

**ADASS EAST Accommodation Services (OP) v23.2 for Henrietta House**
*Overall Rating*

**EXCELLENT**
**Involvement and Information**
**Respecting and Involving People Accessing the Service**
**Standard Rating**
**Excellent**


Henrietta House is a residential home situated in Bedford and part of the Lansglade group of homes. The assessment took place over two days, with two assessors on the first day and one assessor on the subsequent day. At the time of the assessment there was 24 service users in residence.

I would like to thank the Manager, Deputy Manager and all staff for their assistance and hospitality, we were made to feel extremely welcome. Thank you to the friends and families who took time out while visiting their loved ones to provide what was very positive feedback. And lastly, I would especially like to thank all the service users who welcomed us in to their home and took time to speak with us share their stories, it was lovely to meet you all.

**A01** **The care plan should be individually tailored, person centred, include appropriate information on the Individual's preferences and views and clearly evidence that they were involved in the decisions about how their care and support is to be delivered This is confirmed via the pre-admission, daily records & across care plans.**

**Good**

**What We Found**

All three of the care plans viewed were individually tailored and person centred with photos on the front page. All care plans begun with personal information around each individuals life history, medical history, family information, working life and prompts on which each individual enjoys talking about. Included is daily routine preferences on how each individual wishes to be supported with all care tasks.

**A02** **There is evidence that people have been given information in appropriate formats (meeting the accessible information standards) to enable them to make informed decisions about their care and support (e.g. signed information on admission forms).**

**Good**

**What We Found**

Viewed at the time of the assessment were complaints brochures which were available to staff and service users in 4 languages. Quality surveys had been completed by families and service users and these were available in pictorial format.

**B01** **Through observation of staff interaction and discussion with people there is evidence that people are not discriminated against, are treated as an individual and their diversity is respected and their privacy, dignity and independence is maintained and upheld at all times. People are treated with kindness, compassion and empathy. Care workers are seen to support people's choices and preferences in regards the way their care and support is delivered.**

**Excellent**

**What We Found**

Twenty one Bedford Borough service user surveys were completed as part of the assessment process. Surveys confirmed that service users feel safe and supported by staff and feel that their needs are being met.

In discussion with service users on the day of the assessment they confirmed that they were very happy and well looked after. One service user said that the staff were lovely and they had listened and always had time for service users. All residents who were in the lounge were dressed and groomed appropriately.

Observations also confirmed that staff treated service users with dignity and respect. Staff gave clear explanations of care interventions being carried out. Staff were encouraging and caring. Staff offered choices on activities, food and drink and clothing. Staff were observed to knock on the doors of service users. Conversation and laughter flowed all day.

Discussion was also held with visiting family and friends and the feedback was excellent. All said that staff and management were excellent and it felt like home. When asked if their relatives were treated fairly and with dignity and respect feedback was that it could not get any better. One family member told me that knowing his relative is here and being so well looked after allowed them to rest and stop worrying all the time.

**B02** Through observation of staff interaction and discussion with people there is evidence that individual's are always placed at the centre of their care and provided with appropriate and adequate information to enable them to make informed decisions about the care and support they receive.

Excellent 

### What We Found

Family members spoken to on the day of the assessment confirmed they have received information to relevant documentation in relation to the service.

Service users are clearly involved in decisions about the service evidenced by minuted meetings where service users make decisions on menu choices and activities. Service users were asked in meetings if staff maintain dignity and treat service users with respect.

Staff were observed offering choices on food and drinks, clothing and encouraged independence by explaining care interventions, allowing service users time to make decisions and encouraging participation.

**B03** People confirm that they are encouraged to provide feedback about how the service might be improved and confirm that that they are listened to and their feedback is acted upon.

Excellent 

### What We Found

Evidence was seen of residents minutes dated 8th February 2024 where services users were asked if they were happy with the staff and did they feel listened to and respected. One service user asked could they have more frequent showers and this was passed to care staff and added on their care plan. Service users commented that staff are lovely, very nice and there are no problems.

**B04** People spoken with (where appropriate) confirm that they are supported to maintain relationships with family, friends and the community in which they live and are supported to play an active role in their local community as far as they are able and wish to do.

Excellent 

### What We Found

Service users confirmed that they are supported to maintain relationships with family and friends. Visitors were evidence throughout the day of assessment. All family members spoken to confirmed they are made to feel welcome and all said that the home was like a happy family. Service user minutes evidenced that plans are in place for the warmer months for service users to visit the park and visit a cafe for coffee and chats, and service users also meet with other residents of nearby homes.

**B05** People spoken with confirm that they are supported to enjoy a variety of activities and social opportunities and these are based on their preferences and strengths and form part of everyday life.

Excellent 

### What We Found

Evidence was seen of a good variety of activities for service users. An activity timetable is displayed. There is an activities coordinator and staff were seen to encourage service users to take park with the main activities held in the lounge.

The Bedford Borough service user surveys received also evidenced that those people who are bedbound are also supported to enjoy 1:1 sessions with one service user stating 'The activity lady always comes to see me as I am unable to get out of bed'.

