PLUS (Providence Linc United Services)

Holmbury Dene (Respite)

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

This inspection was carried out on 3 February 2016 and was unannounced.

Holmbury Dene provides accommodation, personal care and support for up to ten people on a short term basis. The service offers interim placements and respite care to people with learning disabilities. Throughout the year approximately 40 people regularly stay for respite at the service. Care is commissioned by the London Borough of Lewisham.

At the time of the inspection there were five people staying at the care home. Four people were being provided with interim placements whilst one person was receiving respite care.

The service has a registered manager in post at the time of the inspection. 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 safe. Staff understood the providers safeguarding policy and their responsibilities within it to protect people from abuse and to report if they suspected abuse. People were protected from avoidable harm by detailed risk assessments that were reviewed regularly. There were enough staff available to meet people's needs and staff recruitment procedures were thorough. Medicines were stored safely, administered correctly and checked daily.

The provider followed the principles of the Mental Capacity Act 2005 and best practice with regards to the Deprivation of Liberty safeguards. The consent of people was sought before care and treatment was provided.

People had access to health and social care services. The provider worked closely with local healthcare specialists to assess people's needs and plan their support.

Staff received supervision and training to deliver good quality care.

People's privacy and dignity were protected by a caring staff team. Staff knew people well and records noted people's preferences for care and support. Positive relationships were developed between people and staff and relatives were made to feel welcome in the service.

People's needs were assessed and care records were updated regularly to reflect changing needs. People chose the activities they participated in and the provider supported people to meet their cultural needs. The provider investigated and responded appropriately to complaints and acted on feedback.

There was a registered manager in post who had an open management style. The provider had robust

quality assurance processes and used them to improve the quality and safety of people's care and support. Health and social care professionals spoke positively about the support people received from the registered manger and staff.

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 is safe. There were sufficient staff to support people safely and meet their needs.

Risks to people were assessed, managed and regularly reviewed to reflect people's changing needs.

People's medicines were stored and administered safely and recorded accurately by staff.

The provider operated safe recruitment practices.

Is the service effective?

Good

The service was effective. People were supported by skilled staff who were supervised and received on-going training.

People's consent was obtained in line with legislation. Staff understood their responsibilities in relation to the Mental Capacity Act 2005 and Deprivation of liberty safeguards.

People's dietary needs were assessed and met. People were offered choice around what they ate and said they enjoyed their meals.

People were supported to access healthcare services when they needed to.

Is the service caring?

Good

The service was caring. The service was caring. People had positive relationships with staff who were caring.

People's privacy and dignity were respected.

People were supported to make choices and their likes and dislikes were recorded in care records.

Is the service responsive?

Good

The service was responsive. People chose the activities they engaged in and were supported by staff to participate in them.

People's needs were assessed prior to admission and updated based upon new information at each respite stay

Care plans were personalised to each individual and included people's preferences for care and support.

People and their relatives knew how to make complaints and the provider managed complaints in a timely manner.

Is the service well-led?

Good

The service was well-led. The registered manager was approachable and supportive.

The registered manager worked in partnership with health and social care professionals to meet people's needs.

The provider maintained robust quality assurance processes to maintain standards and drive up improvements.

Holmbury Dene (Respite)

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 unannounced inspection took place on 3 February 2016 and was carried out by one inspector.

Prior to the inspection we reviewed the information we held about Holmbury Dene, including notifications we had received. Notifications are information about important events the provider is required to tell us about by law. We used this information to plan the inspection.

During the inspection we spoke with two people, four staff and the registered manager. We reviewed documents relating to people's care and support. We read the care plans, risk assessments, medicines administration records and health records of 11 people. We looked at documents relating to staff recruitment, training and supervisions and the management of the service.

We read the provider's quality assurance information and feedback from surveys of people, their relatives and staff. We undertook general observations of interactions between people and staff and we looked at the environment. This included the communal areas of the home and, with their permission, people's bedrooms.

Following the inspection we spoke with four health and social care professionals and three people's relatives.

Good

Is the service safe?

Our findings

People were supported by sufficient numbers of staff to meet their needs. People told us they felt safe and there were always staff members available to support them. One person said, "The staff are about all the time. I go to them for anything. They are always coming to me." Another person told us, "I feel safe when I stay here. There are lots of staff, I know them all. They are very good." We observed staff responding promptly to meet people's needs and supporting them in an unhurried way. Staffing levels were adjusted based upon the numbers of people receiving respite and their individual needs. Staff numbers were increased for times when emergency placements were anticipated.

