Holmleigh Care Homes Limited

Bathurst Lodge Residential Care

Inspection report

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Date of inspection visit:
03 December 2015
04 December 2015

Date of publication:
22 January 2016

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Summary of findings

Overall summary

This inspection took place on 3 and 4 December 2015. The inspection was unannounced. Bathurst Lodge provides accommodation and personal care for up to six people with a learning disability and mental health difficulties. The home is situated at the end of a quiet residential street in its own grounds. It comprises of a lounge, dining room, kitchen, six bedrooms and two bathrooms. People have access to a secure back garden.

At the time of the inspection the service had a registered manager. 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.

People were at risk of cross contamination when using the home's bathrooms as they had not been adequately maintained. This meant the bathrooms could not be effectively cleaned to prevent the spread of infections. You can see what action we told the provider to take at the back of the full version of the report.

Risk assessments and guidance were in place to direct staff when people were at risk of harm or abuse. However, there was inconsistent recorded monitoring of when staff had intervened or administered medicines if people became agitated. Staff worked with people to ensure their safety, however records were not in place to reflect the assessment and impact of environmental restrictions on people within the home such as locked doors.

Staff were knowledgeable about reporting any concerns or allegation of abuse. Staff had sought advice and support from other health care services when people's health and emotional needs had changed. People's care records reflected their health and well-being needs. The home catered for people's dietary needs and preferences. They were encouraged to take part in the planning and cooking of meals. Staff had been trained to support people who required additional support with their nutritional intake.

Staff were kind and caring. They encouraged people to become independent and express their own decisions. Staff had sought the opinions of significant others such as their family and doctors when people could not make important decisions for themselves.

Adequate recruitment and training processes were in place to ensure that staff were suitably checked and knowledgeable to support people. Staff told us they could address any concerns or issues informally with senior staff and the registered manager; however they had not received formal supervision meetings. Any shortfalls in staff conduct were immediately addressed. There were sufficient staff to meet people needs.

The home valued people's feedback and involvement in running the home. Their concerns and problems were immediately addressed. Quality assurance checks were in place to ensure people received a good service and remained safe in their own home.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

This service was not always safe. People were at risk of infection as the home's bathrooms could not be effectively cleaned, as they had not been adequately maintained.

People's medicines were mainly managed well. However an analysis of the frequency of positive behaviour management or medicines to help people become less agitated was not consistently recorded or monitored.

Staff had been effectively recruited and trained to carry out their role. There were sufficient numbers of staff to meet the needs of the people.

Staff were knowledgeable about their role and responsibilities to protect people from harm and abuse. People's finances were managed and stored effectively.

Is the service effective?

Requires Improvement

This service was not always effective.

Not all staff had received regular formal supervisions meetings to discuss their personal development and any concerns.

Assessments and best interest decisions of implementing environmental restrictions had not been recorded.

Staff understood the importance in providing choices to people and acting in people's best interests if they did not have the capacity to make specific decisions for themselves.

People's dietary needs and preferences were catered for. People had been referred to specialist health care services for additional advice when they had been at risk of choking.

Staff were knowledgeable and trained to support people with complex needs.

Is the service caring?

Good

The service was caring.

People were supported and spoken to politely. Their privacy and decisions were respected and valued by staff. They were encouraged to express their choices about their day and supported to become more independent.

Staff were kind and knew people well. They understood their different needs and adapted their approach accordingly.

Is the service responsive?

Good

The service was responsive.

People were supported to carry out activities in the home and community. They had been encouraged to explore new recreational activities.

People's care records reflected their physical, social and emotional support needs. People's concerns and problems were addressed and acted on.

Is the service well-led?

Good

This service was well- led.

Staff felt supported by the registered manager. The registered manager acted on any poor practices. They reported any concerns to the relevant authorities.

Regular monitoring checks were carried out to ensure people's needs were being met. Policies and procedures were in place to give staff guidance.

Bathurst Lodge Residential Care

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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 inspection took place on 3 and 4 December 2015 and was unannounced. The inspection was carried out by one inspector.

Before the inspection the provider 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 also examined other information that we held about the provider and previous inspection reports.