Parties and events are held and family members and friends are encouraged to attend.

Minutes were seen of activity planning meetings including input from service users.

**C01** Staff are able to explain how they ensure people are treated with dignity and respect.

Excellent 

### What We Found

Staff were able to explain how they treat service users with dignity and respect by giving examples such as encouraging autonomy, allowing choices, listening to concerns, being patient, being polite, explaining care interventions, address service users appropriately, service users being involved in decision making, make them feel valued, ensuring privacy, encouraging independence, knocking on service users doors before entering, have conversations about their hobbies and interests and always having a positive attitude.

Observation on the day of the assessment evidenced that all staff treated service users with dignity and respect. The conversation flowed throughout the day and there was a lively atmosphere.

In discussion with family members during the assessment they too confirmed that service users were treated with dignity and respect and all fed back that it was like one big happy family.

## Involve ment and Information

Standard Rating

Consent

Good  
★★★★★

**A03** Care plans evidence that appropriate capacity assessments have been carried out and reviewed regularly, best interest decision making documented and that any advanced decisions are both recorded and followed in line with the MCA and that any restrictions are taken into account in line with DoLS when providing care and support. Care plans contain the date of the expiry of any authorised DoLs (and any conditions). POA is clearly documented and evidenced across the care plan where relevant.

Good  
★★★★★

### What We Found

Appropriate MCA and best interests decisions have been carried out with supporting care plans. One of the three care service users files had a Deprivation of Liberty Safeguard authorisation (DOLS) in place with no conditions applied.

**B06** Through observation there is evidence that staff understand when to obtain consent, when to take verbal or implied consent and how to document records of consent.

Good  
★★★★★

### What We Found

Observation on the day of the assessment confirmed that staff seek consent from service users. This was evident by staff knocking on bedrooms doors, listening to requests and preferences. Staff were observed asking if service users required PRN medication.

**C02** Staff are able to describe how they ensure that the principles of the MCA are put into practice in their daily work.

Good  
★★★★★

### What We Found

Staff were able to give an understanding of the MCA by giving examples such as it is designed to protect and empower people who may lack the Mental Capacity to make their own decisions and if decisions need to be made on their behalf this should be in the service users best interest.

Staff confirmed how they implement the MCA in to daily work by giving examples such as involving service users in their care as much as possible, encourage independences, offering choices, knowing care plans and learning preferences.

Staff were observed offering choices and seeking permission before carrying out any care intervention.

## Personalised Care and Support

Standard Rating

Care and Welfare of People accessing the Service

Good  
★★★★★

**A04** Care plans are signed by the person where appropriate to evidence their involvement in their care and support planning.

Good  
★★★★★

### What We Found

Care plan agreements were signed by service users who have capacity and the service user who lacks capacity has been supported by their daughter who has POA to sign her care plan agreement and other consent forms.

**A05** There is evidence that where a key worker system is in place that this is clearly recorded in the care plans and that the person has been given appropriate information about key working system.

Good  
★★★★★

### What We Found

There is a keyworker system in place, this was not evident in the care plans viewed, however this was displayed on the wall in the lounge. Of the 21 service user feedback forms 11 of them were able to state that they had a keyworker in place.

**What We Found**

Appropriate information was on the walls and accessible for service users and families, with who to speak with within the home and how to contact CQC and local authority if necessary.

**A07** **The care assessment has been conducted in a way to reflect the person's strengths, abilities and interests to enable them to meet all of their needs and preferences. These are reflected in the written care plan(s) and include maintaining links with family, friends & the community as well as social engagement and/or preferred activities.**

Good **What We Found**

All three care plans viewed focus on the strengths of each individual and how to best support them to remain as independent as possible. All care plans consider care preferences and choices, including sleep choices, meal and drink, activities and clothing choices.

**A08** **There is evidence that the person's needs, together with any risks to their health and wellbeing, have been taken into account through the assessment process and that this is reflected in the planned delivery of care and support to ensure that the person remains safe, their needs are adequately met and their welfare is protected.**

Good **What We Found**

All care plans viewed evidence appropriate MUST, Waterlow and falls risk assessments with notes of actions taken to follow up appropriately. All Care plans are regularly reviewed and amended when changes occur. One Waterlow assessment viewed highlighted the individuals risks relating to their health history and the support and equipment required to keep her safe.

**A09** **Evidence that care and support plans are regularly reviewed and maintained to reflect the current needs of the individual, including reviews of risks and that these are effectively managed to keep the person safe.**

Good **What We Found**

All care plans evidence regular reviews taking place and changes implemented as required. Appropriate risk assessments are completed.

**A10** **Evidence that daily records are maintained with up to date information to reflect the current needs of the individual.**

Good **What We Found**

The daily notes of three residents were viewed, they were all completed and time specific. Food and fluid records were completed, with meal preferences.

