

Leonard Cheshire Disability

Holehird - Care Home with Nursing Physical Disabilities

Inspection report

Patterdale Road
Windermere
Cumbria
LA23 1NR

Tel: 01539442500
Website: www.leonardcheshire.org

Date of inspection visit:
14 March 2017

Date of publication:
03 May 2017

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Outstanding ☆

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Holehird Care Home provides care and nursing for up to 29 people with physical disabilities. The home is a detached period property that has been suitably adapted for the purpose. It is close to the town amenities of Windermere and the Lake District. Accommodation is provided on two floors and all areas of the home are wheelchair accessible. There are accessible outdoor areas and there are extensive gardens and a car parking area.

At the last inspection, in March 2015 the service was rated overall as Good. At this inspection we found the service remained Good.

Medicines were being administered and recorded appropriately and were being kept safely. We saw that improvements had been made in the recording of medications that were topically applied.

When employing fit and proper persons the recruitment procedures of the provider were robust in ensuring suitable people had been employed.

There were sufficient numbers of suitable staff to meet people's needs and promote people's safety.

Where safeguarding concerns or incidents had occurred these had been reported by the registered manager or care manager to the appropriate authorities and we could see records of the actions taken by the home to protect people.

People's rights were protected. The staff team was knowledgeable about their responsibilities under the Mental Capacity Act 2005. People were only deprived of their liberty if this had been authorised by the appropriate body and was required to maintain their safety and welfare. We noted that four of these authorisations had not been notified to the commissions in a timely manner.

We have made a recommendation that the registered provider ensures the commission is notified in a timely manner when DoLs have been authorised by the local authority.

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 had completed training that enabled them to improve their knowledge in order to deliver care and support safely.

People were supported to maintain good health and appropriate referrals to other healthcare professionals were made.

There was a clear management structure in place and staff were happy with the level of support they received.

People living in the home were supported to access meaningful and individually tailored activities and pass times of their choice.

The in house physiotherapy services provided in the home positively impacted on people's independence and physical movement potential. The on site physiotherapy service was available to people using the service as and when they required it. It also meant people had an individual postural management plan that supported intensive rehabilitation. A variety of facilities and specialised equipment was provided to support individual people's levels of abilities that promoted their independence.

A variety of facilities and specialised equipment was provided to support individual people's levels of abilities' to promote their independence and ensured safe moving and handling.

Audits and quality monitoring systems were in place to allow the service to demonstrate effectively the safety and quality of the home.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service has improved to Good

Is the service effective?

Outstanding ☆

The service remains Outstanding

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service was rated as Good

Is the service well-led?

Good ●

The service remains Good

Holehird - Care Home with Nursing Physical Disabilities

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 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.'

This unannounced inspection took place on 14 March 2017.

The inspection team consisted of two adult social care inspectors, a specialist advisor who was experienced in Occupational Therapy 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.

Before the inspection we looked at the information we held about the service and information from the local commissioners of the service. We also looked at any statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

During the inspection we spoke with the registered manager, care manager, in house Physiotherapist and physiotherapy assistant, moving and handling coordinator, six care staff, the activities lead and two volunteers supporting activities, seven people who used the service and two relatives. We looked at all of the records relating to the requirements and actions we had asked the provider to take following the last inspection in March 2016. We observed how staff supported people who used the service and looked at the medications and care records for eight people living at Holehird.

We looked at the staff files for all staff recruited since our last visit. These included details of recruitment, induction, training and personal development. We looked at the training records for the whole team. We also looked at records of maintenance and repair, the fire safety records, food safety records and quality monitoring documents.

Is the service safe?

Our findings

All the people living at Holehird and relatives we spoke with said they felt safe as "There was always a member of staff available" to help them when needed.

We observed there was sufficient staff on duty to provide care and support to meet people's individual needs. People we spoke with told us they felt that there was always enough staff. One staff member told us that, "Morale was really good in the staff team and staffing levels were always adequate." Staffing levels had been determined so that staff were available at the times people needed them, in order to provide person centred care.

We looked at how medicines were managed. Medicines were stored appropriately and administered by people who had received the appropriate training to do so. We found that suitable care plans, risk assessments and improved records were in place in relation to the administration of medicines. We saw that medicines were stored correctly. Storage was clean, tidy and secure so that medicines were fit for use. We saw that there were plans in place that outlined when to administer extra, or as required, medication. There were procedures in place for the ordering and safe disposal of medicines. This meant that people received their medicines safely.

The moving and handling coordinator we spoke with told us about their proactive approach to safe moving and handling. We saw there was a detailed planner of when she observed care staff in practice and provided feedback and support to all the care staff during their working day. We saw how this coordinator was effectively 'supernumerary' to the core staff team on each shift and the benefits to both people using the service and the care staff in promoting of safe practice. During our visit we observed good practice during a moving and handling emergency and it was evident that care staff knew what to do.

Good practice was evident with regards to the checking of equipment such as slings, portable hoists and ceiling track hoists. All the equipment we checked had been regularly maintained and serviced. Staff, in particular the physiotherapist and moving and handling coordinator, clearly demonstrated their understanding of risk management and gave examples of the resources or actions they take to ensure equipment on site is safe for residents.

