

Holmleigh Care Homes Limited

The Grange

Inspection report

15 Holmwood Drive
Gloucester
Gloucestershire
GL4 0PS

Tel: 01452312372
Website: www.holmleigh-care.co.uk

Date of inspection visit:
16 March 2016

Date of publication:
22 April 2016

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?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 16 March 2016 and was unannounced. The Grange provides accommodation and personal care for up to 11 people with a learning disability or autistic spectrum disorder. There were nine people living in the home at the time of our inspection. The Grange consists of a lounge, dining room, a quiet room, kitchen and 11 bedrooms set over two floors. People had access to a secured outdoor space.

A registered manager was in place as required by the service's conditions of registration. 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.

Systems were in place monitor the quality of service, however there were minor discrepancies in the records of people's daily money and medicines checks.

The registered manager regularly worked alongside staff which gave them an insight into the needs of people. People and their relatives knew where to make a complaint if they had any concerns. The provider and registered manager sought and valued people's opinions about the service they received.

People received care and support which had been focused on their individual risks and needs. People's care records were focused on their support needs, preferred routines and preferences. They gave staff the guidance they required to support people. Staff -respected people's choices and supported them in the least restrictive manner.

People's support plans gave staff detailed guidance on how people like to be supported and their preferred standards of care. They enjoyed a range of structured activities. They could move freely around their home and could choose where to spend their time. They had also been supported to maintain links with their families. People were encouraged to make their own decisions about their meals but were also encouraged to eat a healthy diet.

The management and administration of their medicines was based on people's individual support needs. Where people's physical and emotional needs had changed, they had been referred to health care professionals for additional advice and support. Staff had reflected and learnt from any incidents where people or staff could have been potentially harmed.

Suitable staffing levels were in place so people could be adequately supported at home and in the community. People were supported by consistent and familiar staff. People who we spoke with told us staff were caring and kind. Relatives also spoke positively about the service and praised the staff.

Staff had been trained to support people with a range of diverse needs. They were knowledgeable about

supporting people with complex needs or behaviours that may be seen as challenging by others. Staff received formal and informal support from senior staff. New staff were monitored and supported regularly to ensure they had the skills and confidence to carry out their role.

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.

People were cared for by staff who understood how to protect them from avoidable harm and abuse.

Individual risks of people's emotional, physical and health needs were assessed, managed or recorded.

People's medicines were mainly managed well and they received them safely.

People were supported by suitable number of consistent staff who were familiar to them. Staff had been checked and trained before they started to support people.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who were trained and supported in their role.

People were encouraged to make decisions about their care and support. Staff recognised the importance in respecting people's choices and supporting them in the least restrictive manner.

People were referred appropriately to health care services if their care needs changed. They were encouraged to eat a healthy diet.

Is the service caring?

Good ●

This service was caring.

People were encouraged to retain and develop their levels of independence.

They were supported by staff in a respectful manner. Staff demonstrated respect for people's dignity.

People and their relatives were positive about the care they received.

Is the service responsive?

Good 

This service was responsive.

People's care plans were detailed and provided staff with guidance on people's preferred way to be supported. Staff were responsive to people's emotional and personal support needs.

People were supported to carry out activities in the community and around the home.

Relatives were able to raise their concerns with staff.

Is the service well-led?

Requires Improvement 

This service was not always well led.

The daily records of people's money and medicines checks were not consistently accurate.

The registered manager was knowledgeable about the people who lived in the home.

Staff felt supported by the registered manager and senior staff. Regular meetings were held to review and discuss the service being provided.

The Grange

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 3 March 2016 and was unannounced. The inspection was carried out by one inspector.

Before the inspection, we reviewed the information we held about the service as well as statutory notifications. Statutory notifications are information the provider is legally required to send us about significant events.

We talked with two people and looked at the care records of five people. Most people were unable to communicate with us due to their complex needs. However, we saw how staff interacted with people. After the inspection we spoke with three relatives by telephone and sought their views about the service. We spoke with three members of staff and the registered manager. We looked at records relating to staff recruitment, training and development. We looked at records relating to the management of the service, which included the management of accidents and incidents. We also looked around the environment.

Is the service safe?

