

Holmleigh Care Homes Limited

Hunters Moon

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?	Requires Improvement ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Hunters Moon is a care home which provides accommodation and personal care for up to seven adults with a learning disability and associated complex needs. At the time of our inspection there were six people resident at the home.

At the last comprehensive inspection in June 2015, we identified the service was not meeting a number of regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the service was not safe and well led. The registered manager at the time did not ensure people were supported against the risk of abuse. An investigation into an allegation of abuse was substantiated by the local authority safeguarding team. We found that staff did not come forward or whistle blow and the culture within the home did not evidence an open and transparent culture where abuse was not tolerated and where staff felt able to raise concerns without fear of recrimination. The registered manager did not follow the provider's disciplinary procedures as required. We served a notice of decision to cancel the registered manager's registration.

In addition, we found that medicines were not being administered in a safe and competent manner. Agency staff did not have the required level of skills and experience to be able to support people safely and not all staff received timely supervision and support.

During this inspection we found the provider had made substantial improvements. Further work was required around record keeping which the provider had already identified as part of their continuing improvement plan. Activity and daily records did not contain sufficient information to be able to evidence that people were receiving appropriate stimulation with regards to activities, meaningful occupation and interventions.

We met with the manager who was now in place. Following this inspection they became registered with the CQC to manage Hunters Moon. People and staff told us they thought the service was well led. People told us they felt safe living at Hunter's Moon and with the staff who supported them. Staff were confident the registered manager would take their concerns seriously around keeping people safe. The culture in the home was positive and safeguarding people was discussed openly and transparently. Staff told us 'it's a different team' and 'having the right staff makes all the difference, we respect each other and the people who live here'. Staff told us they would have no hesitation in whistleblowing to provider or the local safeguarding team if they had any concerns around people's safety and welfare including reporting inappropriate staff practice. The registered manager, deputy manager and staff were aware of their responsibilities in all areas of safeguarding people.

Staffing levels were safe. The registered provider continued to monitor staffing levels to ensure people received a personalised service. People received one to one support and some people received two to one support.

Staff were available to assist people when needed, including support for people to eat, drink and move around the home safely. Staff responded to requests for assistance from people. We observed staff interacting with people in a way that demonstrated a good understanding of their needs and showed warmth towards them.

Medicines were being managed safely and people received their medicines on time.

Staff understood their responsibilities under the Mental Capacity Act 2005 and the action they needed to take if people did not have capacity to consent to their care.

Staff received supervision and support and told us they felt well supported by the manager.

A programme of mandatory and more specific training was in place and all staff had the required skills and knowledge to be able to support people effectively.

People's records contained care plans relating to their specific needs and there was evidence the plans were updated when people's needs changed. Some people told us they were involved in developing and reviewing their plans. Where people were not able to tell staff what care they needed, there was a record of who had been involved in making decisions. The provider had identified that further improvements were required to the level of detail which was recorded and an action plan was in place for this.

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 told us they felt safe living at Hunters Moon and we observed people looked comfortable when in the presence of staff.

Staff were confident in their knowledge of what constituted abuse and improper treatment and understood their responsibilities in keeping people safe.

Medicines were administered in a safe and competent manner to suit individual needs.

There were systems in place to ensure people were evacuated from the premises safely should the need arise.

Is the service effective?

Good ●

The service was effective.

Staff received regular training which included mandatory training as set by the provider and specific training to meet people's needs.

Staff understood their responsibilities under the Mental Capacity Act 2005 and the action they needed to take if people did not have capacity to consent to their care.

People were able to see relevant health care professionals when needed.

Is the service caring?

Good ●

The service was caring. People told us they liked the staff.

We saw good interactions with people, staff were friendly, respectful and caring. We saw people and staff had developed positive relationships with each other.

There was a redecoration programme in place and on-going improvements to make areas of the home a more sensory experience for people.

The manager was reviewing how they could involve people in their wishes for their end of life care.

Is the service responsive?

The service was not fully responsive.

Activity and daily records did not contain sufficient information to be able to evidence that people were receiving appropriate stimulation with regards to activities, meaningful occupation and interventions.

People told us they would speak to staff if they were not happy living at Hunters Moon.

Personalised care plans with behavioural support plans were in place. Staff felt the level of guidance they received was sufficient to be able to deliver safe and consistent care.

Requires Improvement ●

Is the service well-led?

The service was well led.

The service had clear values about the way care should be provided.

