Modus Care Limited

The Holt

Inspection report

The Holt
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Date of inspection visit:
17 March 2016

Date of publication:
29 April 2016

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 17 March 2016 and was unannounced. The home had registered with the Care Quality Commission in February 2015. This was the first inspection of the service following its registration.

The Holt provides accommodation with personal care for up to two people with learning and physical disabilities. Two people lived at the service when we visited. One had started living at the home in early 2015, having moved from another home run by the provider. The other person had only been with the service for four months.

The home is a house located on the outskirts of Exminster; a small village located close to the city of Exeter in Devon. The home had been adapted from a family home and includes two one-bedroomed units, which provided self-contained accommodation for each person living in the home, including separate bedrooms, bathrooms, sitting and dining areas. Between the two units was an office area which staff used during the day and night, when not with the people living at the home.

The home has a manager, who had been registered with the Care Quality Commission since 2015. 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 were treated with dignity and respect and their preferences were taken into account when delivering their care. Staff respected people's choices and acted in accordance with each person's wishes and preferences. - Staff understood their responsibilities in relation to the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Where people lacked capacity, relatives as well as health and social care professionals were consulted and involved in decision making about people in their 'best interest'.

Detailed risk assessments were in place for each person with actions identified to reduce risks as much as possible. People received their medicines safely and on time.

Staff supported people to become more independent and develop their skills. This included increasing people's ability to undertake personal care tasks, household skills as well as interpersonal and social skills.

Staff had a good knowledge of people's communication, care and health needs. Staff received training when they started working at The Holt. There were regular updates of training considered to be mandatory for staff. Staff were also provided training in specialist areas including epilepsy, autism, Asperger's Syndrome and positive behaviour management. Staff received regular supervision and an annual appraisal. Staff were supported to develop their skills through undertaking nationally recognised qualifications in care.

People's care records were held on a computerised system. The records provided detailed information about how to support each person. Care plans had been developed with the person, and those close to them. Staff used different communication methods to ensure people were able to be involved.

Staff encouraged people to eat a well-balanced diet and make healthy eating choices which had helped them to lose weight. People were also supported to do exercise which had increased their well-being. Staff worked with healthcare professionals including the person's GP, specialist medical staff and members of the local learning disability team. Health and social care professionals paid compliments to the home about the care provided.

Staff had completed safeguarding training and knew how to recognise signs of potential abuse. Staff knew how to report any concerns they had.

The provider had a written complaints policy and procedure. One complaint had been received in the last year; this had been investigated and responded to appropriately. . Relatives said they would speak to the registered manager about any problems and were confident the problem would be resolved. Accidents and incidents were reported and included analysis of how to reduce the risks of a recurrence.

The culture at the service was reflected in the organisations values of person centred care which promoted independence. Staff worked proactively with families and professionals to help the people they supported. The provider had quality monitoring arrangements in place. These included audits of care records and medicines management and regular health and safety checks. They made continuous improvements in response to their 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?

Good

The service was safe.

People were relaxed and happy with staff who ensured they were protected from avoidable harm.

People were protected because staff knew how to recognise signs of potential abuse and how to report suspected abuse.

People's risks were assessed and actions taken to reduce them as much as possible.

There were sufficient staff who had been recruited safely to meet people's needs.

Medicines were stored, administered and recorded safely.

Is the service effective?

Good

The service was effective.

Relatives said staff knew people at The Holt well; describing how they worked with them to ensure people had effective care.

Staff were supported through training, supervision and appraisals to work with people confidently.

Staff understood their responsibilities in relation to the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS).

People were supported to have a healthy balanced diet and to take exercise to encourage a healthy lifestyle.

Staff worked with health and social care professionals to meet people's needs.

Is the service caring?

Good

The service was caring.

Staff had very positive, caring relationships with people.

Staff involved people in decision making and supported them to express their views, which staff acted on.

People were treated with dignity and respect and care was organised around people's needs.

Is the service responsive?

Good

The service was responsive.

People received personalised care from staff who knew each person, about their life and what mattered to them.

People were encouraged to do activities they were interested in.

People and their relatives said they were confident about raising concerns. There was a complaints process. One complaint had been received in the last year. This had been investigated and responded to appropriately.

Is the service well-led?

Good

The service was well led.

