Holmleigh Care Homes Limited

59 Hatherley Road Residential Home

Inspection report

59 Hatherley Road
Gloucester
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Ratings

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

Overall summary

This inspection took place on 5 November 2015. The inspection was announced as we wanted to ensure people and staff would be at the home as they are often out in the community. 59 Hatherley Road Residential Home provides accommodation and personal care for up to three people with a learning disability. The home is situated on a quiet residential street. It comprises of a lounge/dining room, kitchen, three bedrooms and a bathroom. People have access to a secure back garden.

At the time of the inspection the service had a registered manager. 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.

Summary of findings

People enjoyed living at the home. They told us they felt safe and relaxed living there. However people's personal finances were not managed effectively. The financial records of people's day to day money transactions had not been recorded correctly.

Staff knew people well and had a kind approach. They spoke to people in a respectful and dignified manner. People's care and supports needs had been well documented. Staff were responsive to their needs. People were supported to maintain a healthy lifestyle. They enjoyed a varied diet. They were encouraged to make choices about their meals and daily activities. Records showed that people had been appropriately referred to health care services when needed. People received their prescribed medicines as required.

Staff employment histories and criminal backgrounds had been checked to ensure that people were cared for by suitable staff. Staff were supported and trained to meet people's needs. An on call system was available to staff who worked in the evenings and at weekends for advice and support.

The home was well led. The registered manager led by example and addressed any poor practice. They were often present in the home and knew people and staff well. The quality of service being provided was regularly monitored by the registered manager and the provider. The registered manager was supported by the provider and other managers within the organisation.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement 

This service was not always safe.

The system in place to support people in managing their own money was not effective.

Effective recruitment procedures were in place to ensure people were being supported by suitable staff. Staff understood their responsibilities in reporting any allegations or incidents of abuse.

People's risks and safety were assessed and managed to protect people from harm. People were protected by safe and appropriate systems in handling and administrating their medicines.

Is the service effective?

Good 

The service was effective.

People were supported to have a varied and balanced diet.

People were supported to make decisions and choices for themselves in line with legislation.

When people's needs changed they were referred to the appropriate health and social care professional for further specialist assessments.

Plans to support and train staff were in place to ensure their skills and knowledge met people's needs.

Is the service caring?

Good 

The service was caring.

People were supported by staff who knew them well.

People were positive about the care and support they received.

Communication between staff and people was caring and compassionate. Staff respected people's dignity and privacy.

Is the service responsive?

Good 

This service was responsive.

Staff knew people well. People took part in a programme of activities which they enjoyed. Staff responded to people's requests and preferences.

People's care and support plans were personalised. They included information about their preferences and choices about their care.

Staff monitored people to ensure their needs were being met and to check if they were unhappy with the support they received. Staff acted on people's concerns and immediately addressed any complaints.

Summary of findings

Is the service well-led?

Good

This service was well- led.

The registered manager was approachable and supported staff. There was a strong sense of team work amongst staff.

The registered manager and staff understood the running of the home and people's individual needs.

Quality assurance systems as well as provider monitoring visits were in place to monitor the quality of care and safety of the home.

59 Hatherley Road Residential Home

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 5 November 2015 and was announced. 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. This service was last inspected on 17 June 2014 when it met all the legal requirements and regulations associated with the Health and Social Care Act 2008 relating to the care and welfare of people.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also examined other information that we held about the provider and previous inspection reports.

We looked around the home and talked with two members of staff and the registered manager. Two people spoke briefly to us during our time in the home. However, we observed how staff interacted with these people. We looked at the care records of two 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.

Requires improvement

Is the service safe?

Our findings

People who lived at this care home were safe from physical and emotional harm however they were not always protected from financial abuse as a record of their finances was not always maintained. Some people required support with the handling of their money which included the safe keeping and the management of the daily expenses. People's money was kept securely in locked cash tins and checked daily by staff, however people's daily expenses and income were not always recorded correctly. The records of some people's expenses did not always reflect the amount recorded on the receipts. Some receipts were missing with no explanation of the items purchased. No audits or monitoring of the management of people's finances were carried out by the registered manager.

People's personal money was not managed effectively. **This is a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

People told us they felt safe around staff. One person said, "Yeah it is alright here. I feel safe". The registered manager shared any concerns they had about safeguarding people from abuse with relevant agencies. Any concerns raised about people's well-being were investigated and actions put into place to ensure their safety.