**A11** **Evidence that the care planning and support is designed to maximise the person's independence and quality of life and that people are supported in setting goals to maximise their independence and improve their quality of life wherever possible.**

Good **What We Found**

All three care plans viewed evidenced how staff support service users to maintain their independence. Personal hygiene care plans evidenced tasks service users are able to complete independently, with guidance on how to support them to remain independent with prompts and guidance.

Each care need within the care plan specifically focuses on what the individual is able to do for themselves, goals and outcomes. For example one service user who is independent with continence care, but prone to UTI's. Clear signs and symptoms on how she may present if a UTI is present and how to support.

**B07** **People spoken with confirm that they are involved in their assessment and care & support planning, they are supported in setting goals to maximise their independence that meets their needs and preferences and this is reflected in a written care plan that is regularly reviewed with their (and their carers) involvement.**

Good **What We Found**

Fourteen Bedford Borough service user surveys confirmed they had been involved in their care and support planning and that this is regularly updated. Family member

confirmed they were consulted and are kept informed with any changes.

Staff had a good understanding of service users preferences and respected choices.

**B08 If a key worker system is in place then people accessing the service are aware of who their named care worker is.**

Good  
★★★★★

**What We Found**

Thirteen Bedford Borough service user surveys confirmed that service users knew they had a keyworker.

**B09 Observation of care staff interaction and care delivery demonstrates that the person accessing the service remains safe; their needs are adequately met; and their welfare is protected and that delivery of care is effective, enabling and maximises the person's independence and quality of life.**

Good  
★★★★★

**What We Found**

Observation on the day of the assessment evidenced that staff ensure service users remain safe and their needs are met. Staff were observed using manual handling equipment and taking their time to move service users, all the time telling the service users what was happening and encouraging their participation.

**C03 Staff understand and can explain the role of the keyworker if used in the service.**

Excellent  
★★★★★

**What We Found**

A keyworker system is used in the service and staff were able to explain the role of a keyworker by giving examples such as ensuring the service user has everything they need i.e. toiletries, clothing, supporting residents to tidy wardrobes and drawers, buying presents at Christmas and birthdays, carrying out monthly height and weight checks, ensuring physical and emotional needs are met, ensure family members are involved in care planning and keep family members updated with any changes or concerns.

**Personalised Care and Support**

Standard Rating

Meeting Nutritional Needs

Good



**A12 Care plans clearly and accurately document any dietary restrictions, choices, allergies as well as likes and dislikes.**

Good  
★★★★★

**What We Found**

All care plans viewed clearly state individual meal and drink preferences. One care plan viewed of a service user with diet controlled diabetes reflects the support they require to maintain good health and nutrition.

**A13 Care plans include appropriate details of nutritional assessment information and the use of a 'MUST' if indicated and required.**

Good  
★★★★★

**What We Found**

All care plans viewed had nutritional risk assessments, along with monthly weight recorded and MUST scoring.

**A14 If required as part of the service to the individual the care and support plans should evidence details of support to access any specialist services that are required as well as a clear record of any guidance.**

Good  
★★★★★

**What We Found**

On the day of assessment I witnessed two members of the community nursing team visiting, all appeared to be in good communication with staff.

Within the service users files were records of health appointments past and upcoming.

When speaking to one relative on the day of the visit, they stated that they were previously supporting their mother to attend hospital appointments. However they had found this increasingly difficult and the home manager has since stated that she would be able to assist with another staff member to ensure the service user is able to attend all necessary appointments.

<b>B10</b>	<b>People accessing the service confirm that they are provided with information about food choices, supported to eat a healthy and balanced diet and are offered a choice of food and portion size that meets their preferences.</b>	<b>Excellent</b>

### **What We Found**

The care plans clearly state preferences for food and drinks. Evidence was seen of resident minutes in place dated 8 February 2024 where residents were asked if there was anything different they would like to see on the menu and suggestions were given, such as Chinese food, curry and chilli-con-carne. This information had already been passed through to the kitchen and were added to the menu.

<b>B11</b>	<b>Staff are observed to offer choice and advice as appropriate and understand individual preferences and support these.</b>	<b>Excellent</b>

### **What We Found**

Staff were observed offering choices and confirming choices during meal times. Service users were offered a choice of drinks and where they would like to eat. There is at least three or four options available on a daily basis, such as salads, jacket potatoes, sandwiches, omelettes and homemade soups, as well as usual menu choices. Food and drinks were also offered outside of meal times and a hydration station is in situ. Staff were observed filling up glasses of service users who require prompting. There is no restriction to time of day or night when service users wish to eat or drink and one service uses often chooses to have a hot meal in the early hours of each morning and this is accommodated.

<b>B12</b>	<b>Discussion with people accessing the service and observation in the service confirms that there is appropriate access to food and drink and that these are provided in environments that promote people's dignity and they have a choice about whether to eat alone or with company.</b>	<b>Good</b>

### **What We Found**

Service users were offered food and fluid throughout the day i.e. tea, coffee and cold drinks. Snacks were also available.

