

Parkcare Homes (No.2) Limited

Hobbits Holt

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on 25 November 2016 and was announced. Hobbits Holt provides accommodation for seven people who require personal care. There were seven people were living in the home at the time of our inspection. The home provided personal care and support for people with learning disabilities.

Hobbits Holt is set in a quiet residential area. It had two lounges and a kitchen/dining room area, and seven bedrooms set across two floors. People could freely move around the home and had access to a secure and private back garden.

A new manager had been appointed. They were in process of applying to be the registered manager which is required by the homes 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.

People who lived at Hobbits Holt required various levels of support. Some people were independent in their personal care, managing their medicines and activities in the community, whilst others needed full support from staff.

People felt safe living at the home. They were treated with kindness and compassion in their day-to-day care. Relatives complimented the caring nature and approach of staff. Staff were knowledgeable about people's risks and were aware of their responsibilities to report any accident, incidents or safeguarding concerns. They showed concern for people's wellbeing in a caring and meaningful way and responded to their needs quickly.

People were encouraged to explore new opportunities and enjoy a variety of activities in the home and community. People enjoyed planning and going on holiday together with the support of staff. There were adequate numbers of staff to respond to people's needs. Staff employment and criminal backgrounds had been suitably checked before they were allowed to work with people. Staff told us they felt trained and supported to carry out their role effectively, however not all staff had received private supervision meetings in line with the provider's policy. Observations of staff knowledge and competencies had not always been recorded.

People's had been involved in planning their support needs. Staff were in the progress of updating everyone's care plans with them to ensure their care plans reflected their needs. Staff understood the importance in providing choices to people and acting in people's best interests. However people's mental capacity assessments had not always been reviewed to reflect people's needs. We were told this would be addressed when people's care plans were updated.

People enjoyed a varied and healthy diet. They were encouraged to contribute towards the planning, shopping and preparation of their meals. People's care records showed relevant health and social care professionals were involved with people's care. Effective systems were in place to ensure that people received their prescribed medicines on time.

People's day to day concerns and issues were addressed immediately. Relatives felt confident in the management and the running of the home. The managers and provider monitored the quality of the service provided by carrying out regular checks.

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 ●

This service was safe.

People's medicines were managed well.

Staff had been effectively recruited and trained to carry out their role. There were sufficient numbers of staff to meet the needs of the people.

Staff were knowledgeable about their role and responsibilities to protect people from harm and abuse. People's finances were managed and stored effectively.

Is the service effective?

Requires Improvement ●

This service was not always effective.

Not all staff had received regular formal supervisions meetings to discuss their personal development and any concerns.

Staff understood the importance in providing choices to people and acting in people's best interests.

People's dietary needs and preferences were catered for.

Staff were knowledgeable and trained to support people with complex needs.

Is the service caring?

Good ●

The service was caring.

People were supported and spoken to politely. Their privacy and decisions were respected and valued by staff.

People were encouraged to become more independent.

Staff were kind and knew people well. They understood their different needs and adapted their approach accordingly.

Is the service responsive?

Good ●

The service was responsive.

People's care records were being updated to reflect their physical, social and emotional support needs. People's concerns and problems were addressed and acted on.

People were supported to carry out activities in the home and community. They had been encouraged to explore new recreational activities.

Is the service well-led?

This service was well- led.

The manager was aware of the improvements required to monitor the quality of the care and support being provided. Regular monitoring checks were carried out by the provider to ensure people's needs were being met. People's opinions and feedback were valued.

The manager felt supported by the provider and was confident in the staffing team at the home.

Good ●

Hobbits Holt

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 25 November 2016 and was announced. 12 hours' notice of the inspection was given because the service is small and staff are often out in the community supporting people with their activities. We needed to be sure that they would be in. The inspection was carried out by one inspector.

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

We looked around the home and talked with two people in the home and observed others interacting with staff. We also spoke with three members of staff, the deputy manager and the manager on the day of our inspection. We also spoke with three relatives by telephone. We looked at the care records of three people and records which related to staffing including their recruitment procedures and the training and development of staff. We inspected the most recent records relating to the management of the home including quality assurance reports.

Is the service safe?

