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 unannounced inspection took place on 5 and 19 October 2018. Holmbury Dene (Respite) provides accommodation, personal care and support for up to 10 people. Since the last inspection the service provision had changed. The service offers interim respite care and permanent placements for people living with a learning disability. Within the service there are individual bedrooms and two self-contained flats. Each flat has a private bedroom, bathroom, and living area. One of the flats is currently occupied on a permanent basis.

At the time of the inspection there were four people living at the service and one person on respite. Holmbury Dene (Respite) is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The service has a registered manager in post at the time of the inspection. This manager was newly registered with the Care Quality Commission. 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 supported to remain safe at the service. Staff used the provider's safeguarding policy and guidance to continue to protect people from harm and abuse. Staff completed training in safeguarding and had gained the knowledge to identify and report to the local authority an allegation of abuse.

Risks to people were identified. Staff reviewed people's needs and risks associated with them. Risk management plans were developed which provided staff guidance on how to care for people in a safe way. The registered provider's infection control policy was followed by staff. Staff maintained the cleanliness of the service which helped to reduce the risk of infection.

People were supported by enough staff each day. There were sufficient staff available to meet people's individual needs. Safer recruitment procedures were followed to ensure suitable skilled staff were employed to work with people.

People's medicines were managed safely. There was an established system in place for the administration, ordering, storage and disposal of people's medicines.

Staff received support through training, induction, supervision and appraisal.

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. People consented to care and treatment before staff supported them.

Health, social care services and specialist support was sought when people's needs changed. Healthcare professional's recommendations and guidance for people was followed by staff.

Staff carried out people's care and support in privacy while protecting their dignity. Staff knew people well and understood their individual needs and the support required to meet them.

People had an assessment of their needs. Each person's care plan identified their individual care needs and the specific support needed to ensure these were met. People were a part of their local community and attended various outdoor activities. At the time of the inspection, there were no people receiving palliative care support or end of life care.

There was an established complaints procedure at the service. Complaints were managed well and each complaint was investigated and a response provided to the complainant.

Staff gave mixed views on the overall management of the service. The registered manager completed audits of the quality of care provided to people on a regular basis. The registered manager sent suitable notifications to the Care Quality Commission of events that occurred. The registered manager had developed joint working relationships with health and social care services.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

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 inspection took place on 5 and 19 October 2018. The first day of the inspection was unannounced and the second day of the inspection was agreed to by the registered manager. The inspection team consisted of 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. The expert by experience's area of expertise is in services for people with learning disabilities.

We gathered and reviewed information before the inspection. We received a completed 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 reviewed notifications sent to us.

During the inspection we spoke with two people using the service and two relatives. We also spoke with the registered manager, three care workers and the regional manager. We contacted health care professionals, for their opinions of the service. However, we did not receive any responses.
We looked at three care records, medicine administration records (MARs) for three people, five staff records and other documents relating to the management of the service.

Good

Is the service safe?

Our findings

People lived in a service that was safe. People said they were happy living at Holmbury Dene (Respite). The relatives we spoke with said they had no concerns about the safety and security of the service.

The provider had an embedded safeguarding policy and procedure in the service. Staff understood their responsibility of recognising and protecting people from harm and abuse. Staff comments included "I understand that we need to protect vulnerable people" and "Safeguarding is very important we have to keep people safe."

Each member of staff had completed training in safeguarding adults. This provided them with knowledge of the types of abuse and how to keep people safe. We were made aware of safeguarding incidents that occurred at the service. The records of the incidents showed staff understood abuse and acted to protect people from the risk of abuse. The local authority safeguarding team was made aware of safeguarding allegations for their investigation.

People continued to be protected against the risk of avoidable harm. Each person had a risk assessment completed with them and their relative. Risks associated with their health, mental health and wellbeing needs were recorded. For example, one risk assessment identified a person's risks due to lack of road safety awareness. We saw another risk assessment that identified risks associated with the person's home environment. The risk management plans detailed each risk and the support staff would provide to reduce and mitigate these. Risk management plans were reviewed and updated on a regular basis to ensure these remained current.

The provider had an infection control procedure. This provided staff with guidance on how to reduce and manage the risk of infection. Staff had access to and wore personal protective equipment. Staff used gloves and aprons and followed the infection control processes to reduce the risk of infection.

People had the support from enough staff to meet their needs safely. We reviewed staff rotas for a period of three months before the inspection and saw enough staff were made available on each shift to support people. Each person was allocated one and often two members of staff based on their needs to support them during the day. Staff accompanied people to appointments and social outings of their choosing.

The provider had an established recruitment procedure. Newly employed staff completed a job application process. Staff were appointed only after providing their proof of identity, right to work in the UK, two previous employers job references and a returned criminal records check with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working in care services.