We looked around the home and observed how staff interacted with people. Not all people were able to communicate with us therefore we were only able to talk with two people. We spoke with two members of staff; a staff member who was responsible for coordinating the training of staff and the registered manager.

We looked at the care records of four people and records which related to staffing including their recruitment procedures and the training and development of staff. We inspected the most recent records relating to the management of the home including accident and incident reports.

Requires Improvement

Is the service safe?

Our findings

People were not always protected from the risk of infection. Effective cleaning could not take place in the ground floor bathroom as it had not been maintained to an appropriate standard to prevent and control infections. Microorganisms could harbour within the surfaces and increase the risk of infection to people who used the bathroom. The shower curtain rail was rusty and tiles were missing in the bathroom. Water had seeped under the wet room floor and caused the floor to swell slightly. This meant people with limited mobility or visual impairments were at risk of falling in the wet room area.

One person was unable to close the shower room door in their private bathroom as it was poorly fitted. This meant water frequently escaped from the shower onto the bathroom floor when the person was showering. The wet floor put the person at risk of falling as well as possible hazard to the electrical wiring in the room below.

We were told the provider was aware of the standard of the bathroom and had sought quotes to refurbish the bathroom but had not yet acted on the registered managers concerns. A bi-yearly infection control audit had not highlighted the risks of cross contamination to people when using the bathroom.

This was a breach of Regulation 15 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We raised our concerns with the registered manager during our inspection. We were told immediately after the inspection that a refurbishment plan of the home's bathrooms was instantly implemented.

People's medicines were managed safely. They received their medicines on time by staff who had been trained in administering and managing people's medicines. Their medicines were stored and given to them in the privacy of their own bedrooms. Records of when people had received their medicines were accurately completed. Some people were encouraged to store and administer their own medicines. Staff supported them with counting and ordering repeat prescriptions.

Individual protocols were in place for medicines prescribed to be given as required such as for pain relief or anxiety. A review of people's medicines had recently been carried out by their GP. The registered manager and staff had a good insight into people's medicines and were monitoring one person who recently had a change in their medicines. They said, "We are monitoring their behaviour for two weeks and will go back to the GP if we feel the new drugs are not suiting them."

Effective systems were in place to ensure peoples' medicines were ordered, stored, administered and recorded to protect people from risks. The stock balance of people's medicines was checked daily to ensure there were no discrepancies in the stock levels.

A best interest meeting had been held on behalf of one person regarding their medicines as it been proposed that the form of their medicines should be changed. The registered manager told us that this person now received their medicines in a different format, however they were monitoring the person to

ensure there was no adverse reactions.

People's physical, emotional and well-being risks had been identified by staff. The severity and likelihood of people's risks had been recorded and were known by staff. Where required, people had been referred to other health care professionals for additional advice and support to guide staff. Where people who had behaviour that challenged others, their behaviours were managed well by staff. When they required medicines help them with their anxiety this was recorded on their medicines administration records. However, full incident reports of these occurrences were not consistently completed when staff intervened or administered medicines in line with the home's protocols. Audits of positive behaviour management interventions had not been carried out since October 2014. This meant there was no overview of the frequency and triggers of the incidents where staff had implemented positive behaviour management strategies.

People were protected from abuse and avoidable harm. Staff had been trained in understanding their responsibility of reporting any concerns or allegations of abuse to the registered manager and senior carers. Polices which give staff guidance on how to protect people and report their concerns were accessible to staff. Policies included contact details of CQC and local safeguarding authorities Easy read policies were accessible to people who lived in the home.

Referrals to the appropriate safeguarding authorities had been made appropriately when people had been at risk of harm or abuse. The registered manager had taken appropriate actions to protect people to ensure they were being supported by suitable staff.

The registered manager regularly reviewed staffing levels to ensure there were sufficient staff to meet people's needs. Staff rotas confirmed there had been adequate staff to support people. Staff were offered overtime where there had been a shortfall in the staffing numbers. Staff's overtime was monitored by the registered manager. In emergencies, bank staff and agency had also been used.