Staff had clearly defined roles and understood their responsibilities in ensuring people were safe and the service met people's needs.

The manager promoted an open door policy and staff told us they could approach her if they had any concerns.

Good ●

Hunters Moon

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 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 30 March 2016 and was announced. We returned on 6 April 2016 to complete the inspection. We gave the provider 24 hours' notice of our inspection. This was to enable staff to explain to some people who may be anxious about new people coming into their home.

The inspection was completed by two inspectors. We reviewed an action plan which the provider had sent to us in June 2015, telling us how they were going to improve the service. We also looked at the notifications sent to us by the provider. Notifications are information about specific important events the service is legally required to send to us. We contacted health and social care professionals to ask them for their opinion about how the service was being managed.

During the visit we spoke with one person who uses the service, three care staff and the deputy manager and registered manager. We also spoke with the quality assurance manager. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spent time observing the way staff interacted with people who use the service. We looked at records relating to care and decision making for three people. We also looked at records relating to staff and about the management of the service.

Is the service safe?

Our findings

People told us they felt safe living at Hunters Moon and they felt comfortable around the staff.

At the last comprehensive inspection in June 2015 we identified that the service was not meeting Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the registered person was failing to safeguard people from abuse and improper treatment. Subsequently we took enforcement action. At this inspection we found all staff had received refresher training in safeguarding of vulnerable adults. When we spoke with staff they were confident in explaining the types of abuse which could occur and were very aware of their responsibility in reporting concerns and whistle blowing.

There was a very positive management culture and support network for staff around recognising and reporting abuse. A zero approach to improper treatment or abuse was promoted and expected within the home. The subject of safeguarding was now included as an agenda item at the staff meetings and in staff supervision. The manager had set up staff group sessions where the definition and understanding of abuse was discussed and highlighted through 'scenario based' exercises.

Senior staff were now more involved in the safeguarding from abuse process and more informed of the reporting structure within Wiltshire council.

Incidents were closely monitored and reviewed and discussed with staff to highlight any patterns. This enabled prompt preventative strategies to be put into place. Referrals were made to health and social care professionals who worked with staff around supporting people's specific needs. The arrangements for covering vacant hours were reviewed. The organisation of agency workers was changed and before agency staff came on duty the service was supplied with the worker's profile of their skills and experience. The manager checked the skill base of the agency worker on their first day. This ensured that the agency worker had the appropriate skills and knowledge to be able to offer safe and appropriate support to people who lived at Hunters Moon. This included knowledge around de-escalating behaviours and epilepsy awareness. The manager advised us they had reduced the number of agency workers to 20 percent of current staffing levels and they were working to reduce this further with the recruitment of three additional staff.

At the time of our inspection there were sufficient staff to support people in a timely manner. The night time arrangements consisted of three members of care staff. One staff member supported a person on a one to one basis only. This left two members of staff available for five people. We reviewed the care records of two people who were prone to frequent epileptic seizures at night. The provider had a risk assessment in place and was monitoring if the current level of support at night was sufficient for these two individuals. This was to ensure the staffing level was appropriate for each person, without infringing upon the other member of staff who was recruited on a one to one basis.

There was effective recruitment procedures in place which ensured people were supported by appropriately experienced and suitable staff. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant's past performance and behaviour. A DBS check allows employers to check whether the applicant has any convictions that may prevent them working with

vulnerable people. We checked the personnel records of three members of staff which confirmed that the required documentation and checks had been carried out.

At the last comprehensive inspection in June 2015 we identified the service was not meeting Regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because medicines were not being managed safely. One person had not received the required dose of their medicine and another person had not received their medicine as required. The type of medicine for which the errors were made could have a severe impact on the person if they were missed. The provider took action and staff that had made an error in the administration of medicines was suspended from this role until they were deemed competent following further training.

People now had separate locked cabinets in their room which held their medicine. We reviewed the contents of one cupboard and found the stock levels corresponded to the medicine administration record (MAR). By providing individual cabinets this enabled people to receive their medicine in the privacy of their own room. Within the main store cupboard we found stock levels balanced against those medicines which had been administered and new supplies, along with the disposal of unwanted medicines. During this inspection we found the improvements to medicine management systems had been maintained.