Our findings

People benefited from a safe service where staff and the managers understood their safeguarding responsibilities. People told us they felt safe living at Hobbits Holt. One person said, "I would tell them if I wasn't happy living here. I always feel safe. The staff are nice to us." Relatives confirmed they felt their loved ones were protected from harm and were safe when supported by the service. One relative said, "I've never had any cause for concern. The standard of care is good." Staff had completed regular training on how to recognise and report allegations and incidents of abuse. Senior staff attended advanced training in safeguarding and protecting vulnerable

The managers had investigated when concerns had been raised about the protection of people. They had shared this information with other agencies that had a responsibility to safeguard people.

Processes were in place to support people who needed assistance to manage and handle their money to ensure they were protected from financial abuse. People's monies were held and issued from a central funding system held by the provider. People's daily income and expenditures were logged by staff onto a computer based system. Their receipts were cross checked with a monthly statement of their finances. People had access to lockable safes in their bedrooms to keep their valuables secure. Some people chose to lock their bedroom door and carried their own key to their bedroom.

People were protected against the risk of harm or injury. Each person's needs had been assessed to recognise any hazards they might face. For example, people's health, financial and medical risks had been identified as well as their own personal risks, such as their risks in relation to carrying out activities such as swimming or traveling on transport. A detailed risk assessment had been put in place for each risk identified which highlighted the level of risk and how staff should support people to reduce the risk. All people had personal evacuation and emergency plans which identified the support they required in the event of an emergency.

Staff were knowledgeable about people's emotional risks and were able to tell us how they managed situations if people became angry or upset. Risk assessments had been carried out for people who had difficulty managing their own emotions and behaviours when they became upset or frustrated. Guidance for staff was in place which provided them with details of indicative triggers which may cause people to become upset such as noisy or crowded areas. Staff knew people well and were knowledgeable about this information.

Staff had taken controlled and positive risks to help people progress in their level of independence. Such as contributing towards daily living chores or being actively more independent in recreational activities. Staff had worked with people to improve their self-awareness of their own safety such as informing them of dangers associated with the environment or speaking to strangers in the community.

People were supported by a familiar and consistent staff team. Many staff had worked at the home for many years and had built strong relationships with people. The day to day running of the home was overviewed by an established deputy manager. The staffing needs were determined by people's physical and social needs,

especially around activities outside the home. For example, additional staff were provided when people required specific support such as attending appointments or attending activities in the community. Where there had been a shortage of staff, other staff carried out additional shifts to ensure people were fully supported. The deputy manager also provided support to people if there were shortages in staff. The manager was presently reviewing the staffing levels and deployment of staff across Hobbits Holt and two other nearby homes which they managed. They told us their aim was to ensure each service was managed by an experienced member of staff.

People were protected from those who may be unsuitable to care for them. Appropriate checks had been carried out to ensure staff were fully vetted before they started to work with people who lived at the home. Staff recruitment records showed that adequate checks of staff identity, criminal checks and employment histories had been carried out. However, the reasons why one staff member had left their previous employment had not been documented on their application form; although this had been addressed when seeking references from previous employers and during the interview process.

People were supported to take their prescribed medicines by staff who were knowledgeable about the management of people's medicines. Effective systems were in place to ensure people's medicines were ordered, administered and recorded to protect people from risks. The range of support that people required to manage their own medicines varied. For example, some people stored and administered their own medicines with minimal support from staff. They kept their medicines in locked cabinets in their own bedrooms. Whilst other people required full support in the management and administration of their medicines.

Medicines Administration Records (MAR) had been completed appropriately with no gaps in the recording of the administration of people's prescribed medicines. Individual protocols were in place for medicines prescribed to be given as necessary such as for people's pain or anxiety or when people required specific medicinal intervention in the case of emergencies. Systems were in place to regularly check the stock balance of people's medicines and to dispose of any unused medicines. Staff were reviewing people's homely remedies and the stock held in the home.

The home was well maintained and regularly cleaned. People were encouraged and supported to take part in communal household tasks as well as being supported with their own housekeeping chores such as laundry and cleaning their bedrooms.

Is the service effective?

Our findings

People received individualised care from staff who had the skills, knowledge and understanding needed to carry out their roles. Staff spoke positively about their role and the support they received. One staff member laughed and said, "I must be happy with my job. I'm still here."