Our findings

Staff had a good understanding of how to keep people safe. They were knowledgeable in identifying safeguarding concerns and their responsibilities for reporting accidents, incidents or concerns. Staff were confident that any concerns about people's safety would be addressed immediately by the registered manager. People had access to easy read information about safeguarding and how to stay safe. Plans were in place to make people more aware of the signs of abuse during their monthly 'service user meetings'. Relatives confirmed that they felt their loved ones were safe living at The Grange.

Some people who lived at The Grange had complex emotional needs. Occasionally they became upset, anxious or emotional and showed behaviours which may challenge others. Staff had been trained and were knowledgeable about people who had difficulty managing their own emotions. They were able to tell us how they observed for changes in people's behaviours or triggers which may cause them to become anxious. The risks to themselves and others had been identified. Records gave staff clear guidance of how people should be supported if they became upset.

Post incident records indicated that staff had supported people in the least restrictive way when they had become upset. The registered manager analysed each incident and reflected on it with the team. This helped staff to identify if the incident could have been prevented and how incidents should be better managed in the future. Where possible, staff also discussed the incidents with people to understand their views.

The risks of people with medical and health issues had also been identified and recorded such as for people who had weight loss or were at risk of choking. Guidance was in place to help staff support people and manage their risks such as ensuring people's food were cut in to small pieces.

Staff had recorded on body charts when people had an acquired a bruise or minor injury; however they had not consistently documented the possible causes of the injuries. This would identify if there was any pattern or trends emerging from the injuries. This was raised with the registered manager who told us staff were aware of people who often experienced an injury due to their behaviours and this would have been discussed during staff hand overs and documented in people's daily notes. They stated they would start to record their investigations into why people may be bruised or harmed to eliminate any aspects of concern.

People were supported by familiar and consistent numbers of staff. There were adequate numbers of staff to meet their physical, social and emotional needs on the day of our inspection. We inspected a sample of staff rotas, which indicated that there was a dependable number of desired staff at all times. This was also confirmed by relatives and staff. Additional staff were provided when people required specific 1:1 support such as attending appointments. There were sufficient numbers of staff available to support and reassure people during the night.

Potential new staff were invited to the home to meet people. The registered manager said, "New staff come and look around the home, especially at meal times when most people are more likely to be in. We see how they interact with the service users. It is important that we get it right. Staff consistency is vital when working

with people with learning disabilities or autism".

People were protected from those who may be unsuitable to care for them because appropriate checks had been carried out to ensure staff were fully checked before they started to work with people who used the service. Staff recruitment records showed that adequate checks of staff previous employment and criminal histories had been carried out.

People were supported with medicines. Effective systems were in place to ensure peoples' medicines were ordered, administered and recorded to protect people from risks. Medicines Administration Records (MAR) had been completed appropriately with no gaps in the recording of administration on the MAR charts. Individual detailed protocols were in place for medicines prescribed to be given as necessary. People's medicines were stored securely and storage temperatures were monitored and recorded daily. Individual detailed protocols were in place for medicines prescribed to be given as necessary such as for people's constipation or anxiety. There were clear instructions for their use. For example, one person required pain relief occasionally due to their painful joints. Information on how this person may indicate they may need their medicines was documented such as rubbing knees if they are painful. Staff were also prompted to consider other interventions before they resorted to administering the prescribed medicine.

The registered manager was considering implementing individual secured medicine cabinets in people's bedrooms to promote dignity and privacy when supporting people with their medicines. They said "For some people this would be a big change so we would have to consider each person and make small changes". Plans were in place for the registered manager and senior staff to attend an advanced training in managing people's medicines to give them the additional skills and knowledge to assess the competencies of junior staff in managing medicines.

Is the service effective?

Our findings

People were supported by staff who had support and supervisions (one to one private meetings) with their line manager. They met four times year to discuss their role and work ethics as well as an annual meeting to appraise and evaluate their professional development and goals.

Staff confirmed that supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. New staff met with their line manager monthly for six months to ensure they had the skills and confidence to carry out their role. One new staff member told us, "The training and support here is brilliant. If I don't understand, I ask and they will put it in a way that I understand".