Effective recruitment processes were in place to ensure people were cared for by suitable staff. Their criminal backgrounds, employment histories and reasons for people leaving their previous employment had been checked and verified. Where poor practices of staff had been found, the registered manager had taken appropriate steps to investigate and take action to ensure the safety of people.

Requires Improvement

Is the service effective?

Our findings

Staff told us they felt supported by the staff team and the registered manager. They told us all senior staff were approachable and they provided informal support and advice. One staff member said, "You learn a lot from other people, they take you under their wing". Staff received regular and informal support. The registered manager or deputy manager were always available to provide advice and support. However, not all staff had received frequent private support meetings as agreed with the provider's procedures. Where these meetings had been carried out, the format and recording of the meetings were variable and not consistent. The registered manager had started to meet with staff to carry out an annual appraisal of their work practices and review their personal development needs.

The registered manager and staff had acted in the best interest of people and put their needs first. Discussions between staff and the registered manager ensured people were being supported in the least restrictive way. For example, there was a lock on the kitchen door to ensure the safety of some people. The lock restricted all people having access to the kitchen; however we were told the door remained unlocked during a set period in the morning to allow three people to access the kitchen to make their own breakfast. At other times the kitchen was not accessible to people without asking staff to unlock the door. Whilst staff were able to explain why some people had restricted and supervised access to the kitchen, this was not clearly recorded. An electronic alert system was in place on the outside doors of the home to inform staff if people attempted to leave the home. Evidence of the reasons why there were environmental restrictions in the home and discussions of possible alternative options had not been documented for individual people. However, the registered manager told us they were reviewing the impact of the restrictions on all the people who lived in the home.

All the people who lived at Bathurst Lodge were deprived of their liberty to leave the home. The registered manager had applied to the local authority for authorisation to do this. At the time of inspection, the local authority had only authorised one application. We were told they were waiting for the local authority to assess the best interest needs of the other people. People can only be deprived of their liberty to receive care and treatment when this in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People's care records included an assessment which identified that some people lacked the mental capacity to make day to day decisions under the Mental Capacity Act 2005 (MCA). 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 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. The rights of people who were unable to make important decisions about their health and well-being were protected. Staff supported people's best interests were other health care professionals and families had suggested changes in the care and treatment they received. Where significant decisions were being made, the registered manager had requested an advocate to work on behalf of people.

Staff had been trained to carry out their role. New staff had received a comprehensive induction programme before starting in their new role. This included training; shadowing experienced members of staff; reading people's care plans and documents relating to the home such as policies and procedures. A staff member had been designated to overview staff training and book staff on refresher update courses. Staff were complimentary about the training they had received. One staff member said, "The training is very good. If you are not sure about anything they are willing to put you on a course so you have got the rights skills to do the job. It's good".

Most staff had received training deemed as mandatory by the provider such as safeguarding and first aid. Where people's health needs had changed staff had received additional specialised training. Staff were encouraged to develop in their role and undertake national vocational training in health and social care. We were told staff's skills were monitored by carrying out observations and competency checks by senior staff. We discussed how the senior staff who carried out the competency checks maintained their skills and knowledge levels with registered manager. They told us they were considering individual staff to become subject champions such as in infection control.

People were supported to maintain their health and well-being. Each person had a health care plan where people's health care needs, appointments and records were recorded. The registered manager was implementing a hospital care plan which stated people's medical, communication and support needs. In the event of a hospital admission, the care plan would be taken into hospital with them to assist and guide hospital staff.

Staff supported people in their routine health appointments such as dentists and specialist appointments. The home had good contacts with the local GPs who visited the home regularly to review the needs of people. Where people's needs had changed, staff had made appropriate referrals to other health and social care professionals for advice and support. A health care specialist who regularly visited the home had completed the home's recent customer survey. They were positive about the care people received and the implementation of their recommendations.

People were supported to maintain a healthy and well balanced diet. Staff encouraged people to make decisions about the choices of meals they wished to eat. Three people took it in turns to help staff to prepare and cook the evening meals. One person showed us the weekly menu and which night they cooked. They said, "I cook once a week. This week I'm making quiche". Some people were unable to communicate their preferred food choices; however staff knew people well and knew their favourites meals. Staff and people were photographing their favourite meals to create a food book to help people choose their meals in the future.