Records showed staff had received supervisions (private support meetings) and an annual appraisal, however the regularity of staff supervisions was not consistent and in line with the provider's expectations and policies. We raised this with the manager who explained they had plans in place to review the supervision process and line management structure. They said, "We are relooking at our systems to supervise staff. I want staff supervisions to be constructive and help to identify the strengths and weaknesses of all the staff who work here." The managers were involved in the day to day running of the home and often visited the home out of hours. They provided constant informal support and continually observed the skills and practices of staff. However their observations of staff competencies were not always recorded. Staff told us the managers and the provider would not tolerate any poor practices and these practices would be addressed immediately.

Staff had been trained to carry out their role. They had received training deemed as mandatory by the provider such as safeguarding, managing challenging behaviour and first aid. However, there was no clear evidence that staff had received up to date training in the provider's safe handling of medicines course or the pharmacists care of medicines course. Although some certificates of staff training in these courses had expired, we found no negative impact on how people received their medicines. The deputy manager stated this would be looked into urgently. Other training was being sought and planned such as fire marshall training and epilepsy training. The deputy manager was also researching into courses to improve the staff knowledge about supporting people with autism and intensive interactions (type of communication). The provider had a clear training plan and strategy for staff which stated the standard and training requirements of all staff. An internal learning management system monitored the staff development and provided managers reports of staff training requirements.

Staff were complimentary about the training they had received. One staff member said, "Yes, we are well trained. Training is always available when we need it and we are reminded when any training needs updating." Staff were encouraged to develop in their role and undertake national vocational training in health and social care. New staff had received a comprehensive induction programme before starting in their new role. This included training; shadowing experienced members of staff; reading people's care plans and documents relating to the home such as policies and procedures. The provider was aware of the new care certificate which helps to monitor the competences of staff against expected standards of care and would be implementing it for new staff. New staff were also required to complete various online courses before they started to care for people. The manager praised the staff approach and said, "Staff are fantastic and have a consistent approach which is needed for some people." The manager was also experienced in the training and development of staff in health and social care. They spoke of providing informal training sessions in team meetings such as training in assisted handling of people.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and whether any condition on authorisations to deprive a person of their liberty were being met. 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.

Staff supported and encouraged people to make decisions about their day and life in Hobbits Holt, for example, what they would like to eat or where they would like to go on holiday. They were supported to be involved in the planning of the care and support they received. Staff knew people well as most people had lived in the home for several years. With their knowledge of people who were unable to communicate or make decisions, staff supported people in their best interest. For example, staff knew that a person enjoyed a mug of coffee when they came down to the kitchen after getting dressed in the morning. We observed staff supporting people within the spirit and the principles of the MCA.

People's mental capacity to make decisions about their day to day care had been assessed in line with the principles of MCA. For example, people had been assessed if they had the capacity to manage and make decisions about their finances or medicines. However not all mental capacity assessments had been regularly reviewed. This meant staff had not reassessed if people continued to lack the mental capacity to make specific decisions. We were told this would be addressed when each person's care plan was updated.

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 managers had assessed that five people's liberty was being restricted. The manager had made a DoLS application for these people and was waiting for people to be assessed by a best interest's assessor. Records were in place identifying the least restrictive ways of supporting them.

People were encouraged to maintain a healthy and balanced diet. The support people needed to manage and plan their meals was varied. People discussed their meal choices for the following week in their weekly meeting. They were supported to make healthy choices. Some people contributed to the shopping and preparation of the meals according to their abilities and wishes. Alternative meals were available if people didn't like the option of the day. Where people had difficulty with their diet or with swallowing, staff had referred them to the appropriate health care professionals and supported people to follow their recommendations. Staff recognised people's opinions and choices about their diet. For example, one person had chosen to have an alternative diet, which was respected by staff. Staff had been assured that the diet they had chosen was nutritionally sound and had been approved by their GP. Staff monitored the person's well-being and weight to ensure that there was no ill effects of the diet.

People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professionals. They were supported to regularly attend their routine health appointments such as dentists and doctor appointments. People's care records showed that referrals to specialised services such as the behaviour and speech and language services had been made. People had a health action plan which described the support they needed to stay healthy.

Is the service caring?

Our findings

The home was run by a strong team who clearly understood the principles of care which were focused around individual people. Staff supported people in a kind and passionate manner and ensured they were supported to have a good quality of life. People appeared happy and contented in the presence of staff and around each other. Staff maintained dignified and professional boundaries at all times but approached people in a friendly and warm way. We observed that staff had close relationships with people but spoke to them respectfully. Staff explained to people why we were visiting their home. One person offered to show us around the home and showed us their bedroom. They explained that they had been involved in choosing the colour scheme and decoration of the two lounges. They had personalised their bedroom with personal objects and pictures of their favourite singer. With great delight, they told us that staff had supported them and taken them to watch their favourite singer live on stage.