Staff were complimentary about the quality of training and the support they received. They had received regular and current update training in subjects as deemed as mandatory by the provider such as safeguarding, whistleblowing and first aid. One staff member said, "I'm learning every day. I am very impressed about how well we are trained" and another staff member said "Yes, I can't fault the training. We have the skills to do our job which is great for us as well as the service users". Where people's health needs had changed staff had received additional specialised training to support them with medical conditions. The staff's knowledge and competencies to carry out their role was observed and monitored by senior staff.

New staff undertook a period of shadowing experienced members of staff; reading people's care plans and documents relating to the home such as policies and procedures and induction training before they started to support people. New night staff were required to work during the day initially so they became familiar with people before they supported them during the night. New staff were also required to complete the new care certificate training which allowed the registered manager and senior staff to monitor the competencies of new staff against expected standards of care. More experienced staff were supported to complete a national vocational qualification in health and social care.

People were encouraged and supported to make choices about their day and be as independent as possible. Their wishes and preferences had been recorded and were respect by staff. People were verbally asked if they agreed to the support being provided. There was recorded evidence that some people had signed and consented to the support they required and their care plan. Families of those who could not understand had consented to their care and had signed in the best interests of the person that they agreed to the care and support being delivered.

Staff had assessed people's mental capacity of their understanding of different aspects of their care in accordance with the principles of the Mental Capacity Act 2005 (MCA). 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.

For example, one person had a mental capacity assessment in place which demonstrated that they did not have the mental capacity to understand and weigh up the pros and cons of taking their medicines.

Therefore, a best interest decision had been made for staff to support this person in managing and administering their medicines.

Records showed best interest decisions had been made for people who had required significant medical procedures or screening investigations. For example, a best interest decision had been made on behalf of one person with staff, their family and their GP that they should decline an invasive screening investigation as their risk was low and the impact of the investigation would be too distressing for the person.

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

The registered manager had identified those people who were being restricted from their freedom and continually supported and supervised. They had made application of DoLS for all the people at The Grange. At the time of our inspection, authorisation had been given by the local authority to allow the restrictive practices for five people who lived at the home. Other people were waiting to be assessed by the best interest's assessors from the local authority to approve that in their best interests they should be continually restricted and supervised.

The registered manager was also working with people, their families and local authorities to assess and review whether some people were best placed at The Grange. The registered manager recognised the importance of using advocates to ensure people's views were heard and acted on.

People required support with the planning, preparation and cooking of their meals. Staff were all aware of people's individual dietary needs and preferences. They supported people to make healthier food choices. People's likes and dislikes in food and drink, their special diets and allergies were recorded.

The care plans of people who were unable to communicate or understand the importance of a balanced diet provided staff with guidance on their food preferences and how they should be supported to maintain a healthy diet. For example, one person's care plan informed staff that they should be encouraged to feed themselves but they may need support if they were feeling low. Another person's care plan stated that staff needed to encourage one person to have healthy snacks and sugar free drinks and food due to their medical condition. Records gave staff guidance on how to support this person if they became unwell and the actions to take. Staff had been trained in supporting people to have a sugar free diet and advice had been sought from a specialist health care professional.

People's weight was monitored monthly. People who had a significant weight loss or gain were monitored and referred to the relevant health care professionals. Guidance was in place which gave staff information about how to support people if they started to decline their meals such as offering alternative meals or eating in a different environment such as offering the quiet lounge to sit in to eat their meals.

People were able to suggest different meal options during the 'service user meetings'. Food was cooked to meet people's individual taste and choices. People told us they enjoyed the food and meals provided. Relatives also told us that people enjoyed their meals and were encouraged to maintain a balanced diet.

People had access to health and social care professionals. Records confirmed people had access to a GP, dentist and an optician and could attend appointments when required. People had a health action plan

which described the support they needed to stay healthy. Some people had started to show signs of ill health due to their age. Staff had monitored these people closely and had alerted their GP in an appropriate and timely manner. People had been supported by familiar staff when attending health care appointments or requiring a period of time in hospital.

Is the service caring?

