

Verulam Health Care Limited

Verulam House Nursing Home

Inspection report

Verulam House
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Date of inspection visit:

27 November 2018

28 November 2018

Date of publication:

21 February 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

Verulam House provides accommodation and nursing care for up to fifty older people some of whom may live with dementia. There were forty-five people living in the home at the time of the inspection.

The inspection was unannounced took place on 27 and 28 November 2018.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission 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 2008 and associated Regulations about how the service is run.

At our last inspection we rated the service Good. At this inspection we found the evidence continued to support the rating of Good overall. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. We have written this inspection report in a shorter format because our overall rating of the service has not changed since our last inspection.

The care service has been developed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion.

People continued to receive a safe service and were protected from potential harm or abuse. Risk assessments were in place and had been regularly reviewed. Staff were aware of the measures in place to reduce risks to people. Recruitment checks were completed to ensure staff were suitable to work in this type of service. Staffing levels were good which ensured that people's needs were met in a timely way. People received their medication as prescribed. Accidents and incidents were monitored to help prevent a reoccurrence. Infection control measures were in place to reduce the risk and spread of infection.

People continued to receive an effective service. Staff received an induction, training and support which gave them the skills and knowledge they required to support people effectively. Staff supported people to eat and drink sufficient amounts to help maintain their health and wellbeing. People were supported to have maximum choice and control of their lives and were asked to consent to their care. People were supported to access healthcare professionals when required.

People continued to receive care and support from staff who were kind, caring and compassionate. Staff respected people's privacy and dignity and knew people well and supported them to remain as independent as possible. People's relatives and visitors were welcomed at all times, including events held at the service. People could access the services of an independent advocate if required.

People continued to receive a service that was responsive to their changing needs. People and their relatives were fully involved in the development, planning and ongoing review of their care and support. Support plans were personalised and included information about people's life histories, and family

involvement. People choose what activities they wanted to participate in and how they spent their time. People and their families knew how to raise any concerns and were confident they would be dealt with appropriately. Many compliments had also been received.

The service continued to be well-led, by a registered manager who led by example, was open transparent and inclusive. The culture of the service was people first and they were at the hub of everything that happened at the service. There were a range of quality assurance systems and processes in place to monitor the quality and safety of the service. People's views were sought and these were taken into account when considering the development and or improvements of the service. The service worked in partnership with other organisations which included the local authority, physiotherapists and GP's which helped provide people with holistic care.

Further information is in the detailed findings below.

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 remains Good.	Good ●
Is the service effective? The service remains Good.	Good ●
Is the service caring? The service remains Good.	Good ●
Is the service responsive? The service remains Good.	Good ●
Is the service well-led? The service remains Good.	Good ●

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. We planned this inspection to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took on 27 and 28 November 2018 and was carried out by One inspector.

Prior to the inspection we looked at information we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. The provider had completed 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. We reviewed the information from the PIR which helped us with planning the inspection.

During the inspection we spoke with three people who lived at Verulam house and two relatives. We also spoke with the registered manager, the deputy manager, the general manager, activities staff, the head chef, maintenance staff and care staff. We reviewed a range of documents which included care records for three people, recruitments records for three staff and training records. We looked at maintenance records, menu planning, activities and medicine administration records.

Is the service safe?

Our findings

The service continued to be safe as people were safeguarded from the risk of harm'. People told us they had no concerns in relation to their safety. One person told us "I feel totally safe living here. I am reassured to know that staff are available to assist me when required." A visiting relative confirmed that they felt their relative was kept safe. They told us "There is no question about [Name] safety. The staff take care when assisting the people who live here and I feel confident in their abilities."

People were protected from potential harm or abuse by staff who had received training which helped them to identify concerns. Risk assessments were in place so staff were aware of the measures in place to help reduce risks to people and had been regularly reviewed. This included risks associated with people's mobility, falls, skin integrity and environment.

