Holmleigh Care Homes Limited

Care at Home (Swindon)

Inspection report

The Shaftesbury Centre
Percy Street
Swindon
Wiltshire
SN2 2AZ

Tel: 07783138396
Website: www.careathomeonline.co.uk

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Ratings

Overall rating for this service	Outstanding ☆

Is the service safe?	**Good** ●
Is the service effective?	**Good** ●
Is the service caring?	**Outstanding** ☆
Is the service responsive?	**Outstanding** ☆
Is the service well-led?	**Good** ●

Summary of findings

Overall summary

About the service: Care at Home (Swindon) is a supported living service providing personal care and support to adults living in their own homes. At the time of the inspection, 19 people were being supported.

People's experience of using this service:

The service was exceptional in placing people at the heart of the service with a strong person centred, caring and responsive ethos. People consistently told us how they were treated with exceptional kindness, compassion and respect. We received many accounts of people's views of their support. Comments from people and relatives included, "It's a happy home. I love it here" and "I believe they are outstanding for their overall care package. My [relative] is treated like she is in a family".

People's needs and wishes were fully supported by staff that knew them well. People were respected and valued as individuals; and empowered as partners in their care in an exceptional service.

People received exceptionally personalised care and support specific to their needs and preferences. People's needs were considered and reviewed and changes made where improvements were needed. People were supported to engage in decisions in respect of who they lived with and which staff supported them. Each person was respected as an individual, with their own social and cultural diversity, values and beliefs.

Staff were skilled, motivated and knowledgeable. They provided flexible care and support in line with a person's needs and wishes. The stability of the staff team helped to ensure people felt cared for, understood and supported to achieve positive outcomes.

The service was well-led which was evidenced by the findings of the inspection in the caring and responsive key questions. The registered manager demonstrated how their approach to supporting people provided a positive role model for all the staff. They were supported by a senior team and staff who were fully committed to delivering quality person-centred care to people. Staff were motivated by and proud of the service and morale was very high.

The registered manager showed a passion to improve the model of supported living and had taken measures to integrate best practice standards into the delivery of care. The registered manager was clear about their expectations relating to how the service should be provided and led by example.

The service continued to have a robust quality assurance system which had sustained continual development and improvement at the service. They had demonstrated ways of working that ultimately improved the outcomes for people they supported.

People were supported to have maximum choice and control of their lives and supported them in the

least restrictive way possible; the policies and systems in the service supported this practice.

Rating at last inspection: Outstanding. Report published 8 November 2016.

Why we inspected: This was a planned inspection based on the rating at the last comprehensive inspection. The service continues to be rated Outstanding.

Follow up: Going forward we will continue to monitor this service and plan to inspect in line with our inspection schedule for those services rated as Outstanding.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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.

Details are in our Safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Outstanding ☆

The service was exceptionally caring.

Details are in our Caring findings below.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our Well-Led findings below.

Care at Home (Swindon)

Detailed findings

Background to this inspection

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

Inspection team:
The inspection team consisted on one inspector and an expert by experience (ExE). An ExE is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:
Care at Home (Swindon) supported living service provides personal care and support to adults with varying support needs living in their own homes. At the time of the inspection the service was supporting 19 people.

The service had a manager registered with the Care Quality Commission. A registered manager is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:
We gave the service 48 hours' notice of the inspection visit. We needed to be sure that the registered manager was able to support the office visit and also needed people to consent to us visiting them in their own homes.

Inspection site visit activity started on 11 April and ended on 29 April 2019. One inspector visited the office location on 11 April 2019 to see the registered manager and review records. On the 29 April, an inspector and the ExE visited and met 11 people in their homes. During the inspection visits we reviewed three people's care records and records relating to the management of the service. We spoke with seven staff during our visits.