Staff worked closely with people's relatives. All the relatives we spoke with were overwhelmingly complimentary about the approach and caring nature of staff. We received comments such as, "I can't knock them at all"; "They couldn't be any better" and "The staff are wonderful." We were told that staff and the deputy manager had built up a good relationship with people's relatives. The deputy manager explained that the families were always involved in any decision making but due to their long term relationships with people's families they trusted staff's best judgement if staff were unable to get hold of them in an emergency.

Hobbits Holt had a homely feel about it. People freely walked around the home into the garden and courtyard. People enjoyed having pets around the home including a cat and rabbit. We observed people confidently popping into the office to speak to staff and asking them questions. Staff responded immediately and reassured them with any concerns. People were supported to have a private life and maintain contact with their families as they wished.

Staff knew about people's individual communication needs, abilities and preferences. They were able to adapt their approach and communication to ensure they understood people's views and choices. People used various methods of communication to express their views. For example; one person used their own non-verbal communication to express their feelings such as taking staff to objects of reference. Their care plan gave staff clear guidance on the best methods to communicate with the person and different actions to take to help the person to understand the staff instructions. For example, their care plan stated the person liked to set the dinner table as this indicated to them that their meal was soon to be ready. Staff had developed a communication dictionary which indicated how this person expressed themselves.

During our inspection, three people returned from a short Christmas shopping break with the support from one staff member. The people were clearly excited to return back to the home and show staff and other people their Christmas purchases and share their stories. Staff welcomed them back and told them they had been missed. One of the people who returned from the holiday shared with us some stories of their holidays. They said, "It was great. We went by coach and stayed in a hotel and I did lots of Christmas shopping for my family."

People's privacy was respected. Some people needed support with their personal care, whilst others required either prompting or monitoring if they managed their personal care independently. Staff explained how they encouraged people to remain independent but monitored people from a respectful distance to ensure their safety. People's care plans gave staff guidance on how people preferred to be supported with their personal care such as their preferred routines and to prepare and enjoy having a bath. The documents also reminded staff to respect people's dignity and privacy at all times.

Is the service responsive?

Our findings

Not everyone who lived at the home required staff support with their personal care. Some people were independent with their personal care or just required prompting or monitoring from a distance. People and where appropriate their relatives had been actively involved in developing their care and support plans. People's care plans were personalised and detailed their daily routines and support requirements. A one page profile provided staff with an overview of their support needs, as well as their family background, behaviours, communication and mobility. Keyworkers carried out a monthly overview of the care being provided with people but the outcome was not always reflected in the care plans. The deputy manager was working with the team leaders to rewrite and review everyone's care plans so they reflected their support needs and preferences. They planned to increase the use of pictures in the care plans to help people understand the care and support they had agreed to. The deputy manager had also introduced a monthly evaluation sheet to capture the monthly reviews, any changes in people's care and any associated risk assessments. We were shown the new updated version of one person's care plan which clearly showed their support requirements, risks and related assessments.

Information about people's preferred way of being supported or how to communicate with people was described in their care plans. For example, one person's care plan described how to communicate with them while shopping to ensure they were involved and contributed towards the shopping task. Information provided was proactive and provided staff with strategies on how to resolve and prevent people becoming upset.

People's health and well-being was being monitored. For example, people had a health action plan which described the support they needed to stay healthy and their health care appointments. Some people experienced seizures. Their care plans provided staff with guidance on the indicators and management of their seizures. The frequency of their seizures was logged to see if there were any trends or triggers which may have caused the seizures. Monitors were in place to alert staff if people experienced a seizure while sleeping.