The home was clean and laid out with plenty of space for wheelchair use. New hardwood flooring had just been laid between the activity room and the dining room. We saw equipment in a variety of rooms across the building to be clean, appropriately placed and fit for purpose.

Staff we spoke with had a good understanding of how to protect people from harm. They understood their responsibilities to report any safeguarding concerns to a senior staff member. We looked at records of the accidents and incidents that had occurred. We saw that where necessary appropriate treatment had been sought and notifications to the appropriate authorities had been made. All the records we looked at showed appropriate action had been taken in response to incidents to promote the safety and wellbeing of people who lived there.

Care records relating to any risks associated with their care were current and accurate. Staff managed the risks related to people's care well. Each care record had detailed information about the risks associated with people's care and how staff should support the person to minimise the risks.

We looked at staff files for recruitment since our last visit and saw that the necessary checks on employment had been completed. References had been sought and Disclosure and Barring Service (DBS) checks had been conducted. This ensured that fit and proper persons had been employed.

Is the service effective?

Our findings

People we spoke with and their relatives said that they thought the staff were extremely knowledgeable about all their needs and that they respected their privacy and dignity at all times. Staff we spoke with told us they had received appropriate training to enable them to do their job effectively. We looked at the staff training records which showed what training had been done and what was required. We saw that staff had completed induction training when they started working at the home and staff had received regular updates on important aspects of their work.

The physiotherapist evidenced a variety of Continuing Professional Development (CPD) activities relevant to their role and how they were currently meeting professional standards. These included linking with local physiotherapists for example hydrotherapy refreshers and attending training courses on acupuncture.

We were told that the food served in the home was excellent and one relative said, "The chef makes a tremendous effort." Another person told us, "There's always plenty to eat". There was a choice of menu for lunch and a fixed meal for evening dinner. We saw that people had nutritional assessments completed to identify their needs and any risks they may have when eating. Where people had been identified as at risk of malnutrition and weight loss we saw that this had been appropriately managed. We saw people received the right level of assistance they needed to eat and to drink. We saw that this was provided in a patient and discreet way.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager and staff team demonstrated a good knowledge and understanding of the Mental Capacity Act 2005 (MCA), which applies to people aged 16 or over. Best interest decisions had been made for people who were not always able to make difficult decisions for themselves and where relevant independent advocacy could be arranged. This meant that people's rights were protected.

We could see in people's care plans that there was effective working with other health care professionals and support agencies such as local GPs, community nurses, mental health teams and social services.

The environment itself was very conducive to assist in good moving and handling practises. There were

large spaces throughout the building with appropriate space for large turning circles for electric wheelchairs and other necessary equipment. This was also noted in people's individual rooms where a variety of equipment was required. We also noted the layout of the home and multiple entrances and exits meant people could move in and around the home and outside areas independently.

The in house physiotherapy team act as champions in their work at the home in conjunction with other external health care professionals such as Acquired Brain Injury teams to facilitate the on going care of service users when they had been discharged from hospital to Holehird. In doing this there was a parallel continuity of care once people had been admitted to the home. The Physiotherapist always accompanied the clinical lead nurse to complete assessments prior to any admissions to the home.

The in house physiotherapy team were also responsible for providing a continual source of expertise with 24 hour body position management care plans, performing mobility assessments and giving advice and practical demonstrations in more complex moving and handling techniques. They also advised people on the suitability of individualised equipment and provided guidance and technical support on the use of specialised equipment to staff and where applicable to relatives.

The physiotherapy team regularly engaged with the wheelchair services to ensure that people were provided with the most appropriate wheelchair for them and that the seating provided met with their postural requirements. This also greatly reduced the risk of unnecessary contractures. Constant monitoring by the physiotherapy team ensured all changes in people's conditions were tracked and recorded as their condition progressed.

We saw a variety of examples of how the in house service of physiotherapy impacted on the people living at Holehird. Having a specialist team and equipment to aid and improve long term conditions readily available meant people did not have to wait for the support of external services. It also meant that people received treatment much quicker and more often than if they had been referred to the local community services. The physiotherapy team were an exceptional bonus in provided hands on support for the clinical and care staff members.

The Moving and Handling coordinator we spoke with told us that working jointly with the physiotherapy team meant the overall knowledge and skills of the team had been optimised to provide the best experience for people living at Holehird. The combined skills and knowledge of the team allowed people to be as independent as possible and that any moving and handling was bespoke for each person.

One person we spoke with told us they would struggle to attend physiotherapy appointments outside of the home and that the in house team was available to them everyday of the weeks should they need it.

Is the service caring?

Our findings

All the people we spoke with told us that the staff were always polite and willing to listen, and help, if they had a problem. One relative said that the care their relative received was "phenomenal". They also said, "There is nothing I would change about the home."

We observed Staff treated people with kindness and were respectful. People we spoke to who lived in the home said that their privacy and dignity were respected at all times. One person told us that the staff always knock on their door before entering. Another person told us that their preference for a female member of staff for personal care was always respected.