The provider made plans to ensure people were safe during the course of their stay at the service. A health and social care professional told us, "The nature of Holmbury Dene as a respite centre for adults with learning disabilities means that there is constantly a varying mix of residents and Holmbury Dene also provides emergency respite facilities. This necessarily results in accommodating [people] who may pose risks to themselves and others, often at very short notice. [The registered manager] has shown a keen awareness of the safety implications of this to her staff and other residents alike. We are frequently contacted to assist in risk management planning for [people]."

People were protected against the risk of avoidable harm. Risks identified during people's initial assessments were reviewed and updated following their arrival in the service. For example, one person's risk assessment described the behaviours they might present with and detailed the factors which could trigger them. The risk assessment detailed the steps staff should take to avoid situations occurring which could lead to problematic behaviours and what actions staff should take when behaviours became challenging. This meant staff knew how to safely support people's behavioural support needs.

The provider had taken steps to ensure people were protected against the risk of abuse. Staff received training in safeguarding people and understood their responsibilities to keep people safe. Staff explained to us how they would recognise signs of abuse and demonstrated clear knowledge about different types of abuse. One member of staff told us, "My job is to support, report and protect. If I have a suspicion that a person is being abused I would report it immediately to the manager or directors or the local authority." Another member of staff said, "Beyond safeguarding we also exercise vigilance through our procedures. For example we check the I.D.'s of visitors and they have to sign in [when entering the premises]."

Staff had a clear understanding of the provider's whistleblowing policy. Whistleblowing is a term used when staff alert outside agencies when they are concerned about the provider's care and support practice. Each member of staff we spoke with gave appropriate examples of scenarios in which they would whistle-blow. For example, staff said if they raised a safeguarding concern and the provider did not take action they would alert the local authority and CQC to the suspected abuse and the provider's inaction. The registered manager told us, "We regularly discuss the importance of whistleblowing in team meetings and supervision."

People's medicines were managed safely. Medicines were stored in locked cabinets in a locked room. Staff

received regular medicines training. One member of staff told us, "I recently had level two training in medicines administration. Now I feel confident and competent when dealing with PRN [when required] medicines, repeat prescriptions and prescription errors." Medicines administration records (MAR) charts were completed correctly and audited regularly. One member of staff told us, "Unlike a residential home we don't audit medicines each week. We are a respite unit so the people here change all the time. So we review our stocks, balances and MAR charts daily. Each person's medicine is checked in and out as they arrive and depart and parents co-sign the transfer of medicines between us." The MAR charts we checked were completed correctly and daily medicines audits were signed. This meant the right medicines were given to the right people and the right time.

People were kept safe by the provider's recruitment procedures. Prospective staff submitted applications and attended face to face interviews. Successful candidates were appointed only after proof of identity, Home Office permission to work, two references and satisfactory Disclosure and Barring Service (DBS) checks had been made. The DBS provides information about a person's criminal record and whether they are barred from working with vulnerable adults. This had enabled the provider to make safe recruitment decisions.

Good

Is the service effective?

Our findings

People were supported by staff who had the necessary skills and experience to provide effective care and support. A relative told us, "I think the staff are very capable and seem to enjoy their work." One health and social care professional told us, "Staff show a good awareness of the needs of adults with learning disabilities and continue to promote independent living skills for residents during their stay. There is generally a very good understanding and staff ethos around [people] who demonstrate challenging behaviours."

New staff received induction training and shadowed colleagues before working with people.
One member of staff told us, "My induction was comprehensive. We worked our way through the huge work book that covered everything from organisational processes to our relationships with people." Another member of staff said, "Induction was focused and intense. I felt ready for my first shift because my knowledge was up to scratch. I knew the care plans and how the team operated." This meant people were supported by staff who were familiar with their planned care.

Staff told us their training needs were met. One member of staff told us, "My training has included mandatory sessions on manual handling, food hygiene, medicines and first aid to skills development training around learning disabilities and autism." Another member of staff said, "I am experienced but never feel I know it all and training brings that home in a refreshing way. Every time I do sign language training or challenging behaviour training I am able to use it the very next day and improve the quality of care people get." We read how one member of staff used the skills they learned in first aid training to assist when a person was choking.

People were supported by staff that reflected on their working practice. The registered manager provided staff with regular supervision and support. Staff told us they felt supported and used their one to one meetings to discuss how people's needs were being met. One member of staff told us, "Within supervision we look at how I have been supporting people and working in the team. We look at issues and problems and come up with solutions. It's beneficial and I get a copy of the minutes." Staff received supervision every four to six weeks. The supervision records for one member of staff showed a discussion about the most effective ways to support a person on a one to basis when in the community."