Staff said they had received safeguarding training and felt confident in recognising and reporting any concerns. One member of staff told us they would immediately report any acts of or allegations of abuse to the registered manager. Staff were also aware they could directly contact external agencies if they felt the staff member in charge had not taken appropriate action. Relevant safeguarding policies were in place and were accessible by staff. People had access to an easy read version of the safeguarding policy which was displayed on a notice board in the home.

People's health and well-being risks were identified, assessed and reviewed. Where injury had occurred, appropriate actions had been taken to minimise the chance of further harm or injury. Risks assessments had been put into place to reflect the aspect of care people required. For example, people's risks had been assessed where they required support with their personal care or help preparing food in the kitchen. Staff understood people's risks and how they should be managed to reduce the risk of harm especially when supporting people alone. People were supported to understand the risks they were taking such as smoking, but their decisions were respected.

The home had recently been inspected by a fire safety officer who had made some recommendations to ensure people were safe in the event of a fire. The registered manager was working with the provider and fire safety officer to find a solution to the recommendations without impacting on the home's environment. Each person had a personal evacuation plan in place which described how to help them leave the home in an emergency. We were told that people's personal evacuation plans would be reviewed in light of any changes in their well-being or changes in the environment.

People who lived in the home where mainly supported by one staff member, however the registered manager had organised the pattern of staff working so there was frequent times in the day when staff were not working in isolation. Staff told us the times where staff overlapped were flexible where possible to meet people's individual needs. This allowed people to have individual support with daily chores or activities in the community. The registered manager also managed another nearby home of the provider and spilt her time between both homes. This allowed staff to be flexible in supporting people individually. Staff told us the registered manager was always contactable if they were not present in the home. Bank staff were used when there were staff shortages or on occasions the registered manager had carried out caring duties when required. An on call system was available for staff in the event of an emergency out of hours or at the weekend.

People were protected from those who may be unsuitable to care for them. Staff recruitment records showed that appropriate checks had been carried out before staff started work. The registered manager also took appropriate action, when needed, to address poor staff performance and practice. People were involved in the recruitment process and were given the opportunity to express their views about potential new staff.

People's medicines were managed safely. They were given their medicines as prescribed. Their medicines were stored and managed by staff who were competent in administering and managing medicines. People chose where their medicines were securely stored. Storage

temperatures were monitored and recorded daily. However, there was no guidance in place of the expected minimum or maximum temperatures or actions to be taken by staff if the temperature were outside of manufacturer's guidelines.

Effective systems were in place to ensure the correct amount of medicines were stored for people. The home's pharmacist had recently carried out an audit of the homes systems to manage people's medicines. The registered manager shared with us their recommendations and the actions they had taken to fulfil the pharmacist requirements, including updating people's allergies to medicines and holding the latest British pharmaceutical guidance. People's medicine records held branded information leaflets about individual medicines. The registered manager told us they would implement a summary sheet of the medicine taken by people. This would help people and staff understand what each medicine was for.

Where medicines errors had occurred, the registered manager had taken appropriate action. For example, a staff member had been withdrawn from administering people's medicines while an investigation was carried out. Where the registered manager had detected any concerns in a staff member's ability to manage people's medicines they were required to attend a refresher course on medicines management.

People's medicines were managed by staff who had been trained in administering and managing medicines. A Record of when people had taken their medicine had been maintained.

Medicines which had been prescribed to be used "when required" had additional guidance in place for their use. For example, some people had medicines for pain relief when required. This guidance prompted staff to consider other interventions before they resorted to administering the prescribed medicine.

Good

Is the service effective?

Our findings

People's care records showed that referrals to health services such as doctors and specialist teams had been made when additional support was required. Staff were knowledgeable about people's health and wellbeing, however this was not always recorded. For example, they were able to tell us the progress of one person's recent medical appointment with their consultant and the possible treatment options. However, the outcome of this person's medical appointment was not recorded in their health care file. The home had good contacts with the local surgery and the GP visited regularly to review the needs of people.

Staff were trained and supported to meet people's needs. Staff had regular individual meetings with the registered manager. Staff records showed they had discussed their training needs; achievements and any concerns about their role. Any actions regarding their personal development were recorded and monitored.

Records showed staff carried out training considered as mandatory by the provider, such as safeguarding and health and safety. Staff confirmed they had received regular training and felt their skills met people's needs. New staff had attended an induction course and their level of competency was assessed before they started to care for people alone. A new staff member told us they had received training at the start of her employment and was allowed time to shadow more experienced staff.