Recruitment checks were completed to ensure staff were suitable to work in this type of service. We noted that potential staff were required to complete an application form and gaps in their employment history were explored. A disclosure and barring check was completed, references taken up and these were verified. These checks helped to ensure staff were suitable to work in this type of service.

Staffing levels were good which ensured that people's needs were met in a timely way. The rotas demonstrated that there were more staff on duty than the dependency tool used recommended. The registered manager told us this took into account if staff were of sick, so that sufficient staffing levels were maintained.

People received their medication safely by trained staff who had their competencies checked. We saw that there were protocols in place for topical medicines, homely remedies and as and when required medicines such as pain relief which was available when people required it. We reviewed medicine administration records (MAR) and noted they had been properly completed. Regular audits were completed to help ensure any recording errors were quickly identified and addressed.

Accidents and incidents were monitored to help prevent a reoccurrence. For example, when a person had a fall, the circumstances were reviewed to see if there was any learning from the incident and this information was shared with staff to help promote good practice.

Infection control measures were in place to reduce the risk and spread of infection. For example, staff wore personal protective equipment such as gloves and aprons when supporting people with personal care.

People were protected from the risk of fire because systems were in place to help keep them safe. The maintenance staff told us about the fire safety measures they completed, which included regular drills and checks of equipment. There were gaps in recording of fire safety checks. The maintenance staff confirmed that the checks had been completed but not recorded. We accepted the assurance of the maintenance and management staff that this was recording issue rather than a practice issue.

Is the service effective?

Our findings

People continued to receive effective care and support from staff who had received appropriate training and support. One person told us "Yes, I believe the care I receive here does meet my needs and is effective." A relative told us "The staff do receive training here. I am sure this helps them to provide an effective service to people."

Staff completed an induction when their employment commenced. Staff told us and records confirmed that staff completed ongoing training in a variety of topics which enabled them to do their jobs well.

Staff were developed to become 'Champions' in various areas of care which were of particular interest to them including dementia, falls, nutrition, wound care and safeguarding.

Staff received regular support through team meetings, observed practice and individual supervisions which enabled them to discuss any development needs, set objectives and discuss any concerns they may have about people they supported.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. Staff had received training and had a good understanding of the MCA and how this related to their everyday work. People were asked for their consent before staff supported them. People were supported to have maximum choice and control of their lives and were assisted in the least restrictive way.

People were supported to eat and drink a varied and healthy diet to help maintain their health and wellbeing. Healthy snacks were available which included fresh fruit smoothies, milk shakes and fresh fruit. People were offered a choice of food from the menu or alternatives were available on request. Specialist diets were catered for which included diabetic and culturally appropriate menus. We observed people being supported in a non-intrusive and respectful way.

People were supported to access a range of healthcare professionals when required. The registered manager told us how they worked closely with other organisations to make sure people received holistic care. This included chiropodist, opticians and physiotherapists. We noted that healthcare appointments and records were all recorded within peoples support record so that staff were aware of any related medical conditions which may impact how they supported people.

As part of the inspection, feedback was sought from four professionals including Commissioners, the

Hertfordshire County council monitoring officers the Clinical commissioning group, and Head of Quality Improvement at the Herts Valley Clinical commissioning group and considered this feedback when making our judgements.

Is the service caring?

Our findings

The service continued to be caring. People and their relatives told us they found staff and the management team to be kind and caring. One person told us, "I like all the staff and really feel at home living here, I like my bedroom, it is very large. Everyone is so kind here, it is a 'real home' there is such a nice ambience, you can always hear laughing."

Another person told us, "Staff are kind, they help me remain independent and always respectfully." One relative told us, "My [relative] came here on end of life care months ago. They are still here and doing well. I think this is testament to the standard of care they provide here. They are really lovely all of them."

Another relative told us, "I have seen the staff interacting with the people, they are always so kind. They chat, exchange banter and there is always plenty of laughing. They are lovely every one of them."

