

Interhaze Limited

Holyhead Care Centre

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service:

Holyhead Care centre is registered to provide accommodation and personal care for up to 26 people with mental health support needs. At the time of inspection, 23 people were using the service.

People's experience of using this service:

People continued to receive safe care. Staff understood safeguarding procedures that should be followed to report abuse and incidents of concern. Risk assessments were in place to manage risks within people's lives, whilst also promoting their independence.

Staff recruitment procedures ensured that appropriate pre-employment checks were carried out. Staffing support matched the level of assessed needs within the service during our inspection.

Staff training was provided to ensure they had the skills, knowledge and support they needed to perform their roles. Training was provided to make sure that people's needs were met and they were supported effectively.

Staff were well supported by the registered manager, and had one to one supervisions. The staff we spoke with were all positive about the senior staff and management in place.

People's consent was gained before any care was provided. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff continued to treat people with kindness, dignity and respect and spent time getting to know them. Care plans reflected people's likes and dislikes, and staff spoke with people in a friendly manner.

People were involved in their own care planning and were able to contribute to the way in which they were supported. People and their family were involved in reviewing their care and making any necessary changes.

A process was in place which ensured people could raise any complaints or concerns. Concerns were acted upon promptly and lessons were learned through positive communication.

The service continued to be well managed. The provider had systems in place to monitor the quality of the service. Actions were taken and improvements were made when required.

Rating at last inspection:

Good (report published 25/12/15)

Why we inspected:

This was a planned inspection based on the rating at the last inspection. The service remained rated Good overall.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well led.

Details are in our well led findings below.

Holyhead Care Centre

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team:

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

Service and service type:

Holyhead Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection:

This inspection was unannounced. Inspection site visit activity started on 28 January 2019 and ended on 28 January 2019.

What we did:

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. The provider returned the PIR and we took this into account when we made judgements in this report. We reviewed other information that 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. We also considered the last inspection report and information that had been sent to us by other agencies. We also contacted commissioners who had a contract with the service.

During our inspection visit, we spoke with six people using the service. We also spoke with two staff members and the registered manager.

We looked at the care records of three people who used the service, we undertook a tour of the premises and observed staff interaction with people, and activities that were taking place. We also examined records in relation to the management of the service such as quality assurance checks, staff training and supervision records, safeguarding information and accidents and incident information.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm.

Good: ☐ People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes

- People told us they felt safe receiving support from the staff. One person said, "I feel safe, I get on well with all the residents." Another person said, "I've never had any fear here. They look after us all."
- Staff knew how to keep people safe and understood safeguarding reporting procedures. Staff were trained and able to identify how people may be at risk of harm or abuse and what they could do to protect them.

Assessing risk, safety monitoring and management

- Risk assessments outlined the risks present in people's lives, and provided staff with appropriate guidance to keep people safe. This included risks presented by different behaviours, environmental risks, and risks around people's health.
- Risk assessments were person centred and aimed at supporting people to safely follow their interests and maintain their independence.

Staffing levels

- People told us there were enough staff on shift. One person said, "There's always plenty of staff, when I ring my bell, they come quickly."
- We observed staffing levels were adequate to keep people safe and provide individual support when required.
- The registered manager used a dependency tool to monitor people's needs, and ensure that staffing levels were appropriate to meet these needs.
- Staff recruitment procedures ensured that appropriate pre-employment checks were carried out.

Using medicines safely

- Medicines were administered by staff that were trained to do so. Medicines were stored securely, and medication administration records were accurate, and regularly checked for any mistakes.

Preventing and controlling infection

- People told us the staff followed infection control procedures. One person said, "They wear gloves and wash their hands after my bath."
- The service was mostly visibly clean and tidy, and regular cleaning took place.

Learning lessons when things go wrong

- Staff told us that communication amongst the team was good, and that any issues or problems were raised within team meetings to ensure that solutions were found, and improvements made.
- Incidents and accidents were recorded and analysed to identify trends, and improvements were made

when required.

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

Good: ☐ People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed in detail before using the service, to ensure their needs could be met. This included the recording of any cultural and religious beliefs, and lifestyle choices.
- Staff were aware of people's needs, for example, one staff member told us about a person's religious beliefs, and the visiting religious practitioners who came to support them
- People's needs and wishes were assessed and care and support was planned effectively. Staff had access to up to date policies and procedures based on current legislation and best practice standards.

Staff skills, knowledge and experience

- People told us that staff knew how to support them.
- People were supported by staff who received ongoing training. New staff had an induction programme, which ensured they received training in areas relevant to their roles.
- Specialist training was in place to ensure that staff could support people who may display behaviours which challenge, safely.

Supporting people to eat and drink enough with choice in a balanced diet

- People enjoyed the food that was prepared for them. One person said, "The food is great. They give me a choice, there's a menu. I like curry."
- We observed lunch being served, and saw that people were provided with choice and the support they required.
- The dining area had been designed in an American diner style, and our observations were that people enjoyed their meal time experience.

Staff providing consistent, effective, timely care within and across organisations

- Care and support plans were personalised and had been reviewed and updated regularly to ensure staff provided consistent and up to date care.
- Our observations were that staff responded quickly to people, and gave them the time they required.