Our findings

People were supported by kind and compassionate staff who were dedicated in supporting people in a respectful manner which focused on their individual care needs. People received care and support from staff who knew and understood their backgrounds, likes, preferences and goals. Most people were unable to express their views about the service they received due to their complex needs. However, two people who spoke to us were positive about the care they received. One person said, "The staff are nice here. I like them. I like them talking to me or sometimes I want to go to my room". Relatives were mainly positive about the care their loved ones received. For example, one relative said "He enjoys living there. Nothing is troubling him. If he wasn't happy he wouldn't want to go back when we take him out". Another relative felt the home was now not right place for their relative to live. We raised this with the registered manager who told us plans were in place to hold discussions with the person, their relatives and health care professionals to discuss their future accommodations requirements.

The relationships between staff and people receiving support consistently demonstrated dignity and respect at all times. For example, some people required support with eating their meals and personal care. They needed support with their toileting and post elimination hygiene. Information provided in people's care plans reminded staff that they should be aware for people's dignity and privacy when supporting people with their personal care. Staff gave us examples of how they supported people to ensure that people's dignity was respected at all times. One staff member said, "I always make sure people are covered over and asking them to do as much for themselves. It is important that we respect their need for privacy". People were supported to dress and groom according to their tastes and preferences. People's care plans gave staff guidance on how people preferred to dress and reminded staff that people's dignity and choice should be respected at all times.

Staff were aware of people who became anxious during the build up to significant events such as family visits and Christmas. Strategies were in place to reassure and support them if they became anxious or worried. We were told staff worked with people to ensure they kept to their planned daily routines which helped eliminate any anxieties. On staff member said, "Some service users don't like changes to their routines so we have to slowly work with them so they can get used to different changes such as visits from family or shopping for items".

Staff supported people with their relationships with their families, friends and with the opposite sex. Their care plans described how they should be supported in maintaining these relationships. Staff understood and responded to people's religious needs in a caring and compassionate way. Staff supported people to attend church.

People had the freedom to move around the home as they wished. Some people preferred to be amongst staff and whilst others preferred to sit in quieter areas of the home or in their bedrooms. A quite lounge and secured garden was available to people and their visitors. Some people agreed to show us their bedrooms. Their bedrooms had been personalised. They had chosen the decoration and items in their bedroom.

People were encouraged to make decisions about their day. Most people carried out their planned activities; however one person had chosen to stay at home on the day of our inspection as they were not feeling well. Staff supported this person and regularly asked how they were feeling. People were supported to maintain and learn new skills and contribute towards the running of the home such as cleaning. We were told how some people had progressed and were now able to undertake new activities with support from staff.

Is the service responsive?

Our findings

People's care records reflected their care and support needs. They provided staff with personalised information on how they wished to be supported. Detailed information about people's preferred routines and likes and dislikes helped staff to understand their choices, wishes and requirements. Staff used this information to ensure they received care that made them feel valued. For example, one person's care plan stated they liked to have a cup of tea before their shower and may choose to have a late breakfast. Photographs of people carrying out activities while living at The Grange were used in people's care plans to help them understand the care they would be receiving from staff. Staff had considered every aspect of people's care and the support that they required. For example, care plans were in place to support people with opening and reading their mail, managing their money and how they liked to sleep at night.

Some people had complex emotional needs and had limited communication. Their care plans provided information on how people communicated and expressed themselves. This helped staff understand if people were happy or becoming anxious or frustrated. Staff were able to tell us about how they monitored and supported people with their behaviour and emotions. They were insightful into events which may trigger their anxieties. People's emotions and behaviours when they were happy or becoming upset had been documented to assist staff in understanding their personalities and behaviours. Staff had a good understanding of the sensory needs of people and how this may affect their wellbeing and emotional needs. They gave us examples of how some people were affected by their environment such as noise and lighting which may cause them to become upset. Incidents of when people had become upset and required staff interventions and support had been documented.

Staff helped people to understand their planned activities of the day. We were told that most people preferred to have set routines. One staff member said, "We always provide them with choice if they don't want to do what is planned for them, but most service users prefer to stick to their routine". Staff helped people understand the plans for their day by using simple sentences and pictorial information about their social activities and household daily tasks such as pictures of polishing and laundry. Staff told us they took people to the notice board and showed them the pictures to help them understand what activities would be taking place that day. People enjoyed going to the day centre, shopping, the pub and other activities in the community as well as activities in the home. People and their relatives told us they enjoyed the range of activities offered. Although one relative felt that there weren't enough activities for younger people.