People's medicines were managed safely. There were established systems in place for the administration, ordering and storage of medicines. Each person had a medicines administration record (MAR). Each MAR was completed accurately and staff signed these when people were supported with their medicines. People

had their individual medicines stored in locked cabinets in their bedrooms and staff supported people to have their medicines as prescribed. Staff reviewed medicine stocks, balances and MARs to ensure the stocks and the medicine management records matched and were accurate.

Good

Is the service effective?

Our findings

People were supported by staff who had the skills and knowledge to meet their needs effectively. Each member of staff completed an induction, training, supervision and a yearly appraisal. Newly employed staff were supported by experienced staff and completed training which helped them to understand the needs of people using the service. Staff continued to update their knowledge so they were effective in their jobs. Training in safeguarding, basic life support, infection control, medicine management and mental health awareness was completed. Staff attended meetings with their manager. Staff reflected on their role, identifying personal and professional development needs during supervision and appraisal meetings. Staff's individual needs were recorded and referred to at their next meeting.

People's needs were assessed to ensure they received appropriate support. The registered manager sought guidance which helped them ensure people's needs and choices were met. People had communication needs and we saw records in an easy read format which people could use and understand.

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 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 whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. Staff assessed people's mental capacity and any concerns were referred for further assessment to the local authority. If a person was assessed as lacking the capacity to make a particular decision then a decision was made in their Best interests and a DoLS application was made, where needed to the local authority also known as the 'supervisory body'. We saw applications under the DoLS had been authorised and staff followed the requirements and conditions of each authorisation to ensure people were cared for safely.

People gave staff their consent to provide care and support. We observed staff asking people for their consent. Staff explained to people clearly how they planned to support them. People understood this information and they could agree to the care and support provided. When complex decisions were made staff spoke with people's relatives to gain their consent. For example, staff discussed and agreed on complex medical treatments with people's relatives.

People had access to food and drink throughout the day. Staff supported people to choose and make their breakfast each day. Lunch and evening meals were prepared and cooked onsite by staff. Staff cooked a variety of meals that met people's cultural needs. One member of staff said, "We cooked Nigerian meals for people and everyone enjoys them" another member of staff said "People have takeaway meals too which they enjoy. But we do try and support people to have a balanced diet but they have choices in what they

eat." People were consulted on the meals that were provided and they were involved in developing the menu. People went out of the service daily and often ate their lunch meals at a café or restaurant.

People received support when their healthcare needs changed. Records showed staff supported people to maintain their health. People had regular health care checks with their GP. Any concerns were investigated and appropriate care and treatment provided. People had regular checks of their mental health needs and these were monitored to ensured people remained well.

Good

Is the service caring?

Our findings

People said staff were caring and kind. People commented that staff were helpful to them. Relatives we spoke with said "Staff are really kind to me and [my relative]" "Staff contact me at home if there is an issue or if [my relative] is doing particularly well" and "Staff are really kind to [my relative] they are really kind because [my relative] is really happy and relaxed here."

People made decisions about their care and support. Care plans were developed with the involvement and contributions from people and their relatives. This ensured the care and support was relevant and matched people's care needs. Staff and people reviewed care plans to make sure these continued to identify the support required to meet people's assessed needs. Staff updated people's care records to ensure accurate information about people's needs was recorded.

Staff treated people with respect. We observed staff speaking with people in a way that was respectful. Staff gave people sufficient time to express their views and opinions. This helped people make choices about activities or how they wanted to have their care and support provided.

Staff ensured people's care and support needs were carried out in privacy while promoting their dignity. Staff knocked on people's doors and waited to receive their permission to enter their private space. When staff wanted to speak with people, they ensured they had the privacy they needed. One member of staff said, "This is their home, I am a guest and I respect people and their home" another said, "It is not fair or right for me to discuss people's private information so everyone else can hear what we are saying, I have to maintain privacy when this is needed." There were areas of the service where staff and people could have discussions about their care and support. We observed staff speak with people and their relatives whilst protecting their privacy.

People were encouraged and supported to be independent. Staff supported people to develop, maintain and improve their daily living skills. People participated in keeping the communal areas and their bedrooms clean as well as completing their laundry with staff support. People used the kitchen to make hot drinks, snacks and meals with supervision from staff.

Staff supported people to meet their cultural and religious needs. Staff showed respect for people's cultural needs. For example, we saw staff had prepared meals for people that met their cultural needs. We saw another person was supported by their family to attend cultural activities in their local community.

People were supported to continue practicing their religion. For some people their religious beliefs were very important to them and a part of their daily lives. People could observe a religious day and those who wanted to attend a religious service were encouraged to do this with support from relatives or staff when required.

Relatives and friends were encouraged to visit people at the service. During our inspection we observed relatives visiting. Relatives we spoke with said they were welcomed to the service and were kept updated

about their family members care and support needs or concerns. People were encouraged to maintain relationships with those who were important and mattered to them. People and their relatives went on trips outside the service. People visited relatives, went to museums, restaurants and took part in other social activities with their families.