Risk assessments were carried out where people were known to be at risk of choking while eating and drinking. Staff had sought specialist advice and knew to provide alternative options such as food which would easily dissolve in the mouth. The menu showed how they had adapted meals so people could have the same food but in softer consistency, such as taking crusts off sandwiches.

People were given time and respect when being supported with their meals. One person was being encouraged to eat slower. One staff member said, "We don't want people to choke but at the same time we don't want be intrusive while they are eating. It's about getting the right balance".

We were told of the historical background of another person who had become increasingly intolerant to swallowing food and was at high risk of choking. During this period, staff consulted with the speech and language team and implemented their recommendations. A best interest decision was made for this person

to receive all their drinks, nutrition and medicines via a Percutaneous endoscopic gastrostomy (PEG) feeding tube as the risk of choking became too great. Records showed staff had been trained to carry out this daily procedure. They told us how they supported and discouraged this person from wanting food and drink by mouth.

Good

Is the service caring?

Our findings

People spoke positively about the care they received. Supportive and friendly relationships had developed between people and staff. Staff were positive about their respective roles and demonstrated knowledge of people's support needs and how they would act to meet these. They were able to tell us about their histories and family backgrounds. Staff adapted their approach to meet people's communications needs. They spoke to people in a kind and polite manner. Staff understood the non-verbal communication signs of people. These had been recorded to guide new staff. Whilst staff were caring and courteous, they also knew some people enjoyed joking with staff.

People's dignity and privacy was respected. We observed that relationships between staff and people who received support consistently demonstrated dignity and respect at all times. Staff knocked on people's doors before entering their bedrooms. They explained to people why we were visiting their home. One person was reassured, as our brief presence made them feel uncomfortable. Staff gave us examples of how they would respect people's privacy and dignity when providing care and support. For example, when supporting people with personal care they would ensure people were appropriately covered and doors were closed. People were supported by male and female staff. The male staff were mindful of their gender when supporting females. One male staff member said, "It is important that I am respectful of the female residents here. They need to feel comfortable around me".

We were told most people preferred structure to their day. One person got upset if activities didn't occur as planned. Staff worked this person to distract them from becoming anxious if an activity was cancelled. People had been encouraged to explore new opportunities such as swimming. We observed people carrying out activities and household tasks around the home. Some were supported by staff and others worked independently. This was done in a timely and unrushed manner. One person said, "I like to help out. I empty the dish washer and help make the dinners".

People were supported to maintain independence. Staff gave us examples of how they have promoted people's independence. For example, one person told us how they had learnt to manage their personal pocket money and medicines since living in the home.

People's bedrooms had been decorated to their personal tastes and their possessions were displayed as they wished. One person enjoyed spending time alone in their bedroom or the garden. They enjoyed watching sensory items in their bedroom and garden such as colourful lighting which had a positive effective on their mental well-being. People were offered keys to lock their bedroom doors which gave them further privacy and security.

Where people needed support with more significant decisions they had been offered an advocate to speak on their behalf.

Good

Is the service responsive?

Our findings

People received care that was personalised and responsive to their needs. Staff demonstrated knowledge of people's individual care and how this would be provided. People's care records contained detailed information about people's health and social care needs and how staff should support people. They reflected how people wished to be cared for, their interests and preferences as well as triggers which may affect their mood and behaviour. The registered manager was in the middle of updating and reviewing peoples care records. They said "We are going through everybody's records to ensure we have captured all their personal and support needs. It's important that staff have the right and up to date information about people". These had been kept under regular review through meetings between people and their keyworkers in the staff team. A handover about people's daily needs was shared between staff at the start of each shift to ensure important information was known, acted upon where necessary and recorded to ensure people's progress was monitored.