People's care files contained individual risk assessments relating to issues specific to them, including mobility, behaviour, epilepsy support and diabetes. These risks were reviewed on a regular basis and suitable interventions were put in place to manage the risks that had been identified. These included monitoring blood sugar levels, recognising early signs of a possible seizure and ensuring the environment was clear of trip hazards. There were behaviour support plans in place and risk assessments which identified triggers for behaviour and how staff should respond. Staff were aware of the risks people faced and the actions needed to manage them.

All areas of the home were clean and smelt fresh. There was a colour coding system in place for cleaning materials and equipment, such as floor mops. There was also a colour coding system in use to ensure soiled laundry was kept separate from other items. There was a supply of protective equipment in the home, such as gloves and aprons, and staff were seen to be using them. A designated member of staff was responsible for ensuring infection control audits were carried out and to identify improvement actions.

Staff were aware of the fire evacuation procedures and equipment to support people to evacuate the building was available. Fire drills took place regularly.

Is the service effective?

Our findings

At the last comprehensive inspection in June 2015 we identified the service was not meeting Regulation 18, staffing of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because not all staff received regular supervision or an annual appraisal. The completion of staff supervision records did not clearly identify if staff were achieving agreed objectives and outcomes in relation to personal development. At this inspection we found the provider had taken appropriate action to address these shortfalls.

All staff were receiving supervision and a timetable of supervision was in place. We reviewed the supervision records of four members of staff which evidenced that staff development was being monitored and items on the agenda were discussed, such as safeguarding people from abuse. There was an appraisal schedule in place and all staff had received their annual appraisal. Staff had a personal development plan in place which addressed training and other support needs.

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 legally authorised under the MCA. 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 are called the Deprivation of Liberty Safeguards (DoLS).

The service had complied with the requirements of the Mental Capacity Act 2005. Where required, mental capacity assessments had been undertaken and DoLS applications had been made. Best interest meetings had been held to ensure that decisions made were in the interest of the person. People and their family were involved, as well as relevant health and social care professionals and staff from the home. Staff were clearly able to evidence their understanding and knowledge of the Mental Capacity Act 2005 and DoLS in relation to the people they cared for. For example, in the equipment which was used to protect people but may act as a restraint such as, bed rails. The manager was currently reviewing mental capacity assessments to ensure they remained current. They were also appraising where representatives of people living at the home had a Legal Power of Attorney in health and welfare or finances to ensure these were valid and in line with legislation.

New staff undertook a probationary period in which they completed an induction. The induction included getting to know people who lived at Hunters Moon, familiarising themselves with care plans, completing the mandatory training and looking at the provider's policies and procedures. New staff shadowed a more experienced member of staff until they were assessed as competent to work unsupervised.

Staff received mandatory training as set by the provider such as safeguarding of abuse, infection control, manual handling and the Mental Capacity Act 2005. There was a training schedule in place and staff were reminded when their refresher training was due. Permanent staff received specific training in positive

behaviour management, epilepsy awareness, diabetes management and administration of medicines. Training was regularly reviewed by the quality assurance manager to ensure staffs' skills and knowledge continued to meet people's needs. Staff told us that training was delivered using a range of methods including face to face, online programmes and group sessions. Scenario based training was delivered in-house and explored the experiences of people and how staff supported them. Staff told us "I feel well trained to support people" and "every day is different and we do learn from people, I think I have the right skills to support people in the right way".

People who live at Hunters Moon used different ways of communicating their needs and opinions. For people who were able to verbalise their views we found staff were patient and gave people time to speak up and respond. Other people used non-verbal means of communication such as different sounds or signs to indicate meaning, body gestures and facial expressions. During this inspection we observed the different ways people communicated and found staff were responsive. One person used a form of sign language which they used when they visited their family home, they were also able express their wishes through gestures and some verbalisation. We found from observation that staff did not use this person's sign language in the home. The manager told us they were following this up and were keen to develop communication strategies, such as objects of reference. This was part of an on-going action plan. The home used resources such as picture cards and documents were available in pictorial form including care plans and the complaints procedure.

Each person regularly met with their keyworker and this meeting was to find out what the person liked or did not like about living at Hunter's Moon. One area which was reviewed was the menu on offer and the food and drink people would like on the menu. There were a range of responses from, more brussels sprouts and corned beef hash to having lamb and lasagne more often. This feedback was used to develop the menu's which were changed on a regular basis. The menu was written up in the kitchen and staff told us people could have an alternative if they did not wish to eat what was on the menu that day. A folder in the kitchen contained information about people's dietary needs or specialised diets including any allergies or intolerances which staff were aware of.