There was a registered manager, who reflected the organisations values of person centred care which promoted their independence. Staff worked proactively with other professionals for the benefit of the people they supported.

Relatives and staff expressed confidence in the registered manager and described the home as well organised and run.

People, relatives and staff views were sought and taken into account in how the service was run.

The provider had systems in place to monitor the quality of care provided. They made continuous changes and improvements in response to findings.

The 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 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 17 March 2016 and was unannounced. One inspector visited the service. Prior to the inspection we reviewed information about the service. This included information we held about the service and any notifications received. A notification is information about important events, which the provider is required to tell us about by law. During the inspection the registered manager provided us with a copy of the provider information return (PIR) which they had recently submitted to the Care Quality Commission. The PIR is a form in which we ask the provider to give us some key information about the service, what the service does well and any improvements they plan to make.

Both people had limited verbal communications, so we observed interactions between staff and people during the inspection. We met the registered manager and six care staff. We spoke with a relative who was visiting on the day and also contacted, and spoke with, two relatives after the inspection. We looked at each person's care records. We looked at two staff records on the provider's online systems. The records included training, supervision and appraisal records. We looked at quality monitoring information such as health and safety checks, cleaning schedules and audits.

We contacted seven local health and social care professionals but did not receive any responses.

Good

Is the service safe?

Our findings

People appeared happy and relaxed during the inspection undertaking different activities during the day. Staff actively engaged with people during the inspection, supporting them to do each activity safely. When asked about whether they felt their family member was cared for in a safe way, a relative responded "Yes, yes and yes again! I have no concerns." Adding that staff were "On the ball." Another relative commented that staff were very well trained and had responded to an issue quickly and very effectively, ensuring everyone involved was safe.

All appropriate recruitment checks were completed to ensure fit and proper staff were employed. All staff had police and disclosure and barring checks (DBS), and checks of qualifications and identity and references were obtained. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with people who use care and support services.

People were supported by a well-trained and experienced team of staff who knew both people well and provided continuity of care for them. The registered manager explained that recognising staff who were familiar to them was really important to both the people. Each person's individual support needs were assessed and care provided in line with their needs.

There were enough staff to ensure people's care was organised around their wishes and preferences. The registered manager said that there were two staff for each person during most of the day. The staff rota was planned around each person's preferences for getting up and going to bed. At night there were two staff working, one of whom was awake and the other who slept in who could be called on if required. They described how during the Christmas period, due to the needs of people, both staff had been awake at night, although the usual shift pattern had since resumed. Although there were standard shift patterns during the day, the registered manager explained that these were adapted if the person was doing a particular activity which required more support, for example going out to a disco in the evening. When agency staff were used, the registered manager explained they used the same agency member of staff to ensure better continuity of care and familiarity.

The staffing levels meant that each person had dedicated two to one time throughout the week, with members of staff who supported them to do what they wanted. For example, one person liked to go out for walks, and required two staff to accompany them. During the inspection, a relative visited and went on a walk with the person and both staff. Staff said they had enough time to support people's care needs and ensure each person had a good quality of life.

Detailed risk assessments were in place for each person with clear actions described to reduce risks as much as possible. For example, one person sometimes got distressed and fixated about room decorations. Their care plan incorporated information about how to manage this. Risk assessments balanced the risk to the person with the freedom to have new experiences. For example, staff were trained and confident in managing a person's epilepsy and took their emergency medication with them whenever they went out.

People were protected because staff had a good understanding of how to keep people safe and protect them from avoidable harm. Staff had completed safeguarding training, and were able to describe signs of potential abuse. Staff knew how to report concerns to the registered manager, and if needed, to an external agency. No safeguarding concerns had been identified since the service had started operating. A relative described how staff had intervened when one person had got upset and tried to hurt them. They explained staff had taken immediate action to de-escalate the situation, using calming language and distraction techniques to keep everyone safe. The relative said staff had acted really professionally. Staff supported people with their monies and recording systems were in place to account for any expenditure, which reduced the risk of financial abuse.

Environmental risk assessments were completed for each part of the home and showed measures taken to reduce risks for people. For example, the home had been adapted to reduce the risk of one person bumping into door frames; these had been painted in a darker colour which had been chosen by the person. The registered manager explained that because the home had only started operating in 2015 and the site was new, there had been three reviews undertaken to ensure that all aspects were thoroughly checked. She said in future environmental risk assessments would be undertaken annually. There was an action plan to deal with issues when they were identified and systems to reduce the risks whilst the issue was being addressed had been put in place.