What we did:

We used information the provider sent us in the Provider Information Return. (PIR) This is information we require providers to send us at least annually to give some key information about the service, what the service does well and improvements they plan to make. We looked at information we held about the service including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public. Before and following the inspection, we sought feedback from health and social care professionals by email and telephone.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse
• People told us that they felt safe. One person said, "I feel safe here, I love it here. They help us with our medicines."
• The registered manager and senior team had a good knowledge of safeguarding and had raised issues with the local authority when concerns had been identified.
• Staff fully understood their role in protecting people from abuse. All staff had received training on the safeguarding of adults and children.
• The service ensured that human rights were upheld. Where there needed to be a decision to balance a person's right to freedom and the rights of that person or others to be free from harm, decisions were taken in people's best interests. For example, a member of staff had worked with people about how to keep safe on social media as well as when out in public. This promoted people's choices and provided independence to ensure they benefited from networking with friends. However, the guidance provided an awareness of the risks on social media and when to seek advice from staff.

Assessing risk, safety monitoring and management
• Risks to health and safety were assessed and control measures were in place to mitigate the risks identified. Informative and individualised risk assessments and management plans covered various aspects of a person's life, including those arising from complex medical conditions.
• Staff safety had been assessed, and measures put in place. Staff had access to the registered manager and senior staff through the on-call system and management regularly visited people's homes.

Staffing and recruitment
• People were supported by consistent staff that had developed positive and trusting relationships with people which helped to keep them safe
• The service had robust recruitment procedures in place.
• People were involved in choosing staff, either by being involved in the interview or meeting potential new staff that visited their homes as part of the selection process.

Using medicines safely
• Medicines systems were organised and people were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.
• Staff were trained and deemed competent before they administered medicines, and regular checks ensured people received their medicines safely. People said they received their medicines when they needed them. A relative said, "Medication is kept locked away, but administered to the agreed timetable."

Preventing and controlling infection

• Staff were trained and understood their role and responsibilities for maintaining high standards of cleanliness and hygiene in people's premises.
• Staff were supplied with personal protective equipment for use to prevent the spread of infections.

Learning lessons when things go wrong
• When things went wrong, there was an appropriate review and action taken to prevent it happening again. For example, a person developed an infection from a blocked catheter. To avoid this happening again, staff underwent training and daily checks put in place to ensure the catheter was flowing properly. Staff also worked with the person to understand the importance of infection control/cleaning to prevent infection.
• The provider had an internal safeguarding manager who conducted investigations. Information from incident reports were collated and changes made to improve the service and staff working practices.
• Learning was shared at staff meetings and staff supervisions.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• Before people moved to the service, they had a comprehensive assessment of their needs and wishes. Goals and outcomes were identified and care and support were regularly reviewed and updated.

Staff support: induction, training, skills and experience
• People and relatives told us they felt staff were able to support their care needs. A relative said, "I trust the [provider] employs staff that are qualified and provide ongoing training. The manager gives guidance to staff when needed".
• All new staff had a comprehensive induction programme including face to face training in core areas, monthly one to one meetings, shadowing experienced staff and mentoring until confident to lone work. Staff training was also developed and delivered around people's individual needs. For example, staff received specific training in diabetes and epilepsy.
• Staff had support in the form of one to one meetings and an annual appraisal. Staff were supported and encouraged to develop new skills and to progress within the organisation.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
• People health needs were assessed and planned for, to make sure they received the care they needed. Some people had complex health conditions. For example, one person had a health condition that needed frequent hospital visits for treatment. We saw that staff supported the person with these visits which the person found difficult and challenging.
• Each person had a health plan and regular visits to services such as dentists, opticians and medicine reviews. These were developed with advice from other professionals such as psychiatrists, mental health teams, and district nurses.

Supporting people to eat and drink enough to maintain a balanced diet.
• People were fully involved with planning their food shopping, meal and drink preparation and disposal of out of date food. People were taught new cooking methods and recipes and how to cook on a budget. A person said, "The staff help us do cooking and do food shopping".
• Staff monitored to identify if people were eating and drinking sufficiently so that appropriate advice could be sought from a GP or other professional if needed.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to

take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Ensuring consent to care and treatment in line with law and guidance
• Staff continued to have a good understanding of the MCA and when the principles should be applied. These principles were the starting point for all support decisions for people. Best interest decisions were in place where needed.
• Staff upheld people's rights making sure they had maximum choice and control over their lives. For example, people told us they were supported by staff to stay where they were living and in other areas such as getting a pet.