People who were able were involved in planning their own care and making decisions about their day. Staff were aware of people who were unable to communicate and express their views if they disliked things such as an activity or food. One staff member said, "We know people very well here. We know what they like and don't. Sometimes we try out new things with them. We would know if they weren't happy". We were told most people preferred structure to their day and liked having a timetable of planned activities in and out of the home as well as household chores. People engaged and attended a variety of activities of their choice such as swimming, shopping and attending the local day centre. Some people enjoyed going out into the community others enjoyed being with staff in the home. We were told that whilst people had an activities plan this was flexible. One staff member said, "They (people) mainly have a set routine but it is up to them what they want to do. We never force people to do something they don't want to".

People were able to maintain relationships with those who mattered to them. When required, staff accompanied people who required support with family visits outside the home.

Staff had taken small steps with people to encourage them to try and explored new opportunities. One staff member said, "We work with people to try new things. Sometimes we have to take risks and try new things out. We then review it and see how it went. They gave us examples of how they had worked and supported people to go swimming or visit the barbers. Staff worked with people to overcome their fears. For example, staff slowly introduced a hospital environment to one person who required an operation. They have subsequently worked with the learning disability liaison nurse to produce a care plan in the event of the person being admitted to a hospital to minimise the impact on them.

People were involved in the running of the home. Regular meetings between staff and people gave an opportunity for people to express their views or make suggestions about activities and other events. People appeared comfortable around staff and were able to approach staff if they had any concerns or problems. The home had not received any formal complaints since our last inspection. One staff member said, "If we suspect the service users aren't happy, we will immediately look into it and find out how we can improve to make their life happier here". An easy read pictorial complaints policy was available to people to follow if

they wished to make a complaint about the service being provided.

Good

Is the service well-led?

Our findings

The registered manager managed two of the provider's homes. They split their time between the homes according to the needs of the people and staff who worked there. A deputy manager was in post that helped run the home when the registered manager was not available. We were told the registered manager was supportive and always contactable if they were not present in the home. The registered manager said, "I encourage the staff to phone me. I like to know how things are in the home and keep in touch while I'm not there". Staff told us that the registered manager was approachable and would always provide support and advice when needed. Staff meetings gave staff the opportunity to raise concerns and discuss issues which affected the running of the home.

The registered manager and deputy manager had worked in the home for many years. They were very knowledgeable about people and how they had progressed since living at Bathurst Lodge and were both passionate about the needs of people coming first. They both attended the provider's managers meetings to share information and discuss any local or national health and social care changes which may affect people and the running of the home. Both the registered manager and deputy manager felt supported by other senior staff within the organisation.

The registered manager led by example. They told us they praised staff when they observed good practices but also addressed staff when their conduct or approach was not in line with the homes ethos and culture. This was confirmed by staff. Staff were clear about their role and what was expected of them. One staff member said, "We are here to support the service users. They come first. It is their home and we respect them and their home". Records and discussions with the registered manager showed they had dealt with any shortfalls in staff conduct appropriately to ensure people remained safe in their own home. Where incidents had occurred which had affected the welfare and protection of people, this had been reported to the relevant authorities and CQC by the registered manager or deputy manager.

There was a strong sense of team work within the home. Staff worked together to ensure they met people's needs. Daily checks of people's personal finances and medicines were carried out and relevant information was shared about people between staff during the shift hand over. The registered manager and staff had formed good links with other health care professionals and the local GP to ensure people's needs were regular reviewed and being met. They had worked with people's families to encourage them to assist with the progress of people's development and independence. The registered manager supported staff to reach their potential and was planning to develop staff in certain roles to give them extra responsibilities and ownership in certain areas of running the home. One member of staff was now managing and monitoring staff training.

Staff had access to the homes and provider's policies which gave staff guidance on the expected protocols which should be followed. The policies had recently been reviewed and updated to reflect current practices and guidelines.

The registered manager and deputy manager monitored and reviewed the quality of the service being

provided by carrying out regular audits such as catering, medicines and record keeping audits. Accident and incidents were routinely recorded and analysed. Where errors in the administration of people's medicines had occurred these had been immediately investigated. Actions such as further training and implementation of competency assessments had been put into place to address any shortfalls in the quality of the service. The provider's quality assurance manager regularly visited the home and carried out additional checks of the home.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment People who use services and others were not protected against the risks associated with infection control because of inadequate maintenance of the bathrooms.