The home had also been specially adapted to support each person's needs before they moved in. For example one person's bathroom had been altered to accommodate a shower, and outside steps had been changed to provide a decking area and ramps for easier access.

Equipment was regularly serviced and tested and regular checks of the fire alarm system, fire extinguishers, smoke alarms, and fire exits were undertaken. A fire officer had undertaken a check in March 2016 and recorded the home was of a 'reasonable standard'. There was an emergency plan which could be put into action, in the event of a major emergency requiring evacuation of the home. People had personal emergency evacuation plans (PEEP) in place; however we discussed with the manager whether these contained all the information to give to a fire officer in the event of a fire. The registered manager said they would review the PEEP and take into consideration what would be needed.

People received their medicines safely and on time. Staff were trained and assessed to make sure they had the required skills and knowledge to support people with their medicines. Each person's medicines were kept in an individual cupboard in the staff office. Staff completed a medication administration record (MAR) to document all medicines taken. We observed one person having medicine administered. This was done safely, ensuring the correct medicine was dispensed and the person was observed taking it. Staff signed appropriately to say the medicine had been administered and taken. We checked people's medicines and found that all doses were given, as prescribed, and remaining doses were present. MAR charts were checked weekly. Any medicine errors were reported with action taken to improve medicines management and increase people's safety. Where there were any changes in people's medicines, there was detailed written information about the changes for staff to be informed about.

People were cared for in a clean, hygienic environment. Staff had suitable housekeeping cleaning materials and equipment and followed cleaning schedules. Staff washed their hands before and after providing personal care and personal protective equipment such as aprons and gloves were provided. These measures reduced the risks of cross infection.

Accidents and incidents were reported and were reviewed by the registered manager, who identified any additional measures were needed to reduce risks for people.

Good

Is the service effective?

Our findings

People had their needs meet by staff who had an in-depth knowledge of their care and health needs. A relative commented that staff were "Very well trained." Before staff worked at the service, they undertook three days of training in positive behaviour management followed by a local induction. Within the first six weeks of working they were also expected to complete a two day corporate induction. Where staff did not have at least a level two qualification in care, they were expected to complete the Care Certificate. The Care Certificate is a nationally recognised induction standard which covers 15 fundamental standards of care. New staff also worked alongside more experienced staff to get to know each person and how to support them. New staff had a probationary period to assess whether they had the right skills and attitudes to ensure good standards of practice.

The provider supported staff to have the right knowledge and skills and encouraged them to gain qualifications in care. Staff undertook regular update training such as safeguarding adults, health and safety, medicines management, fire safety, first aid and manual handling. They also undertook specific training relevant to the needs of the people they supported. For example, staff had completed training in epilepsy, autism and Asperger's. Staff were supported by the provider to enrol on training to support achievement of a nationally recognised Qualifications and Credit Framework (QCF) qualification in health and social care. QCF is the national credit transfer system for education qualification in England, Northern Ireland and Wales. One member of staff said they were currently working towards a level two qualification. Records showed the registered manager had level four qualification in leadership and management.

Staff were supported in their practice through regular one to one supervision. Staff also said they felt able to talk to the registered manager and senior staff at other times if they had a concern. Staff had an annual appraisal where they received feedback on their performance and discussed their future training and development needs.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When people 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 had undertaken training on the Mental Capacity Act 2005 (MCA) and demonstrated an understanding of how this applied to their practice. People's capacity to make decisions had been assessed and where they were deemed not to have capacity to make a particular decision, a best interest meeting had been held to involve people, such as health professionals and family, who knew the person well.

Staff supported people to make choices about day to day support and decision making, including making choices about when to get up and go to bed, what to eat and drink, and how they wished to spend their day. Care records described in each person's care and support plan what people preferred. For example 'set my own pace when I get up in the morning.' Staff said this person often chose to rise late in the morning. On

the day of inspection, staff said this person had chosen to stay in bed as they were tired from the previous day when they had been out.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). These safeguards exist to provide a proper legal process and suitable protection in those circumstances where deprivation of liberty appears to be unavoidable and, in a person's own best interests. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Neither person who lived at The Holt were able to safely leave the home unless they were accompanied. The registered manager had made a DoLS application to the local authority DoLs team for each person living at the home, as they were under the supervision of staff at all times. Documents in the care records showed both authorisations had been granted and were in date.