In the minutes of a staff meeting in March 2016, staff were reminded that portion sizes were sometimes too large at lunch time as the main meal was in the evening. This was in consideration of people who were being supported to maintain a healthy weight. Some people did not like the noisy atmosphere when eating with other people and therefore arrangements were made for them to eat on their own. Where people required assistance this was given, however in a recent meeting staff were reminded to 'step back' and encourage people to do as much for themselves when eating and drinking.

Each person had a health action plan which identified their health needs and the support they required to maintain their emotional and physical well-being. This helped staff ensure that people had access to the relevant health and social care professionals.

The communal rooms within the home were spacious and free of clutter to enable people to walk around as they wished. People who were fully mobile occupied the rooms on the first floor as access to this floor was by stairs.

Is the service caring?

Our findings

We asked people if they liked the staff who supported them. There were only positive responses from a 'thumbs up' to a smile. One person named all of the staff they liked and told us "I like living here". Staff were kind and caring towards people and spoke in a respectful manner. We saw that people and staff had developed positive relationships and used humour when engaging with each other.

There was a redecoration programme in place with people choosing how they wished their bedroom to be decorated. Other changes made were to give people more of a sensory experience with brightly coloured transfers applied to the wall in the sun lounge and different coloured cushions. Each person had individualised their own room according to their taste. One person showed us their room. They had chosen all of the furnishings with their favourite coloured cushions and throw. They told us they liked their room which had lots of pictures, photographs and soft toys and staff helped them to keep it tidy. Staff told us they thought the home was now "more homely" and "it is a warm, welcoming environment for all that live here or visit".

The home was clean throughout, well lit and people could spend time in one of three lounge areas, one of which was a quiet room or in their own room. From the kitchen there was a large open hatch where people sitting at the dining table could see into the kitchen and chat to staff at meal times.

When staff entered the communal rooms they acknowledged people and called them by their preferred name. People were treated equally and we saw that staff were aware of people's personalities and respected their right to do things in a particular way, change their mind or do things differently. Staff explained to people when personal care was required to ensure they understood and consented. People's privacy and dignity was respected and all personal care was carried out in the privacy of the person's room. If people were in their room we saw staff knocked, said who it was and waited for the person to say they could enter.

People who lived at Hunters Moon had complex needs which required varying levels of support. Staff were knowledgeable about the people in their care and were mindful of people's emotional wellbeing. We saw that if individual people were agitated or distressed, staff used effective techniques to reassure and calm them. People used a range of communication methods such as sounds, signs, objects of reference, facial gestures or through speech. Staff were adept at knowing how the person communicated and enabled people they supported the time and space to respond. The manager told us they were continuing to work on communication strategies such as 'objects of reference'.

Advocacy services were available to support people with regard to making decisions about their care and support and finances. An advocate supports people to understand their rights and encourages them to speak up if they need information to make an important decision or are unhappy about how they have been treated.

The manager was in the process of sourcing suitable resources to support people to have a say in their end

of life care. They acknowledged that whilst it was a difficult concept for some people to understand, they wanted to be as proactive as possible in enabling people to be involved, in whichever way there were able to be.

Is the service responsive?

Our findings

Each person had information in their behaviour support plan about their communication, daily living and activities in house and in the community. Staff were able to tell us about each person's daily routines and specific interventions and there was evidence that care plans were reviewed. However, there was a lack of documentary evidence that activities, interventions and personal development as agreed in the care plans was taking place. For example, in one person's care records it stated that staff should provide ten minutes of extensive one to one exercise every hour, another person was to receive exercises using a ball throughout the day. Whereas we saw staff were supporting people with these interventions, they had not been recorded as such.

The activity planner for each person gave a daily list of activities people were to participate in. There was no description of what the activity entailed or of how long the activity was to last. For example, an activity was given as 'relaxing' but did not say how the person relaxed and this activity was listed for the entire afternoon. Another person had an entry given as 'dancing, singing' without any details of the type of dancing, to what music, what resources were used and if staff were supporting this. Within the weekly activity or other documents, we saw no information which monitored and reviewed peoples' personal objectives or goals towards a skill development, for example life skills such as setting the table, helping to fold up washing or making breakfast.

The daily records were intended to capture amongst other things, how each person spent their day. However, the daily records were sparse and did not reflect what the person had achieved that day. It was therefore difficult to see a clear audit trail of how people spent their day and if they were receiving appropriate stimulation.