The staff ensured that people gave consent to the care and support they received. A member of staff told us, "I don't make decisions for people. People make their own decisions. If they can't make a capacitated decision then we have mental capacity assessments and best interests meetings." Another member of staff said, "People who can make decisions do so. If they are not able to we liaise with the multidisciplinary team (MDT) and work through the issue and the persons capacity with them, their family and the MDT to get to a decision in the persons best interests."

People's rights were upheld in line with legislation. We looked at how the provider was meeting the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). These aim to make sure that people in care homes are looked after in a way that does not deprive them of their

liberty and ensures that people are supported to make decisions relating to the care they receive. Services should only deprive someone of their liberty when it is in the best interests of the person and there is no other way to look after them, and it should be done in a safe and lawful manner. At the time of the inspection one person was subject to deprivation of liberty safeguards. The DoLS conditions were applied appropriately and reviewed regularly.

People's communication needs were assessed and individually met. A member of staff said, "Everyone speaks a language, even if they are non-verbal. You just need to understand it. Once you understand how a person communicates and you can get on their wave length you can transform their life." Care records noted people's preferred communication methods. Guidance in care records identified effective ways of sharing information with people as well as how people expressed themselves. For example in one person's care records staff were advised to use no more than two key words in a sentence, keep sentences short and not to overwhelm the person with information. To support another person staff were instructed to accompany speech with corresponding gestures.

People received sufficient nutritious food and drink that met their dietary requirements. People told us they enjoyed the food they were served and had choices. One person told us, "The food is very lovely. I say what I want and I eat with my friends. My favourite is spaghetti bolognese and I like when we have pie too." One member of staff said, "Ideally when someone arrives we know everything about the foods they like and dislike. But sometimes, because we are respite, people arrive and we don't know their food preferences. Then it becomes very important to record in their care plans what people select and reject." This meant the service was supporting people's choices by identifying their preferences.

We read how people were offered dishes which their families said were culturally appropriate and in line with people's preferences. For example, a number of people of Jamaican origin had chosen curried goat whilst a number of Nigerian people had eaten pounded yam. People were supported with special dietary requirements for example diabetic and gluten free diets. One person was supported to make their packed lunch each morning before college.

People were supported with risk assessments around their nutritional needs. These included risks around under eating, dehydration and swallow difficulties. For example one person was at risk of choking if they ate too quickly. They were supported with one to one staff at mealtimes to ensure they remained calm and to encourage them to slow down when necessary. Another person was supported to maintain a fluid chart due to his risk of dehydration caused by an underlying health issue. These records were regularly reviewed by the registered manager and healthcare professionals.

People were supported to access healthcare services as their needs required. One health and social care professional told us, "I find the service very responsive to our input and they are proactive in seeking our advice and support." We saw that referrals had been made to psychologists, speech and language therapists and occupational therapist to assess people's needs.

Good

Is the service caring?

Our findings

People were supported by staff who were compassionate and respectful. People told us the staff were caring. One person told us, "The staff are great. They're such jokers. The best thing is we spend lots of time together." Another person told us, "When I get worried they [staff] tell me not to worry and tell me I am safe and then I feel better." A health and social care professional said, "I am aware that many parents and carers as well as service users value the service provided at Holmbury Dene and enjoy good relationships with the staff there."

The provider was aware of the potentially unsettling experience of respite and took steps to support people. The registered manager told us, "We recognise and continually discuss within the team how distressing emergency respite and interim placements in between two stable placements can be for people. Empathy is crucial because it impacts how we view support." A relative said, "I have always been impressed by Holmbury Dene's attention to detail. It can't be easy having to support so many different people, but they are always spot on with [person's name]. When we arrive the room is ready, the activity plans are ready, the staff are ready. It's like [person's name] was there the day before even though it could have been two months ago." This meant the provider planned the delivery of care and support to meet people's individual needs.

People were encouraged to make decisions about how they received their care and support. The service also sought the views of relatives. Staff explained how they involved people in making decisions about their day to day lives. For example staff used visual cues such as pictures to assist people to make choices. Records showed staff regularly reviewed and updated information relating to people's stated and observed likes, dislikes and preferences.

People's privacy and dignity were respected. We observed staff speaking with people in a polite and friendly manner. We saw staff knock on people's bedroom doors and await permission to enter. A member of staff told us, "You have to take steps to protect people's dignity. It doesn't happen by default. For example, unless it is stated specifically in their care plan or risk assessment I wouldn't remain with someone whilst they used the toilet."