<b>B13</b>	<b>Observation of staff practice confirms appropriate behaviour in relation to food and hygiene.</b>	<b>Good</b>

### **What We Found**

Staff were observed demonstrating appropriate practice during meal times. If service users were supported to eat staff took their time and chatted throughout the duration of the meal. The kitchen area was extremely clean and tidy and we were asked to wear aprons when we went in to the kitchen.

<b>Personalised Care and Support</b>	<b>Standard Rating</b>
<b>Co-operating with other Providers</b>	<b>Good</b>

<b>A15</b>	<b>Where the responsibility for the person's care and support is shared with other providers, the care and support plans should evidence this co-operation, or where a named person is transferred to one or more service(s) records should reflect this appropriately.</b>	<b>Good</b>

<b>What We Found</b>	
	The communication between health professionals is completed on the electronic person centred software. Each service users file has outpatient letters following health appointments. The information within these letters has been added to the care plans.

<b>B14</b>	<b>Where applicable there is evidence that staff support people to access other social care or health services as and if required.</b>	<b>Good</b>

## What We Found

Service users spoken to confirmed they are supported to access other health and social care services. Family members spoken to also confirmed and observation on the day of the assessment evidenced visits by the district nursing service.

## Safeguarding and Safety

Standard Rating

Good



**A17 Assessments, together with care/support plans effectively maintain people's safety and DOL's are only used when in the best interests of the person accessing the service.**

Good



### What We Found

The care files viewed noted that DOLS are applied for appropriately, all paperwork relating to the DOLS process is filed alongside the original request. A DOLS log is in place with who has a DOLS in place, who has been granted and the end dates.

**B21 People confirm that they feel safe and observations of care practice confirm this to be the case. Anybody spoken with that have been subject to a safeguarding are able to confirm that they were supported appropriately by the provider.**

Good



### What We Found

All twenty one Bedford Borough service user surveys confirmed that service users feel safe and supported by care staff. In discussion with visiting family members they also felt that their relatives were safe and looked after.

Observation of staff practice on the day of the assessment evidenced that staff carried out all personal care interventions in a calm manner, talking time to explain what was happening and did not rush the service users in any manual handling exercise.

**C04 Staff are able to explain how they would identify and prevent abuse and what they would do if they suspected that abuse had occurred, including their responsibilities under the Local Authority's safeguarding and whistleblowing policy (and procedures) and who to report concerns to, both within and outside of the organisation.**

Good



### What We Found

Staff were able to explain how they would identify abuse by giving examples such as a sudden change in behaviour or mood, bruises or marks on body, sudden or unusual deterioration in physical or mental health, scared or timid around certain people, loss of appetite, isolation, low self-esteem, pressure sores, service users not joining in their usual activities, not sleeping, not wishing to talk, unkempt appearance and addictions.

Staff confirmed they would report concerns to senior staff, Home Manager or Operations Manager, Safeguarding Team, CQC or Police.

**C05 Staff confirm that they have received appropriate training about safeguarding adults from abuse, MCA & DoLS.**

Good



### What We Found

Staff confirmed that they have completed training on Safeguarding. This was also evident on the training matrix that all staff have been undertaken training, including non-care staff.

There is a nominated 'Safeguarding and MCA Champion' in place, details can be found displayed in the communal lounge.

**E08 Appropriate safeguarding Information is on display in the Home.**

Good



### What We Found

Safeguarding information is displayed around the home with the correct contact details for the Local Authority Safeguarding Team and CQC. These are easily visible for staff, residents and visitors to the home.

## What We Found

There is a safeguarding and CQC notification log in place which records the date, service user name, reason (i.e. CQC, SV1). Each incident is filed separately in a polythene sleeve and contains a copy of the submitted SV1 and response from the Local Authority Safeguarding Team.

## Safeguarding and Safety

Standard Rating

Good



### B15 Staff are observed to follow good practice in relation to cleanliness & infection control.

Good



## What We Found

Staff were observed using the correct PPE and washing or sanitising their hands.

### C06 Staff confirm they have received appropriate training in respect to infection control and are able to explain how to prevent infection. Care workers are able to explain how they ensure appropriate waste management.

Good



## What We Found

All twenty Bedford Borough staff surveys received confirmed that training had been completed in infection and prevention control. Staff explained how they would reduce the risk of infection by giving examples such as wearing correct PPE, following procedures correctly, colour coded cleaning equipment, good hand hygiene, laundry in red bags and appropriate baskets, pads in correct waste bin and wearing uniforms only in the workplace.

### E01 Assessment of the environment confirms that the provider has effective arrangements in place to maintain appropriate standards of cleanliness and hygiene for the prevention, management and control of infection as identified in The Health & Social Care Act 2008 Code of Practice for health and adult social care on the prevention and control of infections and related guidance.

Good



## What We Found

There were several toilets on the ground floor, first floor and second floor. During the visit all toilet and bathrooms were viewed, all were clean and clear with, hand towels and appropriate bins. Hand washing signs were in all toilet and bathrooms except the two on the second floor, this was rectified at the time of the visit by staff when noted.

### E02 There is sufficient information provided to people, staff and visitors about infection prevention and control matters.

