

Ablecare Homes Limited

Hengrove Lodge

Inspection report

29 Petherton Road
Hengrove
Bristol
BS14 9BX

Tel: 01275833006

Website: www.ablecare-homes.co.uk

Date of inspection visit:
28 April 2022

Date of publication:
24 May 2022

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Hengrove Lodge is a residential care home providing personal care for up to 15 people. At the time of our inspection there were 15 people using the service.

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

People and their relatives were happy with the care and support they received. One relative commented, "Everyone is ever so kind and caring".

There were risk assessments in place to guide staff in supporting people safely. We found that in one case, paperwork to document how staff were checking a person's skin wasn't always completed. This was fed back to the registered manager and they took action straight away to address this shortfall. Staff received training in safeguarding and felt confident about identifying and reporting concerns.

The service was well led. The registered manager was supported by the provider to deliver a safe and person centred service. Relatives told us they were able to discuss any issues or concerns they had. There were systems in place to monitor the quality and safety of the service provided.

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.

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 14 June 2018).

Why we inspected

The inspection was prompted in part due to concerns received about risk management and how well staff followed care plans and risk assessments. A decision was made for us to inspect and examine those risks. We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well led sections of this full report.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Hengrove Lodge on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Hengrove 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one Inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Hengrove Lodge is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Hengrove Lodge is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager and three members of staff. We spoke with one person using the service and two relatives. We viewed care records for three people using the service. We spoke with 10 further relatives by phone. We held a further meeting with the registered manager to discuss the evidence we collated.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Not everyone was able to speak with us directly about their experiences, however we observed staff treating people gently and with kindness. One person was vocalising loudly as they mobilised around the home. Staff responded to this in a respectful and kind way.
- Relatives told us people were safe. People had alarms in their room to call staff if they needed them urgently; one relative observed that when an alarm was sounded previously, staff attended promptly. Further comments included, "The place is safe", "They look after everyone" and "They always respond on time".
- Staff received training in safeguarding and understood the importance of reporting any concerns they had. They told us they would feel able to report concerns to the registered manager.

Assessing risk, safety monitoring and management

- There were individual risk assessments in place which gave clear guidance to staff on how to manage people's care safely. For example, assessments in relation to moving and handling gave clear instruction on how many people were required to support the person, what equipment was needed and how it should be used.
- Staff knew people well and it was evident from our discussion, they were following care plans and risks assessments in order to care for people safely. One person was being cared for in bed and staff told us the frequency with which they ensured the person repositioned to help prevent pressure damage to the skin. This was in line with information in their care plan.
- We noted that for one person, their care plan stated a skin assessment should be carried out four hourly due to their risk of developing pressure damage to the skin. This hadn't been completed consistently. We fed this back to the registered manager who confirmed the documentation should be completed; they told us they would address this with staff. Following the inspection, the registered manager shared some training with us they intended to deliver to staff in relation to caring for skin.

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 MCA 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 when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- The registered manager kept an overview and record of when people's authorisations ran out. They were in regular contact with the relevant local authorities in relation to this.

Staffing and recruitment

- There were systems in place to recruit staff in a safe way. This included gathering references and a DBS check. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were sufficient numbers of staff to ensure people were safe. The registered manager told us that at times during the pandemic there had been pressures on staffing but this had not impacted on people's safety or wellbeing. At the time of the inspection, recruitment had been going well and there were no vacancies.

Using medicines safely

- There were safe systems in place to manage and administer people's medicines. They were stored securely in a lockable cabinet. People's individual medicines were clearly labelled.
- Medicine Administration Record charts were used to record when people had received their medicines.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in Care Homes

- Relatives were able to visit the home, in line with government guidance.

Learning lessons when things go wrong

- There was a system in place for recording accidents and incidents. This gave opportunity to identify any themes or patterns in the kinds of incidents happening and to reflect on ways of preventing the accident from reoccurring.

- We noted that some, but not all incident forms had been reviewed and signed by the registered manager. We discussed this with them, and they told us they would read forms as soon as possible after the event occurring but a full review would take place on a monthly basis.

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

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics. Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their relatives gave positive feedback about the service and told us they received good care. One relative commented, "As far as I'm concerned they couldn't do any more".
- There was a person centred culture within the service. People's views were sought and taken in to consideration. The registered manager told us they had recently started meetings with people in the home following a period of time when this was not possible due to the restrictions of the pandemic. People were asked for example about what they wanted included on the menus and what activities and trips they wanted to take part in. A relative commented, "The manager has an open door policy and they are easy to communicate with".
- The registered manager told us that as pandemic related restrictions were easing, they hoped to develop more social opportunities for people in the home such as building links with the local community.
- The registered manager was mindful that people were not all able to express their views verbally and so took account of how they expressed themselves in other ways. For example, through their behaviour.

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

- Both relatives and staff told us that communication was good and they felt able to raise any issues or concerns. One relative commented, "If there's a problem we talk about it".

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager was aware of their responsibilities in line with regulations. They were able to identify the various incidents and situations that needed to be notified to the Care Quality Commission.
- There was a system of audits and checks in place to monitor the service and identify areas for improvement. This included for example, audits in relation to infection control, and health and safety.
- The registered manager told us they had support from the provider and other managers in the organisation and said this had been particularly important during the pandemic when it had been necessary to keep up to date with several changes in guidance around infection control and visiting arrangements.

Working in partnership with others

- The service had good working relationships with other agencies and professionals. Support was provided

for people when necessary to access healthcare appointments. One relative told us, "Appointments for various healthcare professionals are made by the care home".