People were given opportunities to carry out activities in the home and out in the community. Each person's care plans stated what they enjoyed doing in their spare time such as a walk in the forest, ride in the car and listening to music. People had a timetable of activities which they had planned together with staff. They were supported to follow their interests and take part in social activities such as day centre, shopping and trips into the local community. One staff member said, "Some people who live here are fiercely independent and want to do lots of things. They won't accept any restrictions and we have to find a way to support them." People had been supported to develop their confidence and abilities to contribute to household tasks and explore new opportunities and interests in the community. For example, one person was making their own drinks and contributing in a small way towards the vacuuming of the home. A staff member said, "It is great to see the service users progressing and having pride in themselves and in the home." The deputy manager also explained how they had taken one person to the swimming pool as part of their physiotherapist regime to carry out some exercise. Over time the person had learnt to swim. The deputy manager said, "You can tell by their expressions that they get a real sense of achievement from going

swimming."

Other people told us they enjoyed shopping, horse riding and bingo. People had enjoyed carrying out an exercise and fitness session together. The deputy manager had taken photographs of one person to help them remember the activities they had been involved in. This helped them to remind them of the activity and helped to calm them down if they became agitated or upset. Another person had a voluntary job helping to serve refreshments at a local lunch club. They had been supported to take a food hygiene qualification. Staff assisted people to discuss and plan short breaks and holidays. Staff had helped people to arrange holidays of their choice and supported them on these holidays.

The manager told us they had not recently received any formal complaints and they dealt with day to day concerns immediately. 'Your voice meetings' occurred monthly which gave people the opportunity to meet together with staff to discuss any concerns. People had the opportunity to make suggestion such as activities and also have their say about the running of the home. Staff also reinforced topics such as the safeguarding and complaints policy and reminded people of issues such as 'stranger danger'. Pictorial minutes of the meeting were produced and shared with people. The provider's complaints policy as well as a large print pictorial complaints policy were available to people and their families.

Is the service well-led?

Our findings

The manager was relatively new in post. Their role was to manage three of the provider's homes in the local area. They were in the process of registering to be the registered manager of the three homes with CQC. The manager had spent time at the Hobbits Holt getting to know the people and the staff who supported them. The day to day running of the home was carried out by the deputy manager who was supported by an established team. The manager praised the deputy manager and staff for all their support and the running of the home. They said, "Hobbits Holt was working really well when I came on board due to the consistency and excellence of the deputy manager."

The manager told us how they were making progress with the management and governance of the three homes they managed. They had redeployed senior staff and implemented processes to monitor and evaluate the running of the service and the professional development of staff. They were standardising systems and developing staff so they could easily transfer between each home in an emergency and know the needs of the people who lived there. The manager said, "I have to say the communication between the three homes is brilliant, it's been very positive so no surprises."

The manager received regular support from the provider. They said, "I have had exceptional support since being in post. It has been a very positive experience so far. I have an excellent relationship with my regional and quality manager." They explained their line manager and the provider's representatives had responded promptly and positively with any concerns or suggestions about developing the home.

Where concerns had been raised about the protection of people, the senior staff or manager had shared this information with other agencies that had a responsibility to safeguard people. However, staff had not always consistently informed CQC of any safeguarding concerns. All care providers must notify us about certain changes, events and incidents affecting their service or the people who use it. This was raised with the manager who recognised that some safeguarding concerns which had occurred before they were in post had not always been reported to CQC. From our discussions with the manager we were reassured that they were fully aware of their responsibility to notify CQC of all incidents that affect the health, safety and welfare of people who use services.

A provider's representative also visited the home regularly to carry out their own checks about the quality of the service being provided. The manager's line manager regularly visited the home and talked with people and staff. They carried out internal audits to monitor the quality of the service being provided. In December 2015, a 'benchmark' inspection was carried out. Staff were working on an action plans to ensure all shortfalls found were addressed and signed off by a senior manager.

As well as the audits carried out by the provider, the managers also carried out other internal audits to monitor the quality of the service being provided. Whilst it was clear that improvements were being made in the home, there were no clear recorded action plans as a result of the individual audits or a central action plan that identified the shortfalls were found and acted on. We raised this with the manager who was aware that the auditing systems needed to be reviewed and had plans to put an action plan in place to direct staff

and overview the running of the service.

The home had received a positive report from a user led self-advocacy group for adults with learning disabilities who had recently visited the home to hear about the views of people who lived in the home. They provided staff with a report of their findings. The managers and staff valued people's options and feedback. Actions were being taken to address the results of a recent 'service user questionnaire'. Any issues would also be raised and discussed at the home's 'Your Voice meetings'. An easy read and pictorial letter was to be sent to people explaining the results of the questionnaire and the areas that had been identified as requiring improvement.