Good



## What We Found

There is information outside of the building asking visitors to rethink their visit if they are infections or have been unwell.

Information is displayed around the home regarding infection control. The kitchen was extremely clean and clutter free. There is an infection control champion whose details are displayed.

## Safeguarding and Safety

Standard Rating

Good



### B16 Staff are observed to handle medicines safely, securely and appropriately.

Excellent



## What We Found

A lunchtime medication round was observed. The staff member wore a different colour tabard during the medication round. The staff member read the MAR chart before dispensing the medications. Medications were put in a pot or on a spoon and taken to the service user. The service user was spoken to and informed what medication was being given. One service user asked for her cream to be applied later and this was adhered to. The medication trolley was locked each time the staff member walked away. MAR charts were completed immediately after medication administration. All PRN protocols are in place and reviewed monthly.

### B17 People accessing the service confirm that they are involved in decisions regarding their medication.

Good



## What We Found

Twenty of the Bedford Borough service user surveys confirmed that they are supported with their medication and fourteen staff surveys confirmed service users were involved in writing their care plan.

### C07 Staff where responsible are able to explain the appropriate handling of medications, that they have undertaken the required training and competency skills in line with the mandatory training requirements and are aware and follow any local requirements under the contract.

Good



## What We Found

Staff confirmed that medication training had taken place and is refreshed. Observation of medication rounds took place with no issues.

### E03 Medicines are stored and administered safely including any homely remedies and covert medication.

Good



## What We Found

The service has a locked medication room where all medication is stored. Within the room there was a locked trolley which was attached to the wall which stored all the regular medication. Within the room there was also a locked controlled drugs cupboard, I viewed the controlled drugs book and the weekly stock checks, with two signatures for all entries. They have a medication fridge which stores medication only, with daily temperature checks completed. There were locked cupboards for creams and homely remedies. All medication was stored clearly with dates of opening. No service users are currently administered medication covertly, from speaking with staff it was clear they were aware of the necessary actions that would be required if covert medication was required. Medication policies and procedure file was viewed, with policies in place for homely remedies, controlled drugs and covert medication.

### F01 Appropriate records are maintained around the prescribing, administration, monitoring and review of medications.

Good



## What We Found

The medication file was assessed. At the beginning of the file there is a list of all service users, room numbers and allergies highlighted in red. There is also a record of DNACPR/PEEP and DOLS. There is a monthly weight chart in place with no gaps along with a month observations recording B/P, pulse, temperatures and SATs.

The file is divided by each service user. MAR charts are in place including any known allergies. Each service user has a PRN medication protocol in place and a medication guidance chart which includes the name of the medication and what it is used for and dosage.

MCA's for medication is in place for those people that lack capacity. All MCA's were in date and involved family members in the Best Interest Decision making.

### A16 Care & support plans document that people accessing the service have been involved in all decisions regarding their medications (where they have capacity to do so). If medication is administered covertly this is evidenced by an assessment of capacity and best interest decision making and signed agreements from the GP and pharmacy provider.

Good



## What We Found

Care plans are electronic, however there is a signed care plan paper agreement. All care plans contain GP information on the front page, admission and medical history information. Each service user has a detailed medication care plan, one service user is prescribed a laxative PRN and the care plan states that she is able to inform staff when this is required. One service users care plan stated that she wishes to have medication on a spoon with water or squash.

# Safeguarding and Safety

Standard Rating

Safety and Suitability of Premises

Good  
★★★★★

**E04 The premises are safe and ensure people accessing the service, staff and others are protected against the risks of unsafe or unsuitable premises.**

Good  
★★★★★

## What We Found

A thorough walk around was completed on the second day of the assessment. Fire escapes were not blocked, stairwells were free of clutter and there were no trip hazards.

There are keypad entries to stock cupboards and no cupboards were left open.

Staff wear identify badges.

**E05 The use of the premises ensures that people accessing the service with specific needs are taken into account, appropriate changes are made and that effective risk management is in place to reduce identified risks.**

Good  
★★★★★

## What We Found

The service is housed in a three story building with bedrooms on all floors, none of which are en-suite and have bathrooms on each floor. There is a lift to manoeuvre service users downstairs in the event that the lift breaks down there is a risk assessment in place.

There is clear signage on bathroom doors and service users names are on the doors of their bedrooms.

The home was well lit.

**E06 There are appropriate security arrangements in place to address the risk of unauthorised access to protect people who use the premises.**

Good  
★★★★★

## What We Found

Visitors cannot access the building without being let in. All visitors are asked to sign a signing in book.

# Safeguarding and Safety

Standard Rating

Safety, Availability and Suitability of Equipment

Good  
★★★★★

**C08 Staff confirm that they have received appropriate training on how to use equipment safely and that they are confident to do so and that support is available if required.**

Good  
★★★★★

## What We Found

All twenty Bedford Borough staff surveys confirmed that training has been undertaken in moving and handling. Staff confirmed that the specialist equipment used includes full body hoists, standing hoists, bath chairs, walking frames, rotation stands and sliding sheets.