Staff gained an insight into all aspects of their role and responsibilities at induction, however some staff had not always received further courses to advance their knowledge. For example, some staff had not received additional training in the Mental Capacity Act. The registered manager told us there were plans in place to address this and also to provide staff with additional training to support people when their behaviours challenged others. Staff confirmed that their training needs were always monitored and addressed. One staff member said, "The manager is really good. I can go to her at any time and ask for advice if I don't know how to cope with a resident. We discuss what has worked well or how I can change my approach".

Staff with leadership potential had been encouraged to develop in their role. One staff member who had recently been promoted to a senior carer said, "We get lots of opportunity to train and learn from our manager". Staff were supported to undertake national professional qualifications in health and social care.

The registered manager and staff understood their role and legal responsibilities in assessing people's mental capacity and supporting people in the least restrictive way. People were encouraged to make choices about their day and care for themselves. Staff presented them with information so they were able to make an informed decision, such as seeing family members and purchasing items. Where decisions had been made on behalf of people, records showed their best interests and known preferences had been considered and discussed with relevant people such as the person's relatives and health care professionals. Whilst staff were knowledgeable about people's ability to make decisions about their care and support, their mental capacity assessments had not always been reviewed to identify if there had been any changes in their mental capacity.

We found the home to be meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). All the people who lived in the home were continually supported and supervised and they were therefore deprived of their liberty. Records showed staff used the least restrictive action possible in order to keep people safe. Staff had gained an understanding of people and knew how to keep people safe by using the least restrictive method. The registered manager had applied for authorisation to deprive people of their liberty to the local authorities in line with legal guidance.

People told us they enjoyed a variety of meals and were also encouraged to maintain a balanced diet. They were consulted each week about the meals they would like the following week. People helped staff to plan, shop and prepare the meals. Alternative options were available if they didn't like the meals choices for that day. When appropriate, staff reminded people about foods that had been advised by health care professionals to avoid, as they may be detrimental to their health. This was done in a kind but informative manner. Alternative options were discussed so people could still enjoy a treat or snack. On the day of our inspection, people were supported to make and take a packed lunch to have after their activity. On their return, they told us they had also visited a café for a hot drink on the way home.

Good

Is the service caring?

Our findings

59 Hatherley Road Residential Home had a homely and friendly feel about it. People's bedrooms had been decorated according to their taste and preferences. People told us they felt safe and relaxed around staff. People could move freely around their home and could choose where to spend their time. They told us they could help themselves to drinks and snacks from the kitchen. Staff respected people's decisions to have time alone in their bedrooms. Their privacy was respected.

People were positive about the care and support they received from staff. We received comments such as "They are very nice here" and "I like living here. I like the food especially beef curry". One person told us they wanted to move back to be nearer their home town. The registered manager reassured this person and told them this would be discussed at their review meeting next month.

Staff informed people about the purpose of our visit and asked them if they would like to talk to us. Staff reassured people who found it unsettling to have visitors in the home that they were not familiar with.

We observed staff interacting and chatting with people throughout our inspection as most of our day was spent talking to people and staff or looking at files in the lounge/ dining area. Staff interacted with people in a kind and compassionate manner. Staff adapted their approach and related with people appropriately and according to their communication needs. They spoke to people as an equal. They gave them information about their care in a manner which reflected their understanding. For example, one person was advised about what to wear for their trip out. Staff provided this person with information about the weather forecast, the type of activity and reminded this person that they often get hot at this activity. This person was then able to make an informed decision about what clothes they wanted to wear.

People were empowered and confidently chatted with staff asking them questions about their day. One person asked staff about an imminent health care appointment. Staff reassured them of the date and that would be available to support them. Together they discussed the type of questions the person may wish to ask at the appointment.

The registered manager and staff knew people well and understood their personal history, likes, dislikes and needs. They were able to tell us about people's back ground and how this had affected their behaviour and personalities. We were told how staff had supported people to settle in to the home when they first moved in. The registered manager said, "(The name of a person) has come a long way since moving in. They are a lot more settled and less anxious about living here".

We observed that the relationships between staff and people receiving support consistently demonstrated dignity and respect. People were encouraged to make decisions about their day and to remain as independent in the daily living skills. One staff member said, "Our care is about them. We need to respect their decisions but also encourage them to try new things as well". People were supported to have opportunities to regularly meet with their families.

Good

Is the service responsive?

Our findings

The support people received was centred on their personal preferences and choices. People told us they enjoyed living in the home and staff would respond to their requests. The home was close to the town centre which allowed people to have the opportunity to regularly attend activities in the community or shop in the town centre. We were told they often walked to their activities or used public transport. On the day of our inspection, people visited a local singing and dancing group. On other days we were told they visited the shops, went swimming or attended a day centre.

