accident. One said, "If it was an emergency I'd ring 999. Otherwise I'd contact the person's GP."
- Records showed the service worked with other agencies to promote people's health such as speech and language therapists and specialist nurses.

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, 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 when this is in their best interests and legally authorised under the MCA. 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.

- People's rights were respected. The registered manager and assistant managers completed mental capacity assessment forms during people's needs and support assessments. This helped to find out whether or not they had capacity to make decisions related to their care and treatment. Where people did not have capacity to make their own decisions in relation to complex issues such as those relating to support needs and finances, they consulted with relatives and external professionals. This was to ensure people were supported to be safe with the appropriate levels of support. The registered manager also said staff supported people in the least restrictive way possible and the assessments helped them with this.
- At the time of the inspection, three people were being deprived of their liberty. There were other applications in the process of consideration by the local authority. We considered one application and were satisfied it had been properly raised with appropriate level of detail for an assessor to be able to make an informed decision.
- The registered manager said if there were concerns about whether people's liberty may need to be restricted, the service would work with the local authority and any authorised people such as a next of kin to ensure decisions made on behalf of people were lawful and in their best interest.

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 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 were well supported and cared for. People and their relatives were positive about staff members' caring attitude. One person's relative said, "My relative's condition has deteriorated and the care and support that is being provided to us all, including other family members, is outstanding."
- People told us staff knew their preferences and used this knowledge to care for them in the way they liked. Each person had their history recorded in care plans which staff said they used to get to know people and build positive relationships. One said, "I get to know my residents well so that we have a really good warm relationship."
- We observed positive interactions between people, relatives and staff. For example, staff were involved in 'light banter' with people and we noted people appreciated this and reciprocated.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to make decisions about their care. On occasions we noted the registered manager sought external professional help to support decision making for people. For example, the service had access to advocacy services and an advocate was assisting people around care plan reviews at the time of the inspection. Advocacy can help when a person needs an independent voice and relatives may be unavailable.
- People were afforded choice and control in their day to day lives. One person said, "We can do what we want and have a say in aspects of the running of the home."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was supported. Management and staff treated people well and had an understanding of their needs. Staff showed genuine concern for people. When we spoke with staff members, they said they were keen to ensure people's rights were upheld and they were not discriminated against in any way.
- A relative told us staff were always available to speak about their family member. They said staff would respect privacy and always hold sensitive conversations privately.
- Confidential documents were locked away with only appropriate staff having access to them.

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 remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care planning was person-centred and reflected people's needs. People said management and staff were dedicated to meeting people's needs and providing a good service. One member of staff said, "People rely on staff to support them in lots of different ways and we do this so that individual needs are met."
- Staff knew people's likes, dislikes and preferences and used this information to care for people in the way they wanted. One member of staff said, "Most members of staff know the residents really well."
- People's relatives, where appropriate, were involved with people in making choices and were consulted around care planning and reviews. One relative said, "I am contacted regularly by the home and this helps me to keep an eye on my relative's development as they have recently had a big operation in hospital."
- The provider made reasonable adjustments to meet people's information and communication needs, as required by the Accessible Information Standard. This standard was introduced in 2016. Social and health care organisations must make sure people who have a disability, impairment or sensory loss get information they can access and understand, and any communication support they need. The registered manager said the service could provide important documentation in accessible forms including easy to read and pictorial formats.
- People had access to planned activities three to four days a week. We noted significant event activities were arranged when people had anniversaries and special birthdays. The service had also employed professional entertainers and people told us that they especially enjoyed those events. There was one person who provided a mixed view about the quality of the activities at the home saying they were irregular and very similar. The registered manager said the current activities coordinator was due to leave the service and this may have led to feelings of dissatisfaction. They said a new coordinator was to be appointed and it was hoped a full and varied activities programme would be arranged in the very near future.
- The service used technology to improve the lives of people. For example, we noted the service used a medical telecommunications system which allows healthcare professionals access to people through a video conferencing system so an early diagnosis of a condition or concern can be provided.

Improving care quality in response to complaints or concerns

- The registered manager and assistant managers responded to people's concerns and suggestions. At a recent meeting we noted the service had responded to concerns about some of the meals on the menu. The service revised the menu to reflect people's preferences.
- People's relatives knew how to raise a concern or provide feedback about their relative's experiences of care and the service. They said they felt these would be listened to and acted upon in an open and transparent way.

- The service had a comprehensive complaints policy. It had received two complaints since the last inspection in 2016. We noted these had been responded to appropriately, investigated and the complainant had been provided with written details of the proposed resolution to the concerns

End of life care and support

- The service had a comprehensive policy around end of life care. The service subscribed to the Gold Standard Framework model of care planning. This is a framework used by many care providers and hospitals to enable earlier recognition of patients with life-limiting conditions, helping them to plan ahead to live as well as possible right to the end. This process incorporates extensive involvement with family members and local health care professionals.
- Staff members had completed training in end of life care and support. We also noted staff and the assistant managers were encouraged to sensitively engage with relatives and health care professionals on this area.

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 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

- The service provided person-centred and high-quality care by engaging with people using the service, their relatives and health care professionals. The registered manager, assistant managers and staff also planned for and assessed people's needs to achieve good outcomes.
- There was an openness about the way the service was run to enhance the care and support that was provided. Staff members said they could approach management with any issue and there were never concerns about alerting any external agencies, including safeguarding authorities, around safety issues.

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 provider and registered manager understood their responsibility of duty of candour. Duty of candour is intended to ensure providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in general in relation to care and treatment. It also sets out some specific requirements providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology.
- Staff ensured records relating to the care and support of people who used the service were accurate, up to date and complete. Where issues were found, such as when there had been an error on a medicine's chart, all relevant people were involved in the issue, including GP's and pharmacists.
- The provider had comprehensive policies and procedures were available to support staff in the delivery of care.

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

- There was effective management oversight in the service. The registered manager, assistant managers and staff understood their roles, and the importance of quality performance which included adherence to people's support and risks assessments.
- The service had complied with regulatory requirements such as submitting formal notifications. This meant, for example, CQC had the opportunity of monitoring situations whilst a safety concern was under consideration by the local authority.

- There was an on-call system that provided support to people and staff. Staff members said they appreciated this and it provided reassurance when a situation may develop out of 'office hours'.

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

- There was a positive culture of engaging staff, people using the service and their relatives in order to provide care that promoted positive outcomes and support. All the people and relatives we spoke with told us management staff were approachable.
- Staff members we spoke with were complimentary about the registered manager and assistant managers and said they were approachable and supportive. They also said they believed they had an important role in the service.
- The registered manager held regular staff meetings. They also held meetings for people who used the service and records of these were available.
- The service had received thank you cards which contained numerous positive comments from family members about the service and staff members.

Continuous learning and improving care

- There was an emphasis on continuous learning and development within the service. Quality assurance processes and systems were in place and when they identified issues such as environmental matters, action was taken. In one case, we noted that following staff raising a potential safety concern, the provider had de-commissioned a piece of equipment and immediately purchased a replacement to ensure people and staff were not put at risk.
- We noted the registered manager and assistant managers discussed with staff areas of improvement at team meetings.

Working in partnership with others

- The service worked in partnership with key organisations to support care provision and service development. For example, the registered manager told us the service had worked with local health services, community leaders and local schools to enhance the well-being of people in the home.
- Records supported regular involvement of GPs, specialist nurses and social care professionals. One person said, "Before coming here, I was quite poorly. I now have my medicines when I should and get to see doctors and nurses. I am far better off and have the manager and staff to thank for that."