Staff demonstrated that they knew people well and understood their preferred routines and preferences. For example, one staff member told us one person who preferred to spend time on their own. While another person enjoyed having people around them. One visitor told us their relative enjoyed being with people so that they could listen and absorb the atmosphere without being involved or participating.

People and staff had developed positive relationships and we observed how well people interacted with the staff. We observed one person who lived in the home wearing a name badge which included their job title. They came to the registered manager's office throughout the inspection to have a chat with them and to see how the inspection was going. The registered manager explained that the person had been a nurse and would come into office every day asking for jobs to do. The person enjoyed being given jobs to do and was overwhelmed when the manager presented her with a name badge and a job title.

People could access advocacy service if required. An advocate is a person who gives independent advice about a range of matters.

People were encouraged and supported to maintain relationships with family and friends and visitors were welcomed to the home at all times.

People's personal and confidential information was protected. It was stored securely in locked cabinets. Staff were aware of data protection requirements and information was shared only with people who had a right to access the records.

Is the service responsive?

Our findings

The service continued to provide care and support that was very responsive to people's changing needs and people and their relatives were involved in the planning and review of their care. One relative stated, "Verulam house is a 'real' home where people are well looked after. It is so homely I know we made the right choice. The staff are very good at keeping me informed if anything changes, so I am always kept up to date."

People received care and support which was flexible and responsive to people's needs and wishes. One relative told us, "I have been so impressed with the staff, they are a wonderful team. Before [family member] moved to Verulam house they were not well at all and had lost interest in doing much. With the care and support here at Verulam house they have definitely had an improved quality of life."

People and their relatives who provided feedback about Verulam house were very positive about the care and support they received. One relative told us, "All the staff I have had dealings with have been so helpful and friendly." Support plans were very detailed and included information about what was important to the person, for example what they liked doing and any hobbies and areas of interests they had."

Staff arranged meaningful activities for people to be involved in. The activities staff told us "We have regular meetings with people and they tell us what they enjoy. We try different activities and if they prove to be popular we make that activity available for people as often as they like, for example people enjoy the quizzes, arts and crafts and musical bingo. Where people were cared for in bed, or chose to stay in their bedrooms, activity staff provided individual engagement such as reading newspapers, having a chat, reminiscence or hand massages. These activities ensured people were not socially isolated."

People told us they were aware of how to raise a concern and confirmed they were confident the management team would take their feedback or concern seriously and act on it. There was a concerns, concerns and complaints policy and procedure in place. We noted that a copy of the process was included in the service user guide and displayed in the reception area at the service. Where people had raised concerns, these had been fully investigated and resolved by the registered manager. We noted the service had received many thank-you cards and letters from people and their family members.

Is the service well-led?

Our findings

The service continued to be well-led. The registered manager and the management team embraced an open, transparent and inclusive culture and led by example. The service was extremely person-centred with a real focus on the quality of care provided. One person told us, "The registered manager is very approachable and we see them working alongside other staff." One relative told us, "I feel I can always speak to a manager if I need to and that the staff are also very approachable and helpful."

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission 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 2008 and associated Regulations about how they run the service.

There was robust quality assurance systems in place to continually monitor the quality and safety of the service and make continual improvements. The views of people were regularly sought along with relatives and staff views. One staff member told us "I really enjoy working here because I feel we are so well supported. We have access to all the training as well as specialist training as well."

Another staff member told us the management team do always ask our opinion and are continually looking for ways to improve the service. Staff told us they felt motivated and valued by the management team. The registered manager recognised and promoted good practice for example they had developed excellent end of life care led by an end of life care champion.

Surveys were given out to people on a regular basis about different aspects of the service. Feedback was reviewed and any actions arising were reviewed and where possible put in place. Topics included menus, food planning, activities and questions relating to staff and the quality of care received.

Internal and external audits on various aspects of the service, were completed. We saw the report for the last external audit completed. We noted all aspects of the service were audited and a report complied. The audits included a review of documents to ensure staff were following the correct policies and procedures and that documentation was up to date and current.