Outstanding ☆

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Outstanding: People were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity
• We had numerous comments from people we spoke with about how they felt cared for. These included, "The staff here are all kind and caring. I'm happy here, really happy and really comfortable. We all have a natter. I get on really well with [staff name], we have a laugh" and "[Name] is the manager. It's a happy home. I love it here. I don't want to live at [relative's]. I've got my own [pet]. I wouldn't change anything here".
• Relatives spoke very highly of how caring and kind the staff were. One relative told us, "I believe they are outstanding for their overall care package. My [relative] is treated like she is in a family. Staff take their time to understand my daughters needs and what she wants and will do all they can to help her achieve her goals." We saw a compliment from a relative who said, 'None of [person's] carers have struck us as 'just doing a job' they provide much more of a personal and beneficial service to [person].
• There was a strong and visible person-centred culture in all the homes we visited. During our visits we observed staff were highly motivated offering care and support that was exceptionally compassionate and kind. This positive culture was helped as staff had built trusting and positive relationships with those they supported. During our visit we witnessed lots of laughter and banter. People were actively encouraged and supported to express themselves freely and encouraging independence. We saw that staff were highly motivated offering care and support that was exceptionally compassionate and kind. Staff appeared to know and understand people well and commented on one person, "[Name] knows everyone's rotas so if we forget we can ask her! She loves sitting around the table with other people and socialising".
• Staff went beyond their responsibilities to ensure people received the support they required. For example, a person arrived in an emergency with reassurances from the referring body that they would arrive with enough money to see them through the weekend. However, the person arrived with very little belongings. The registered manager organised some interim funds, food, arranged an emergency prescription, toiletries and spare bedding. The person said it was "Nice to know someone cares about me". A member of staff said, "[Registered manager] is passionate. She is my rock and has such a pure heart. For example, a new person arrived with no food or money, off the street. She sorted money out for [person] and took a food parcel". The person remains in the service and staff continue to support them sorting out their benefits and helping them with budgeting.
• Staff had developed caring, respectful and empathic relationships with people. One member of staff said, "I absolutely love it here, it's the first job where I wake up and look forward to coming to work – there's no comparison. The best thing is to see people so happy – it brings a lump to your throat".
• Staff spoke of people with fondness and genuine concern for their wellbeing and their happiness. They were so proud of people's achievements and progress described how the way they cared and supported people had improved some people's lives considerably. For example, a member of staff had worked with a

person to write and count. They described how they were doing the alphabet currently and that they had made a book for the person.
• Those people who did not communicate verbally were very relaxed with staff, they actively sought staff and smiled and laughed with them. There was genuine affection and warmth between people and staff.
• Staff ensured that people were supported to maintain safe relationships with others who were important to them. Staff supported a person to attend sessions and access information to ensure their choices and decisions about sexual activities they chose to engage in kept them safe. On the day of inspection, we saw a person leaving to meet up with their partner. A member of staff said, "[Person] came over Friday for dinner here. They both met at the day centre that [name] runs. They're inseparable".

Supporting people to express their views and be involved in making decisions about their care
• People and family members had been involved in care planning and had been given the opportunity to share information about their life history, important relationships, likes, dislikes and preferences. Support plans took into account people's disability, age, gender, sexual relationships, religion and cultural needs. One person told us, "Staff ask me everything. They ask me first and I'm in control of everything".
• People being considered for support at the service were given the opportunity to decide if it was the right place for them. They had opportunities to visit and meet the other people in the house and staff. This could then progress to a planned transition of day visits, days out and sleep overs. Before a decision was taken, careful consideration was given to those living in the houses to ensure their views were taken into account before the person moved in. We were told if people were not happy then the placement did not go ahead as they understood the importance of compatibility to ensure everyone could live harmoniously together.
• The registered manager was keen to achieve and develop quality standards for the sector. They told us about training they had attended from Paradigm who had developed a set of standards encouraging people to explore what support for living an ordinary life looks like. The training clarified the standards of support for living to ensure that 'supported living' did not become a model that people can simply tick as 'achieved'. The training aimed to help services review the standards to improve the quality of support to people in supported living. The registered manager said this had helped increase her knowledge about true choice and the importance of supporting this. For example, people choosing who they live with. We saw that the service was following this guidance in their initial assessment visits.
• Staff were sensitive to times when people need caring and compassionate support. One person said, "They are all caring and nice, they all listen, they're all respectful. If I'm sad they talk nicely to me. Everybody likes to be listened to. I lost my [pet], I talked to [staff names] – everybody, they're kind". A relative said, "Whenever my [relative] is upset, staff take time to understand the problem and to deal with it appropriately".