**E07 Equipment is suitable for its purpose, available, properly tested and maintained, used correctly and safely, is comfortable and promotes independence and is stored safely.**

Good  
★★★★★

## What We Found

Evidence was seen of equipment audits taking place including for bedrails, environment and accidents and audits had been completed appropriately and within the timescales set.

Slings and hoists were inspected on a bi annual basis by an external company.

Staff were evidenced promoting dignity and respect when using equipment for approved manual handling techniques.

## Suitability of Staffing

Requirements Relating to Staff Recruitment

Standard Rating

Good



**D01** Recruitment records confirm that the organisation has carried out all relevant employment checks when staff are employed, including (but not limited to) ensuring that all staff have a suitable DBS check before starting work, that the member of staff has the right to work in the UK and that they are registered with any relevant professional body and, where necessary, are allowed to work by that body.

Good



### What We Found

Three staff files were looked at as part of the assessment. One was a new member of staff who is still in the induction period, another was a senior staff member and the third was a long term staff member.

The recruitment files are hard copy and kept in a lockable office.

Each file contained a photograph of the staff member and an induction check list. The files contained an application form with reference request details. There are copies of interview questions and responses recorded by two different people. Health questionnaires have been completed, GDPR agreements signed by the employee. 2 references, signed job descriptions, signed confirmation that policies and procedures have been read, code of conduct, PPE and employee safety handbook, including updates. DBS information is included plus, where needed, yearly DBS checks signed by both employee and Home Manager. The files also contained copies of photographic identification.

**D02** Records show that when staff are provided by an external organisation that those staff, whether agency or voluntary, have been subject to the same level of checks and similar selection criteria as employed staff. Agency staff profiles are in place from the agency provider and there is evidence of an in-house induction.

Good



### What We Found

No agency staff are used in the service.

**D03** Records evidence that other professionals and people who provide additional services are subject to any appropriate and necessary checks.

Good



### What We Found

The provider holds copies of DBS and Public Liability Insurance details for the hairdresser and Chiropodist.

**D04** The organisation has appropriate procedures and guidance to help ensure that all staff, including temporary and agency staff, students and trainees, have a clear understanding of their role and responsibilities.

Good



## Suitability of Staffing

Staffing and Staff Deployment

Standard Rating

Good



**B18** Through observation and discussion with people accessing the service, they confirm that there are sufficient staff on duty with the right knowledge, experience, qualifications and skills to provide effective care and support and that the staff are able to communicate effectively and appropriately with People who may have a variety of needs.

Good



### What We Found

Observation on the day of the assessment evidenced that there were enough staff on duty to meet the needs of the service users. No service users were kept waiting for interventions. Staff were observed supporting each other as well as service users and communicate service user needs between them.

**C09 Staff confirm that staffing levels are appropriate and sufficient and that they feel there are robust mechanisms in place to manage both expected and unexpected changes in the service in order to maintain safe, effective and consistent care (for example to cover sickness, vacancies, absences and emergencies).**

Good  
★★★★★

### What We Found

Of the twenty Bedford Borough staff surveys received, eighteen staff confirmed that they felt there are enough staff on duty. Staff confirmed they are asked to cover sickness and leave but this is not mandatory. One staff member stated they welcome the opportunity to work extra hours and another stated that they are always supported by the home Manager. Two staff members felt there was not enough staff on duty.

**F02 Rotas and records show that there are sufficient staff on duty with the right knowledge, experience, qualifications and skills to provide effective care and support.**

Good  
★★★★★

### What We Found

A rota file is in place and rota's for the past 12 months and current rotas were assessed. The rota highlights when somebody is on annual leave, if training is being undertaken or if somebody has called in sick. The current rota evidences that for the current occupancy of 24 service users, on a daily basis there is the Manager, Deputy, Senior Care, six carers and two night staff. There is a maintenance team who cover all five homes in the area, separate housekeeping staff and separate kitchen staff.

The provider does not use agency staff.

**F03 The provider has robust mechanisms in place to manage both expected and unexpected changes in the service in order to maintain safe, effective and consistent care (for example to cover sickness, vacancies, absences and emergencies).**

Good  
★★★★★

### What We Found

Evidence was seen of the Business Continuity Plan in place which covers staffing, accommodation, catering, laundry, electricity, gas, heating, IT equipment, severe weather, risk of flooding and bomb threats. The plan contains a list of key contacts and a map of the home. Contact details are also in place for energy suppliers and details where fuse boxes and other equipment can be located.

## Suitability of Staffing

Standard Rating

Staff Support

Good  
★★★★★

**C10 Staff confirm that they have received an appropriate induction at the start of their employment in line with the Skills for Care – Care Certificate.**

Good  
★★★★★

### What We Found

All twenty Bedford Borough staff surveys received confirmed that an induction was completed at the start of their employment. Staff confirmed that induction included reading care plans, training, reading policies and procedures, health and safety of the building and other inductions were job specific i.e. housekeeping, laundry, kitchen operations etc.