People told us their relatives were made to feel welcome when they visited. Relatives told us the staff were friendly when they brought people for respite stays. One relative told us, "The staff are always nice when we arrive. They want to know how both of us are doing and if there are any changes. I don't feel rushed or pressured or in the way."

Good

Is the service responsive?

Our findings

People received personalised care that met their needs. People told us staff supported them to participate in activities of their own choosing. One person told us, "I like it when the staff do the things I like with me when I am staying [at the service]." One member of staff said, "The activities people choose can be totally different. One person here gets true joy from browsing in shops whilst another loves the peace and space of Crystal Palace park." Another member of staff told us, "Sometimes our shifts are organised to finish very late so we can support people to go to night clubs. Records showed people were supported to participate in games nights, movie nights, cinema going and daytrips to the seaside.

People's needs were assessed prior to admission and updated during and following each respite stay. Care records provided clear guidance to staff about how they should support people's health, social, personal care, nutritional, behavioural and communications needs. A member of staff told us, "One person's needs are such that we have to continuously change the activity they are doing they cannot tolerate being inactive. So you need to be alert as a team to support this as the next activity might require preparation whilst the current activity is still in progress with one to one support." This meant people were supported in line with their care plans.

People receiving care and support as an interim placement were provided with a keyworker. Keyworkers are members of staff who take the lead in supporting a person to arrange appointments, liaise with professionals, maintain care records and plan activities. People who used the service for respite care had named members of staff assigned for specific tasks, for example updating risk assessments, health action plans and support plans. This meant that changes to people's needs were recognised, recorded and met.

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People receiving care and support as an interim placement before moving to a new service were provided with a keyworker. Keyworkers are members of staff who take the lead in supporting a person to arrange appointments, liaise with professionals, maintain care records and plan activities. People who used the service for respite care had named members of staff assigned for specific tasks, for example updating risk assessments, health action plans and support plans. This meant that changes to people's needs were recognised, recorded and met.

People told us they knew how to make a complaint and would do so if they had cause for concern. One person told us, "I would tell the manager and she would sort it out." We read the complaints made during 2015 and found all to have been investigated and addressed in line with the provider's policy in a timely

manner.

The provider sought feedback from people and their relatives. People and their relatives were asked for their views at the end of each respite stay and regular surveys were undertaken. The registered manager analysed responses and acted upon them. For example, one person said in a survey response that they found it easier to view images on a computer than on a printed newsletter. As a result the provider made their newsletter available in digital form too.

Good

Is the service well-led?

Our findings

There was a registered manager in post at the time of the inspection and they were supported by a deputy. People and their relatives knew the management team and told us they found them open and approachable. One relative said, "I find them easy to talk to. They always make time to speak to me."

Staff told us the registered manager provided good leadership and support. One member of staff told us, "This is a happy service. The manager is open, relaxed and really flexible. People and staff mix well. I really enjoy working here." Another member of staff said, "[The registered manager] is really good. She understands there is a work life balance and is supportive around personal issues because they can impact on how we work but also because I think she's just a good person."

The registered manager worked in partnership with the multidisciplinary team (MDT) and local authority social workers. One health and social care professional told us, "I would say that the current manager is working effectively to link in with the MDT and is being appropriately pro-active in seeking support from our teams." This meant people's needs were promptly assessed and staff skills and knowledge continually improved upon.

Team meeting minutes showed the discussion of people's needs. For example, the manager led the team in discussion about one person's independent living skills decreasing since their previous respite stay and the steps to be taken to support the person to reacquire them. A member of staff told us, "The team meetings are good. They are divided into team meetings and workshops with professionals." The registered manager said, "The workshop part of our team meetings is essentially a training component when we look at issues like PEG feeding or first aid." Minutes of meetings were kept and made available for staff who could not attend.

The registered manager carried out audits of the service. These included the monitoring of care records, health and safety, medicines, infection control, activities, accidents and incidents and training. Additionally, senior managers within the provider organisation, including the chief executive and head of service, conducted quarterly quality audits. There was evidence that action was taken when shortfalls were identified.

The service took action to ensure people received appropriate care. Staff maintained accurate records of people's accidents and incidents. These were analysed by the registered manager who updated care records to reflect changes to people's needs. Where appropriate the registered manager made referrals to health and social care professionals and discussed issues in team meetings. This meant action was taken to prevent the recurrence of events placing people at risk.

The registered manager maintained systems to ensure satisfaction questionnaires were sent out to people and their relatives. Feedback received was acted upon in order to improve care and support. A file containing compliments and thank you cards from people and their relatives was shared by the registered manager with the staff team. This meant the service used feedback to reinforce good practice.