Respecting and promoting people's privacy, dignity and independence
• Staff understood it was a person's human right to be treated with respect and dignity and to be able to express their views. We observed all staff putting this into practice during the inspection. Staff were consistently polite, courteous and engaged and were genuinely pleased to be at work. People were treated respectfully and were involved in every decision possible.
• There was a strong and exceptionally positive focus on promoting people's dignity and independence to enhance their lives and wellbeing. Staff were able to give us multiple examples. For example, staff helped people to manage their behaviours that challenged others by helping people anticipate the response on others and to reinforce coping strategies to manage their behaviours such as using skills learnt to calm down quickly. Other factors that may escalate such as tiredness had been explored and adaptions made to minimise this.
• Some people had been supported to move on to more independent living after many years living in the same shared accommodation.
• Staff received training, supervision and observations to ensure they were maintaining people's privacy,

independence and dignity. Each person's care plan detailed how they wanted their dignity respected.
• Records relating to people's care were kept confidential and staff understood the importance of discussing people's care in private.

Outstanding ☆

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Outstanding: Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control
• People spoke extremely highly of the service they received and felt that it met their individual needs in every aspect of their support. One person commented, 'I love it here. They did a plan when I arrived, and I get support in the morning and evening. Yeah, they all know what they are doing."
• The service was extremely responsive to people's changing needs. For example, a person was deteriorating in their well-being where they were living. This was, in part, due to the area where they lived, and the local environment posed risks in respect of the person's needs. An alternative home was found in another area of the town. Since the move, the person had made considerable improvements in their happiness and well-being. We saw feedback from a mental health professional who stated the service was providing person-centred care and support to achieve progress in areas such as improved health and being more relaxed. The professional had commented, 'Thank you so much for enabling [person] in this way. I feel he has been a real success story and that his confidence and self-esteem will continue to improve'. The service had also helped to secure a local allotment which the person was thrilled about. They commented, 'I have a cunning plan to raise a bit of money – growing vegetables and selling them! I wonder how much a lettuce is?'
• Information was available in a variety of formats to meet the communication needs of those using the service. People had safeguarding and complaints information in an easy read format. The service had taken steps to meet people's information and communication needs over and above complying with the Accessible Information Standard. The service had worked with an external organisation to develop an easy read 'guide to living in supported living'. Two people in the service provided input raising points such as respecting each other and considering neighbours. Both had different support needs and understanding, and both shared their views to help with the finished document.
• Staff had an enabling attitude that encouraged people to challenge themselves. There were numerous examples of how people had been supported to increase their skills promoting their independence. For example, one person had been unable to tell the time and count. Staff had supported the person daily to learn to read a clock. They also used the digital clock on the phone which helped them be aware of time. We heard the person now enjoyed googling on the phone for correct spelling and was also enjoying books containing maths and crossword puzzles as a hobby.
• People's plans included how they communicated and if they used any communication aids or systems. Staff supported a person with limited verbal communication. Over time their confidence increased and when at a shop the person went up without any prompting and ordered what they wanted and paid for it with no support. Staff described this as 'Incredible to watch' as the person had not had the confidence before.
• People's support plans contained achievable goals with encouragement to achieve these with assistance from outside agencies. The service had engaged in the local community with people attending local facilities and maintaining paid or voluntary jobs. The registered manager was making further attempts to

source more job opportunities with local firms.
• The registered manager had developed a person-centred rota which stated how people had their one to one care and with which staff member to ensure people could access their hobbies and interests at a time suitable to them. Staff supported people to participate in and visit places that were important to them. For example, one person wanted to see a live recording of a television show. This was arranged, and the person went along and told us all about it when we met with them and how much they enjoyed it.