People had been consulted about the activities they enjoyed. They held regular meetings with staff to discuss possible activities and the running of the home. This gave people opportunities to make suggestions about their meal choices and activities preferences. We were also told that people had recently discussed possible holiday options for next year.

People were responsible for the cleaning of the home and managing their laundry with the support of staff. An activities programme displayed on the wall told people their activities and chores for the day. Staff told us, "The programme is just an indicator; it is flexible according to their wishes, mood and the weather". Additionally we saw staff supporting people with their washing and making hot drinks and snacks.

People and their relatives were actively involved in developing their care plans. This ensured that people's support needs were documented to give staff guidance. People's care plans were personalised and detailed daily routines specific to each person. People's care plans were regularly reviewed with people but their involvement was not always recorded. People's families were invited to their review meetings and they attended where possible.

People's care records gave staff guidance on how to support them with their physical and emotional needs. They were well written, with clear instructions for staff about how care should be delivered. Their level of independence and the support they required in their daily activities was clearly stated. For example, guidance was in place to inform staff about the support one person needed when cleaning their teeth or having a bath. Another person's care plan stated they were independent with their laundry but would require staff to help them with the temperature setting of the washing machine. Some people were known to become frustrated or agitated. Records detailed possible changes in people's behaviour which may indicate that they were upset or anxious. Staff were able to tell us about the possible triggers which may cause a change in their behaviour and emotions and how they would support them.

Daily handovers took place between staff during shift changeovers. Staff told us this was important to ensure all staff were aware of any changes with people's care needs and to ensure a consistent approach.

Complaints and concerns were taken seriously and used as an opportunity to improve the service. The registered manager had received one complaint since our last inspection from a person who used the service. This had resulted in an internal investigation. The registered manager took immediate action to ensure people were protected from poor practices. The registered manager kept the complainant informed of their investigations. An easy read complaint policy was displayed and accessible for people to read.

Good

Is the service well-led?

Our findings

The registered manager managed two of the provider's homes. They told us they split their time equally between the homes however this varied depending on the needs of people and staff who worked there. The registered manager had a 'hands on' approach and was in regular contact with the people and staff in the home. They said, "The home is very small so I get to know people and staff really well". The register manager told us that spending time in the home with regular contact with people who lived there allowed them to have a good understanding of the service being provided and to pick up on any poor practices. Where there had been a shortfall in the staff conduct and professionalism this has been addressed immediately and the registered manager had taken action to protect people. The registered manager had notified the relevant authorities and CQC as required by law of any incidents which had affected the well-being of people.

The home was small with limited space to store and manage confidential records and to hold private meetings. The storage of non-confidential records had started to impede into the living area of the home. The registered manager told us they were in discussions with the provider to address this issue.

The culture of the home was fair and open. There was a strong sense of team work within the home. People and staff confirmed that the registered manager was approachable and amenable.

Staff felt comfortable to contact anyone in the organisation if they needed support or needed advice. Staff were positive about the support they received from the registered manager. One staff member said, "I can always to speak to other staff or the manager or I can go back to the policies and check if I am doing it right". They continued to tell us that they were given support and training to build up their confidence in supporting people. The registered manager told us that new staff were given time to bond and build up a rapport with people before they were left work alone.

The registered manager mentored staff to reach their potential. A staff member who had recently been promoted to a senior staff member said, "I can't fault this company or our manager. I was given a lot of support when I became a senior". They told us about the training and support they had been given to develop in their new role as a senior.

There were strong links between the provider's homes in Gloucestershire and their registered managers. The registered managers of the provider's homes regularly met to share information; good practices and provide peer support. The registered manager told us they felt supported by the provider and other managers. They said, "The meetings are a good opportunity to discuss any concerns we may have and learn from each other, so we aren't working in isolation".

Accident and incidents were routinely recorded and analysed. The provider and registered manager had taken actions to prevent accidents reoccurring. For example, equipment had been installed for one person who had experienced a recent fall.

The registered manager and senior staff monitored the quality of the service provided by carrying out weekly and monthly checks such as infection control and catering audits. Any shortfalls had been identified and actioned. The utility supplies to the building such as the gas and electricity supply were regularly checked and maintained to ensure people's environment remained safe.

The provider's quality assurance manager regularly visited the home and reviewed the quality of care being provided. Staff had access to the provider's policies and procedures which gave them guidance on how to carry out their role and maintain professional conduct.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 12 HSCA (RA) Regulations 2014 Safe care and treatment **Regulation 12, Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.** How the regulation was not being met: People who use services were not protected against financial abuse.