Good

Is the service responsive?

Our findings

People received personalised care that met their needs. Before people came to live at the service staff completed assessments with them. People provided staff with information about their likes, dislikes, health care needs and communication needs for their assessment. Care plans were developed using the information people provided to ensure their views on their care and support was considered. For example, we saw care records that contained people's hobbies and how they enjoyed spending their time.

Care plans also contained information related to individual needs. For example, assessments identified the need for a behaviour monitoring care plan. Care plans recorded triggers that were associated with the behaviour that challenged staff and others. Another care plan recorded that two care workers must accompany a person when out in the local community, because of the risk of poor road safety awareness. Their care plan detailed the support staff would need to provide to keep the person safe and minimise the risk of absconding. People's assessments detailed their specific needs and their care plans reflected these with clear details of the required support from staff to keep people safe.

People's private information was documented in line with the Accessible Information Standard (AIS), for example; providing documents using large print books to ensure these were accessible. The Accessible Information Standard makes sure that people with a disability or sensory loss are given information in a way they can understand. We saw records were written using an easy read format and people could understand the information presented to them.

The provider had an established complaints process. People were supported to make a complaint about their care and support if needed. We saw people were comfortable speaking to staff or the registered manager if they had any concerns, and staff acted promptly to resolve these and reassure them. All previous complaints had been dealt with by the registered manager. Meetings were held with the complainant following the investigation into the concern. People and relatives were confident to make a complaint about the care and support if they needed.

At the time of the inspection people did not require palliative care support. Staff had an understanding of people's needs and how they would support people who required this specialist support. Staff knew who to contact if people's health deteriorated and they required end of life care. Care records stated that relatives would make arrangements and be involved in end of life care arrangements in line with people's wishes.

People continued to take part in activities they enjoyed and met their social and educational needs. Each person had a planner which provided details on the activities they had planned each day. The activity planner was in people's bedrooms so they knew what activity they were going to do next. People's activity planners were developed with them. Staff told us that each person using the service had activities that they enjoyed and were supported to attend. These activities included, going to the cinema, foot spa, cycling, going to the central London, cooking, disco at the Gateway club, parties, shopping, going to the gym. One person was going to college each week and working in a local café. On the day of the inspection, all people living at the service went out bowling. One person spoke about their parents visiting them on Saturdays.

They said, "They [relatives] take me to have a haircut and beard done." Another person spoke about going to college. They said, "I do maths and English. I learn lots, I work hard."

Good

Is the service well-led?

Our findings

People felt comfortable to speak with the registered manager and have a chat with them. The registered manager provided an environment where people could sit in their office and help them with simple tasks when people wanted. Relatives we spoke with said the service was managed well. Relatives commented, "The manager is good, I don't know her that well but they are always helpful and approachable" and "They listen to me which I find really helpful."

The registered manager ensured that staff benefitted from training and developing their skills. The registered manager also actively supported people living at the service. For example, the registered manager was supporting a person with making a cup of tea while promoting their independence. The registered manager told us "Every moment is an opportunity [for learning]" and gave us an example of supporting staff to engage with people to encourage them to participate in tasks when possible.

We received mixed feedback regarding the management of the service and the provider's senior management support. Staff told us that they enjoyed working with people. However, staff said they did not feel supported when things went wrong. For example, when a person using the service left the building in an unsafe way without staff knowledge. Staff said, "We were blamed for the person leaving the service unnoticed and felt unsupported by the registered manager and senior managers" and they said they, "felt pressure from the top [senior managers]". Staff said that senior managers did not engage with them well or involve them in changes that occurred in their service.

Staff described how they encouraged people to achieve their goals by doing things they liked. However, they said that when a senior manager was coming to the service they were instructed to take people out whether this was a day for outdoor activities or not. One member of staff said, "Sometimes we had no plans to go out, but we are told we need to go out because a senior manager from head office is coming to visit and we need to be seen doing things with people."

We recommend guidance is sought by the provider on how to engage effectively with staff that work at the service.

Each month staff attended a team meeting. Staff shared any concerns about people living in the service, upcoming events or training. The registered manager said they discussed and shared information from the provider with staff and asked them for their opinion. Staff meetings were recorded and made available for staff to review.

The registered manager understood their registration requirements with the Care Quality Commission (CQC). We checked and confirmed that the registered manager had sent CQC notifications as required by law.

The registered manager asked people and their relatives for feedback about the quality of the service. Records showed and people and their relatives told us that the service provided a good service with good

quality care and support. People said they enjoyed living at the service.

There was an established system in place to review and monitor the service. Medicines management systems, infection control, food satisfaction, activities and the maintenance of the service were all audited. Records showed that when an issue was found this was resolved promptly and signed off by the registered manager or senior manager when an action was completed.

Staff developed joint working relationships with health and social care services. Staff worked closely with mental health services, including community mental health services and with hospital teams. This relationship helped people receive appropriate health care support and guidance.