Each person had an assessment of their care needs and detailed care plans. These provided detailed information about the care and support the person required. A one page profile gave information about what the person liked, what was important to them, things people liked and admired about them and what staff needed to do to support them. There was also a detailed record of how to communicate with the person. More detailed care and support plans provided further information for staff about the person's physical, mental, emotional, person care, leisure and financial support needs. The plans described what staff needed to do to address each of the needs. The registered manager described how they undertook checks with staff to ensure they had read and understood each person's care plan and what they needed to do.

People were supported to see health professionals including their local GP, dentist, psychiatrist and members of the local learning disability team. Where people's health needs changed, staff took appropriate action. For example, staff had supported one person to go to a specialist in neuro-psychiatry to consider actions that could be taken to help with a long term condition.

People were supported to improve their physical health by being encouraged to eat a well-balanced diet and take exercise. Care records included details of how staff had assessed a person's understanding of what a healthy diet was. The registered manager described how they had used various techniques including using photographs to help explain aspects of a diet. This included what would help make the person feel full up and what foods were likely to cause weight increase. Staff had worked with a dietician to ensure the person was supported in making choices such as reducing portion size.

Good

Is the service caring?

Our findings

People were supported by staff who knew them well and understood what mattered to them. Throughout our visit, we saw really positive interactions between staff and the person they were working with. There were lots of friendly, light-hearted conversations and staff were considerate of what people wanted. When one person started to speak very loudly, the care worker gently encouraged them to speak more quietly by saying in a friendly tone, "No need to shout, mate." The person responded well to this and started to talk in a lower voice.

One relative described how staff were really caring, saying "I really feel they make [person] happy." They also said they felt their family member "Really trust the people working with them." Another relative said that all the staff had "Good relationships" with their family member and themselves.

Staff treated people with dignity and respected their privacy. When entering people's rooms, staff knocked on people's doors and waited to be invited in. Relatives described how they really liked that staff discreetly withdrew when they came to visit. They explained that it was important to them to have private time with their family member. However they added, staff were always closeby within calling distance if they needed their help, which they appreciated.

Staff were sensitive to people's right to privacy when supporting people with personal care and ensured privacy when a person was using the bathroom. Staff acted in accordance with the person's wishes and preferences. For example, they asked each person whether they were happy to meet with us a second time. Where one person said they did not want to talk to us at that time, staff came and told us this.

Staff paid attention to people's personal appearance and helped them with this. For example one person had had her hair done in plaits by staff and clearly enjoyed being told she looked pretty.

People were supported by staff to express their views and be involved in making decisions about their care and support, according to their ability. Staff used a variety of methods to support people to communicate and provided each person the information they needed to make choices. For example, they asked one person about going out and what they would like to do. The person said "mocha" which staff said meant they wanted to go out for a coffee. Staff described how they responded appropriately to calm, distract or reassure a person when they became anxious.

A relative said they felt able to approach the registered manager and staff about their family member's care. They said they were very satisfied with the home and really happy that their family member was being so well looked after.

Good

Is the service responsive?

Our findings

People received care that was personalised and responsive. Staff knew people well, understood their needs and cared for them as individuals. Each person had their own suite of rooms which had been personalised in terms of decoration and contents. Adjustments and adaptations to these rooms had been undertaken to ensure they met each person's individual needs and preferences.

After one person had moved in, staff from where they had previously been staying, had spent time at The Holt working with the new staff. This had helped to make the transition less stressful for the person.

We asked the registered manager whether there were any house meetings. They said at the time of the inspection, one person preferred not to get to know the other person. They said they respected this so therefore worked with each person individually so they could contribute to how the home was run. The provider information return (PIR) described how the service had used a 'Your Views" questionnaire to get feedback from people. However the PIR described how the service was looking at other ways to get feedback from people which would be more appropriate for them.

People's care records included a detailed assessment of their care and treatment needs. People, such as relatives and other professionals were consulted and involved in reviewing and updating each person's care plan regularly to ensure their care was still suitable for their needs. A relative said they had access to the person's records and were always involved in contributing to care reviews.