Those staff new to care confirmed completion of the Care Certificate.

**C11 Staff confirm that they receive appropriate and regular supervision that is in line with the contract requirement. That their performance is appraised and that they receive an annual review.**

Good  
★★★★★

### What We Found

All staff confirmed that regular supervision is carried out. Most staff confirmed this was every three months. Some staff stated they can request 1:1's at any time. Staff confirmed that the Manager has an open door policy and is very approachable. Staff also confirmed that handover meetings are carried out at the end of each shift.

**What We Found**

All staff surveys confirmed that appropriate training had been carried out. This included, health and safety, infection control moving and handling, safeguarding, fire, food safety and hygiene, drink well, skin tear, care planning, MCA and DOLS. Specialist training has also been completed including train the trainer, falls champion, NVQ 3 lead adult worker and dementia.

Staff confirmed this is updated yearly or as required.

**C13 Where appropriate and when asked agency staff confirm that they have been inducted to the service appropriately.**Good  
★★★★★**What We Found**

The provider does not use agency staff.

**C14 Care workers confirm that they feel supported and are aware of the mechanisms in place to prevent and manage bullying, harassment and violence at work.**Good  
★★★★★**What We Found**

All staff were aware of the whistleblowing policy with staff stating they can whistleblow to the Manager, local authority safeguarding team and/or CQC. Staff were aware this reporting is confidential and you can share concerns anonymously if needed.

Staff also confirmed they would have no hesitation in reporting issues to the Management of bullying, harassment or violence in the workplace.

**D05 The provider maintains records to evidence that all staff receive appropriate in-house induction at the start of their employment and those new to care receive an induction in line with the Skills for Care – Care Certificate.**Good  
★★★★★**What We Found**

Of the three files assessed the new staff member was currently completing her induction period and working through her induction booklet. A completed induction programme was viewed which covers welcome, walk around the home with fire procedures, location of gas, water and electrics, security, telephone, call bell system, location of policies and procedures, location of care plans and diary/communication book, medication and drug cupboard, medical contact information, Local Authority contact information, maintenance book, keyworkers, supervision and appraisals, disposal of clinical waste, on call rota, out of hours, sickness, audits, safeguarding, CQC, resident and faff meetings and admission and discharge.

Both the employee and and deputy manager sign and date the induction when complete. Staff also have Observational supervision and competency tools for orgal health care.

**D06 The provider maintains records to evidence that all staff receive appropriate supervision (as set out in the contract standards), that their performance is appraised and that they receive an annual review.**Good  
★★★★★**What We Found**

Evidence was seen of the supervision planner in place and Bedford Borough staff surveys confirmed that regular supervision is carried out. The staff surveys also confirmed that staff would have no issues speaking with the manager about any concerns they have.

**D07 The provider maintains records to evidence that all staff undertake both core training and additional training and this is refreshed and updated as required.**Good  
★★★★★**What We Found**

Evidence was seen of the training matrix in place which evidences that all staff, including care staff and housekeeping and kitchen staff, have completed all mandatory training. There were no gaps in training. Evidence was also seen in staff files of training certificates and training being undertaken for NVQ Level 1.

# Quality of Management

Standard Rating

Assessing and Monitoring the Quality of Service Provision

Good  
★★★★★

**C15 Staff confirm that they would feel confident to raise concerns about risks to people and poor performance openly and would be supported by the management if they did so.**

Good  
★★★★★

## What We Found

Staff confirmed that the Manager has an open door policy those spoken to would not hesitate to raise concerns. One staff member stated the Deputy Manager was also very approachable. Bedford Borough staff surveys confirmed that supervisions are carried out every 3 months and annual appraisals are given.

One staff member told me that concerns can be raised during handover which happens at the beginning and end of each shift and staff could share concerns then.

Bedford Borough staff surveys confirmed that those staff member who have raised concerns did receive support and feedback.

**F04 Records show that the provider continually gathers and evaluates information about the quality of services to ensure that people receive safe, effective care and support. There is evidence that the Service uses information to improve services and that they learn and act on information received, (including, but not limited to: comments and complaints, incidents, adverse events, errors or near misses, audits and local or national reviews).**

Good  
★★★★★

## What We Found

Evidence was seen of a Quality Questionnaire survey in place which is completed for for residents, staff, professionals and family members.

The most recent resident survey was held in October 2023. There were 25 residents in the service at the time and a total of 22 questionnaires were returned. As a result of the survey an outcome and action report was put in place which showed the outcome of each question, the percentage of answers and what action, if any, was put in place.

The last staff survey was held in November 2023 and 11 surveys were received from a total of 25 staff. As a result of the surveys no actions were required but a discussion was held with three staff members regarding MCA, Safeguarding and DOLS.

**F05 The provider has clear mechanisms in place to enable people, including staff, to raise concerns about risks to people and poor performance openly and provide information about the quality of the service to people who use the service.**

Good  
★★★★★

## What We Found

Evidence was seen of the supervision planner in place and Bedford Borough staff surveys confirmed that regular supervision is carried out. The staff surveys also confirmed that staff would have no issues speaking with the manager about any concerns they have.