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

- The service was accessible to those using it. This included bedrooms and communal spaces.
- We looked in several bedrooms. Most bedrooms were clean and of a good standard, but some bedrooms we looked in were not. One room had heavily stained carpets and curtains. The registered manager told us that due to the person's support needs, it had been difficult to get them to maintain the room and keep it clean. We saw that a refurbishment schedule was in place to ensure the room was cleaned and refurbished

to a higher standard. This included new floor coverings that were more appropriate for the person's needs and easier to clean and maintain.

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

- People told us they received the healthcare they required. One person said, "I saw the GP for a check-up the other day. The chiropodist comes in as well."
- Staff had a good understanding of people's healthcare needs. One staff member described recently recognising the symptoms of a person becoming unwell. This resulted in emergency healthcare being sought promptly, and the person receiving the treatment they required.
- Care plans we saw recorded in detail any health conditions people had.

Ensuring consent to care and treatment in line with law and guidance

- 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 decision and are helped to do so when needed. When they lack mental capacity to make decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority in care homes, and some hospitals, this is usually through MCA application procedures called The Deprivation of Liberty Safeguards (DoLS). We checked and found that the service was working within the principles of the MCA, and any restrictions on people's liberty had been authorised and conditions on such authorisations were being met.
- Staff ensured people were involved in decisions about their care and knew what they needed to do to make sure decisions were taken in people's best interests.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect.

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People had positive relationships with the staff team. One person told us, "They took me out to the pub for lunch, it was my birthday. There was a cake and a candle. It was a nice surprise."
- Throughout the inspection we saw that staff and management spoke with people in a friendly manner. Staff knew people well, and took the time to communicate with them in the way suited to each person. People were given the time they needed to respond and were not rushed.
- Staff we spoke with could give detailed descriptions of people's support needs.

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

- People were able to express their views and make their own decisions when possible. One person told us, "We always talk about my care. They keep me informed."
- The registered manager said that some people were using advocacy services. These services provide independent help to people who may require support with making decisions.

Respecting and promoting people's privacy, dignity and independence

- People told us they felt respected by staff, and had their preferences for support met. One person said, "I always have a woman help me shower. No man, they know that."
- From talking with staff, we saw it was of high importance to support people as individuals and promote their independence.
- People were supported to maintain relationships with friends and family, this included spending time out socialising with them, and family members visiting the service.
- People's confidentiality and privacy was protected. Records were stored securely.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs.

Good: ☐ People's needs were met through good organisation and delivery.

Personalised care

- People's care plans were detailed and had information about people's specific needs, their personal preferences, routines and how staff should best support them. Each person's plan was regularly reviewed and updated to reflect their changing needs.
- Care that staff gave was personalised. For example, staff told us about one person's culture and background, and how they made sure that the specific food from their culture was purchased and cooked for them.
- Activities were on offer for people to take part in if they wished. The service had a cinema room with a large projector screen, and cinema style seating and décor. The staff told us, "[Name] loves to come in here and watch Bollywood films."
- The registered manager had a therapy dog which was regularly brought in to the service for people to interact with. The registered manager told us, "Some people choose not to engage with staff or other people much, but when the dog comes in, they really engage with the dog. People really enjoy it."
- People were supported to feel a part of their community. The staff had raised funds for a local homeless charity. The registered manager told us, "It meant quite a lot to some people, because they themselves had been homeless before."

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure which they followed. All complaints were recorded along with the outcome of the investigation and action taken. We saw that management had acted to investigate previous complaints and had taken prompt action to resolve the concern.
- One person told us, "I would go to the office if I had a complaint, I haven't so far."

End of life care and support

- No current end of life care was being delivered. The registered manager was aware of what was required to support people with end of life care and care plans documented people's needs and requirements in this area if needed.

Is the service well-led?

Our findings

Our findings - Is the service well-led? = Good

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Good: ☐ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on duty of candour responsibility

- People knew who the management staff were, and were clearly comfortable in approaching and interacting with them.
- The registered manager understood their responsibilities under duty of candour. Where necessary they worked with external agencies to investigate any concerns raised.
- The registered manager was aware of their duties under the new general data protection regulations. We found people's information was kept secure and confidentiality was maintained.

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

- Staff were clear about their roles and responsibilities and there was a clearly defined management structure. Staff told us they received good support and feedback, and the management team were consistent in their approach. One staff member said, "It is a fun and happy place to work." Another staff member said, "The team are brilliant, as is the care, it's like a family here."
- Staff felt well supported. One staff member said, "I went through a difficult time, and the registered manager was so supportive."

Engaging and involving people using the service, the public and staff

- People were engaged in decisions about the service and encouraged to express their views. Resident meetings were held informally to allow people to talk about their care and the service in general. A staff member said, "The residents are very vocal in the meetings."
- Staff we spoke with all felt able to feedback and share ideas or concerns they might have, and felt the management listened to them and responded promptly.

Continuous learning and improving care

- The registered manager had quality monitoring systems in place to continually review and improve the quality of the service provided. This included a quality check by the regional manager.
- Action plans were formulated and acted upon when necessary as a result of audits or from meetings with people and feedback gathered.

Working in partnership with others

- The service worked in partnership with outside agencies. The registered manager told us they had worked with a scheme for young people from a college who did work experience within the service. The registered manager said, "The residents loved sitting and chatting with the young people, and they got involved in activities like cake making and making decorations."