Improving care quality in response to complaints or concerns
• Complaints received were dealt with according to policies and procedures. These were also in easy read format and kept in each property to help people identify abuse. People were encouraged to report any concerns or complaints. People told us they were confident any complaints they made would be listened to and acted upon in an open and transparent way.
• Complaints had been dealt with appropriately by the registered manager. For example, a complaint was received from a neighbour who did not like living next to one of the properties due to the noise from one person. Staff had a one to one meeting with the person and their family and the incidents had reduced.
• The service was keen to use any feedback as an opportunity to learn and ensure such complaints are not repeated. The service provided a range of ways to do this through regular meetings, surveys in an easy read format and other meetings held with people and relatives.

End of life care and support
• No-one was receiving end of life care and support at the time of the inspection. However, people were given opportunities to explore their wishes if they wanted to.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Outstanding: Service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility
• The service was overseen by a competent and experienced registered manager, a supported living manager and a deputy who were positive role models. It was clear during the inspection that all staff placed people at the heart of the service resulting in positive outcomes for all.
• There were high levels of satisfaction across all staff. Staff were strongly collaborative and felt extremely well cared for by the registered manager, their team and the provider. One staff member said, "I've been here two or three years, it's a really lovely place. The company are really good to me, they have supported me through personal things too. Anything we need – they're there".
• The registered manager and senior team had a highly effective oversight of what was happening in the service, and when asked questions they were able to respond immediately, demonstrating an in-depth knowledge in all areas. The registered manager or supported living manager visited people in their flats every day and completed out of hours spot checks.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.
• Staff were aware of their roles and responsibilities, were motivated and proud to work in the service. All staff fed back the great sense of teamwork and the strong focus in personalised care and support for people. Staff told us they worked as a team under the leadership of the registered manager and senior team. One staff member said, "Do I feel supported - yes! I've been here eight years so things must be good? Management are great. I can call anytime and we (staff) get everything we need".
• The management team continued to effectively monitor the service's quality and risk, focusing on supporting and enabling individuals to take control of and improve their lives and reach their goals. Quality assurance was maintained by frequent auditing to pick up any issues that needed action. Commissioners had been to review the service and their findings were positive.
• The registered manager received regular updates to keep their knowledge refreshed by attending Skills for Care seminars, local forums and external training. National standards updates were provided by the provider's experienced quality assurance manager that constantly informed and updated of national standards. For example, the recent General Data Protection Regulation (GDPR) which sets guidelines for the collection and processing of personal information of individuals.

Continuous learning and improving care
• Changes were made where necessary. For example, staff recruitment at one of the services was focused on to ensure activities and outings were planned around people's needs and interests. The registered manager

had reflected that activities often took place outside 'day time hours' and to ensure that people could attend evening activities, the rota was reflected to ensure people could do the things they wanted when they wanted.
• The service had found ways to enable people to be empowered and voice their opinions. For example, involving people in developing documents for the service. This meant that people's views were considered when developing new guidance or procedures. This reflected true involvement and seeking people's views that guidance would impact upon.

Working in partnership with others
• The service had developed community links to reflect the changing needs and preferences of the people who use it. The service had worked with a local advocacy group that provided development of skills courses and a drop-in centre.
• The service worked in partnership with external agencies and professionals such as epilepsy and diabetic nurses, occupational therapists, mental health professionals to build seamless experiences for people based on good practice and people's informed preferences. Correct protocols and practices were in place.
• The service worked in close partnership with the housing providers to ensure people's homes were maintained safely. Safety had been improved at one of the properties where there had been concerns. For example, the registered manager had concerns that people could freely enter one of the supported living premises which exposed them to risk. They worked with the landlords to explain the necessary changes needed to improve people's security which was put in place.