Relatives we spoke with said that they were involved with the decision making not only for the care of their relative but also in the running of the home. One relative said that they are updated, by e-mail, of any issues regarding the running of the home and also has been invited to meetings the home has held with the local authority. We were also told that they were welcomed within the home at any time and if they were visiting at meal times they could also choose to have a meal with their family member.

We saw that the staff gave people time and encouragement to carry out tasks themselves. This helped to maintain people's independence. Staff took the time to speak with people and took up opportunities to interact and include them in general chatter and discussion.

Staff knew the people they cared for extremely well. We saw records were collated about people and their past lives, likes and dislikes. This information was used to support and care for people in the home.

We saw that people's treatment wishes had been made clear in their records about what their end of life preferences were. The care records contained information about the care people would like to receive at the end of their lives and who they would like to be involved in their care.

Procedures and information were in place about support agencies such as advocacy services that people could use. An advocate is a person who is independent of the home and who can come into the home to support a person to share their views and wishes if they want support.

Is the service responsive?

Our findings

Everyone we spoke with said they knew how to make complaint and would feel comfortable in doing so should they need to. A relative told us, "If I have any concerns I can speak to any of the staff." Another person told us if they had a problem they felt happy to raise it directly with the registered or care manager.

We saw that a full assessment of people's individual needs had been completed prior to admission to the home to determine whether or not they could provide people with the right level of support they required. Care plans recorded people's preferences and provided information about them and their family history. This meant that staff had knowledge of the person as an individual and could easily relate to them.

We could see that people's families had been involved in gathering background information and life stories. Staff had a good understanding of people's backgrounds and lives and this helped them to support them socially and be more aware of things that might cause them anxiety. One relative said that since coming to this home their family member had "come on amazingly". They had been living at the home for two years and had been at several homes prior to this one without any progress being made.

We saw that there were regular planned activities for people to get involved in and we also saw how the activities coordinators had developed meaningful individual activities for people living in the home. There was a notice board with all the activities for the week highlighted. The home had recently invested in an electronic notice board. Activities had been specifically designed to include people's interests, preferences and abilities. There was also a designated fully equipped art area. We also saw that people were supported to be able to spend leisure time in the local community.

The service promoted a positive culture that was person centred by offering a variety of activities, including outdoor activities that are adventurous such as sailing. The physiotherapist told us they were currently fundraising for a side to side bike to increase people's choices of activities. The physiotherapist also stated they worked in partnership with The Calvert Trust, a local outdoor adventure activity centre for people with disabilities, to provide full access to outdoor activities.

People who preferred not to join in group activities were also supported by staff to access their preferred choice of activity in the privacy of their own rooms. One person told us they had regular art and craft sessions in the activity room. Another person told us their family and friends were always welcome at any time to visit and were invited to all social events in the home. We saw that this was the case as families and friends had been invited to a concert that was held on the day of the inspection. A relative said that there was "Always something going on at the home". Another relative said that their family member "Sometimes cannot wait for them to leave so that they can join in the activities".

Is the service well-led?

Our findings

There was a registered manager in post. 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.'

All the staff and volunteers we spoke with said this was a "Very good company to work for". Several members of staff had worked at the home in excess of 20 years, one previously as a carer and now as a volunteer. One member of staff said that they had worked in two areas of the home in the 10 years they had been there and the move from one area to the other was fully supported by the registered manager and provider.

Everyone we spoke to said that they could, and would, report any concerns they had about the practice of staff without fear of reprisals and believed that their concerns would be acted upon by the registered manager. Relatives told us that they were fully engaged by the management team in the operating of the home with regular e-mails and invites to specific meetings and events. All the people we spoke to knew the registered manager well and we observed positive interactions with people living in the home and with anyone visiting.

There were systems in place to assess the quality and safety of the service provided. The premises were very well maintained. Maintenance checks were being done regularly and we could see that any repairs or faults had been highlighted and acted upon. There was a cleaning schedule in place and records relating to premises and equipment checks to make sure they were clean and fit for the people living there.

There were also systems in place for reporting incidents and accidents in the home that affected the people living there. We saw that these had been followed and if required CQC had been notified of any incidents and accidents and when safeguarding referrals had been made to the local authority.

People were only deprived of their liberty if this had been authorised by the appropriate body and was required to maintain their safety and welfare. When these authorisations have been made the registered provider must inform us as part of their registration requirements. We noted that four of these authorisations had not been notified to the commissions in a timely manner.

We recommend that the registered provider ensures the commission is notified in a timely manner when DoLs have been authorised by the local authority.

People who lived at the home were provided with excellent resources to support their care needs. Staffing levels were sufficient and this meant staff could spend quality time with people to meet all their support needs, and keep people safe.

Activity provision in the home was excellent. The provider was focused on building a community within the

home of which every person, visitor and staff member played their part. They had developed a service where people were enabled to carry on living their lives, pursuing their interests and maintaining their relationships as they chose. A relative told us, "You're always made welcome and encouraged to get involved in whatever is going on".