Care records described the person, including what made a good day for them and things that made them anxious. For example, one person's care and support plan described how the person felt other people liked and admired 'my singing voice and my laugh'. Daily records described the care given, what the person had done and how they were.

People were supported to access their local community and keep in contact with friends and family. Both people saw members of the family every week when they visited the home. Relatives described how staff supported them to have private time with the person, although also said staff were always around to help when they were needed.

Staff supported people to maintain or increase their independence and learn new skills. Staff described how they supported each person to prepare food and undertake some personal chores. For example one member of staff described how a person had been "helped to develop their levels of skills, for example [person] is now able to wash and wash their hair." They also described how the person was encouraged to get involved in their own household cleaning tasks including changing their bedding. They also explained that the plan was to support the person to have a better understanding of money, for example the cost of some items and what coins to use.

People's care plans were developed with the person, and their relatives who knew them well. Care plans were held on an electronic system. People were able to view and contribute to these. The registered

manager said one person had chosen the colours for their pages on the computer and had also helped provide information. For example the person had said how they liked to be addressed in formal situations as well as informally. A relative described how one person "really needs activity" saying how staff were very good at persuading the person. They continued by saying how impressed they were that the person had been encouraged to do activities including swimming, going to the theatre as well as going out for meals, which had helped the person to "settle and become much happier". They described how they felt this was making a real difference to the person and how they had seen improvements since the person had come to live at The Holt.

The provider had a written complaints policy and procedure. Staff talked to people throughout the day and any worries, grumbles or concerns were noticed and dealt with straight away. Relatives said they knew how to complain but had not had any cause to do so. They all said they knew the registered manager and staff well and felt able to raise any issue with them informally. One relative described how whenever they had made a suggestion, they had been really pleased at the speed of response and the outcome. The registered manager said they had received one complaint in the previous year from a member of the public. The complaint had been investigated and responded to appropriately.

We saw email feedback from two social care professionals who had complimented the registered manager about the helpfulness of staff. One described how staff knew the person well and provided encouragement and guidance to support the person's independence with calm, confident and caring manners. The second described how staff were well informed and really understood the needs of person they were supporting.

Good

Is the service well-led?

Our findings

The provider is an organisation which provides specialist care for people with autism and Asperger's Syndrome to people in Devon and Surrey. Its website described it as 'providing a person centred approach to ensure the needs of the individual can be met and are diverse and developing in their provision'. This approach was evident throughout the inspection. Feedback from relatives confirmed that they felt this to be the case.

The service was well led by a registered manager who said she was supported by senior managers from the provider organisation. She described how senior staff undertook quality monitoring visits as well as giving support to her. The registered manager described how they felt it was important for people living at The Holt to be as independent as possible and supported to do activities they enjoyed. The registered manager worked alongside staff providing this support and guidance. All the staff we spoke with described how important it was to help people do what they wanted to do.

Staff said they enjoyed working at The Holt and found the registered manager very supportive and available at any time. A senior care worker said "If staff need additional support, [the registered manager] will sort it out." One staff member said "I love my job, it's really good here." Another member of staff said "I feel really comfortable working here, I have been shown what to do and feel really supported when I am not sure."

The registered manager held regular staff meetings where the work of the home was discussed. Staff were expected to contribute ideas and also to develop an understanding of quality assurance. For example minutes of one meeting showed how they had worked together to identify how they were meeting the key lines of enquiry used by the Care Quality Commission (CQC) when doing inspections.

Staff said they were involved in decisions about the service and their views were sought and acted on. During a staff handover meeting at the end of a shift, we observed staff feeding back information and contributing to ideas.

There were effective quality monitoring arrangements in place. These included regular audits and checks of care records, medicines management and the environment which identified any issues. These then were raised and discussed with staff. Accidents and incidents were monitored so any themes or trends could be identified and steps taken to reduce risks. The registered manager undertook a quarterly quality assurance exercise and an area manager completed an annual audit. An action plan was developed to address issues that were identified. This showed the service was committed to continual improvement.

There were policies and procedures in place to guide staff, which were regularly reviewed and updated. The registered manager kept up to date with regulatory changes. They were aware of any events that needed to be notified. A notification is information about important events, which the provider is required to tell us about by law.