Safeguarding and CQC information is displayed around the home. Staff files evidences that staff sign to say they have read policies.

# Quality of Management

Standard Rating

Using Information and Dealing with Complaints

Excellent  
★★★★★

**B19 People spoken with are aware of how to complain and are supplied with information on what to do and how to contact the provider, LA / LGO**

Excellent  
★★★★★

## What We Found

In discussion with family members they advised they would have no hesitation in raising concerns with staff and Manager. They were aware of the organisation structure. One family member stated they had not made a formal complaint but has shared 'small niggles' which were promptly dealt with.

**B20 People confirm that they feel they would be supported if they have had cause to complain and, if they have had cause to make a complaint, confirm that they were kept informed of the outcome in a timely manner and that the service learnt from the complaint.**

Excellent  
★★★★★

## What We Found

Family members spoken to confirmed they would have no hesitation in raising a complaint should the need arise and was sure that they would be supported throughout the process. One family member suggested they would not see where a formal complaint would be necessary as whenever they have addressed issues these have been immediately dealt with where possible. Family members also stated that staff are extremely approachable.

Service users confirmed that they would talk to staff if they were upset about something.

**C16 Staff feel listened to and have the opportunity to raise issues and ideas through organised meetings, their views are taken into account and feedback provided.**

Good  
★★★★★

**What We Found**

Evidence was seen of recorded minutes from staff meetings taking place for all staff, including kitchen staff, activity staff and night staff.

Of the twenty Bedford Borough staff surveys received, all staff confirmed that regular meetings take place and staff are able to add to the agenda. Staff also recorded that they have handover meetings where any concerns or issues can also be discussed.

**F06 There is evidence that the provider fully considers, responds appropriately and resolves, where possible, any comments and / or complaints received. That they learn from feedback and share this learning to improve the experience of people accessing the services. They keep adequate records about complaints, including any relevant and factual information about the investigation, responses, outcome and actions taken.**

Good  
★★★★★

**What We Found**

There is a complaints file and compliment file in place. The complaints file has the complaints contact details on the front, including contact details for the home manager, the Quality and Operations Manager and CQC. The file contains the complaints procedure, including the complaints brochure which is given out to anybody who requires it.

There is a complaints log in place which references date received, time, nature of complaint and actions and outcomes. The last complaint was September 2022. The incidents were acknowledged and responded to in good time. Each complaint had a thorough recorded outcome and any actions recorded.

**F07 There is evidence that the provider has a range of regular, organised meetings where individuals, relatives and staff can provide feedback and this is listened to, acted upon appropriately and people are kept informed of the outcome.**

Excellent  
★★★★★

**What We Found**

The provider holds a wide range of meetings for staff and night staff, kitchen meetings, service users meetings, activities and family meetings. All these meetings are minuted and kept in a file in the office.

The service user meetings minutes record all attendees and includes an action for staff to feed back on a 1:1 basis to all service users who did not attend. All requests raised through this meeting, be it menu or personal requests are recorded and either passed to the kitchen or added on a care plan.

Activity meetings are held with where past and future plans are discussed.

Relative meetings are held and minuted and has a wide agenda including care plans and reviews, staffing, activities, compliments and complaints and contact details. Requests and actions are acknowledged i.e. family member requested it would be very useful if we could purchase some more folding chairs and a request was put in and chairs have been ordered.

Staff meetings are held and includes separate meetings for seniors, night and general staff meetings.

**F08 There is clear evidence that the provider shares appropriate details of complaints and the outcomes with the Local Authority.**

Good  
★★★★★

**What We Found**

The provider keeps a safeguarding log and evidence was seen of safeguarding information being submitted to the local authority.

**Quality of Management**

Standard Rating

Records

Good  
★★★★★

### What We Found

All personal files are stored confidentially, electronic records are password protected and other service user files are stored within the office. Within the kitchen meal preferences, nutritional needs and allergies are kept within a file for the kitchen staff to follow.

**F10** The manager maintains a log to evidence the applications made for authorisation under DoLS, including the date sent, the outcome, the date of the outcome and date of expiry. If authorised the log records that CQC is notified.

### What We Found

The provider has a DOLS/Safeguarding and CQC file in place which includes a log for the submission of deprivation of liberty safeguards. The log references service user name, granted/not granted status, end date and renewal sent.

**F11** Records evidence that a range of appropriate and effective audits have been analysed and action plans developed. That action plans include time lines, the staff responsible and that any progress / completion of the actions is clearly recorded. Audits have clear robust criteria to ensure consistency. Best practice is for the provider to use external auditors to assess their service.

### What We Found

The service has an audit file in place with a list at the front with all audits completed and how often these are to be carried out. With audits such as medication, infection control, environment, including fire drills and care plans being completed monthly. Audits including accidents, personnel files and bedrails audited quarterly, and 6 monthly audits for residents, relatives and professional surveys.

All audits have been completed appropriately and within the timescales set.