Most people's care plans were regularly reviewed; however there were some inconsistencies in the reviewing of some aspects of people's care plans. There were plans in place to update everyone's care plans which would highlight their goals and desired outcomes. The registered manager showed us an example of one person's new care plan which described how they wished to be supported in words and pictures.

The home had a complaints policy and procedure which was available in an easy read format and displayed on the home's notice board. The registered manager had received one formal complaint since our last inspection. The registered manager had acknowledged and responded to the complaint in line with the home's policy. The registered manager explained the circumstances of the incident and told us they were

still in contact with the complainant as they had not been happy with the outcome. Other relative's told us they were confident that their concerns and complaints would be listened to and addressed.

Is the service well-led?

Our findings

The registered manager and senior staff carried out regular audits and checks on the service being provided. People's money and medicines were stored securely and checked daily by staff during the staff handover period. However, the accuracy of the checks was not always consistent. We checked the financial audit trail and receipts of three people's money. Two people's finances were correct but there was a minor discrepancy in one person's finances which had not been picked up during the daily audit of people's money. Records of the administration of people's medicines were managed well. However, the audit of the stock levels of people's medicines which were stored and only used 'as required' was not consistently accurate. For example we found the audit of the stock levels of one of three people's medicines was not accurate. Further examination highlighted that they had not been accurately cross referenced to the person medicines administration records and therefore did not show an accurate account of the stock levels. These inaccuracies were addressed immediately by the registered manager and amended by the senior staff.

The registered manager was responsible for two of the provider's care homes. They told us they were now able to split their time equally between the two homes. They said, "A lot of my time has been to set up the other home. Now I have a good team in both homes and standardised systems, I can now spend equal amount of time each home depending on the needs of the service users and staff".

The registered manager was inducting a new deputy manager to the home. They had transferred from another of the provider's homes so were aware of the provider's policies and procedures. They were spending time with the registered manager to understand the systems of the home and also getting to know people.

Staff valued the opinions of people and their relatives. Relatives told us their day to day concerns were always addressed. Staff said they would recognise if people were not happy by the change in their behaviour. They spoke to people privately to understand their concerns. A questionnaire had been sent to people's relatives, staff and other health care professionals in 2014. People were supported to complete a pictorial version of the questionnaire. The results of the questionnaire were generally positive. Plans were in place to send out a new questionnaire in the spring of 2016 to allow the service to learn from people's experiences and views. A local advocacy group was planning to visit the home to gain an understanding of what it is like living at The Grange and being supported by staff.

Staff and people regularly met to discuss their views and suggestions such as meal choices. Staff had plans to introduce a new format to hold the service user meetings. A topic had been planned for each month such as activities and complaints. In preparation for the topics, staff had been collecting pictures relating to the topics. We were told staff planned to meet with people individually and discuss the topics using the pictures to assist people's understanding. The new format of the meeting would also pick on suggestions and actions raised at the previous meeting to ensure people's suggestions and comments were acted on.

The registered manager kept up to date in their knowledge by attending local learning events and maintaining links with various health and social care networks. The registered manager received support

from other managers across the organisation as well as from the director of the service. The registered managers of the provider's other services regularly met to share information; good practices and provide peer support.

Staff told us they felt supported by the registered manager and they were a good role model. The registered manager knew people at The Grange well and was often called on by staff to provide additional support in complex situations. They had a good understanding about the latest practices in supporting people with a learning disability or those with autism. The senior staff also had regular meetings to discuss and make recommendations to improve the service being provided.

The registered manager monitored the quality of the service provided by carrying out regular daily, weekly and monthly checks. Internal audits on the service being provided, the utilities and safety of the building and equipment had identified shortfalls and action had been taken. The provider's representative also regularly visited and monitored the home. Reports of accident and incidents which had occurred in the home had been reviewed by the registered manager. Actions had been taken such as referring people to health care professionals for additional advice and support.