Daily records lacked sufficient information around nutritional and fluid intake for people who were either working towards a healthy weight or when people were prone to medical issues such as urinary tract infections. We spoke with the manager around the lack of detail in some of the records. They were aware of this following an audit and they were planning to implement these improvements.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People said they liked to go for a burger, visit their family, go swimming, bowling or for a drive in the car. For day trips people expressed a wish to go to a Safari Park or Wildlife Park in the summer. People went out together for pub lunches and people were encouraged to keep in touch and visit their families. There were no restrictions on families visiting the home. Two people shared the same care worker for a specific amount of time during the day. Because each person had such individual needs this resulted in a compromise being made on what activities each person could participate in. The provider told us they were following this up.

People had a care plan which was tailored to their individual preferences and abilities. There was detailed information about the level of support people required in relation to their health, mobility and personal

needs. The care records were person centred and described what the person's preferences were with regard to their care and support needs including what a good day would look like for that person. In addition, they described how staff could support the person to make choices, including when would be the best time to discuss options and how staff could support in this.

Risk assessments were in place which enabled staff to keep people safe and encourage independence. Behavioural support plans were also in place which included the involvement of the mental health team who provided guidance and support to staff on managing behaviours that may challenge. Care staff told us the information and guidance given in the care plans enabled them to safely and consistently deliver care and support in the way in which people wanted. Care plans had been reviewed on a regular basis and when people's needs changed.

There was a complaints policy procedure in place and this was available in a pictorial format. People told us they would talk to a member of staff if there was something they were not happy about and they thought staff would listen. Staff were confident the manager would respond to any issues or concerns they had.

Is the service well-led?

Our findings

At the last comprehensive inspection in June 2015 we identified the service was not meeting Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because there was a lack of leadership and direction in the home. Staff supervisions were not routinely being carried out; staff practice was not being effectively monitored and responded to. The culture within the home was not conducive in enabling staff to recognise improper treatment of people and to raise concerns to the appropriate agencies. Therefore people were not being protected against the risk of abuse. We subsequently took enforcement action.

The manager and deputy manager had previously worked in one of the provider's other homes and both were highly experienced in their role. Following our inspection, the manager became registered with the Care Quality Commission to manage the service at Hunters Moon. 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.

The manager and deputy manager promoted openness and transparency in all areas of the service. The subject of safeguarding people from abuse was now an integral part of the running of the home. Staff had received refresher training with more emphasis on what could constitute abuse. Staff told us they felt able to recognise abuse and to report this to the manager, who they were confident would listen to them and take action. The manager made the appropriate notifications to the CQC and alerts to the safeguarding team in Wiltshire council.

The management team demonstrated sound management and leadership skills. Staff told us "the manager is approachable, definitely see improvements that management have made" and "absolutely approachable. I am very happy with the level of professionalism, attention to detail and feeling valued and part of the team". Other members of staff told us they felt they had a good team and everyone worked well together.

There was an on-going development plan for the home and the quality assurance manager completed monthly audits and assessed if actions agreed previously had been completed. The manager had worked with the quality assurance manager to complete an action plan. This involved ensuring staff were supported through supervision and appraisals. Recruitment of permanent care workers and the review of staff skills and knowledge. In addition, there was a change to the organisation which provided agency staff. This was to make sure that the agency staff provided were appropriately skilled to be able to support people who live at Hunters Moon.

There was a schedule of audits in place such as, infection control, medicines, incidents and the environment. The audits had identified that further work was required around ensuring that care records were sufficiently detailed to evidence people's care and treatment.

Staff meetings were held which put into place improvements to the running of the service, such as designated members of staff being responsible for audits. This included infection control and medicines.

People were encouraged to give their views about their home through house meetings or individually with the support of their keyworker.

The manager reviewed staff practice and staff told us the management team regularly worked 'on the floor' supporting people. If the manager or deputy manager saw a practice which could be done differently, staff told us they were encouraged to think about and explore other strategies. One of the areas which the manager told us they were keen to develop, was to look at using different communication tools and methods in supporting people to express themselves.

The home was well maintained and once the weather permitted, the garden was to be cleared to allow more space. Any maintenance issues were reported and followed up by the provider maintenance team. Contingency plans were in place in the event of the loss of facilities, such as gas or electricity or the evacuation of the premises.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Regulation 17 (1) (2) (c) Records relating to people's care and treatment lacked sufficient detail to evidence an audit of the care people received and to fully support evaluation and planning.