

## Holmleigh Care Homes Limited

# Denmark House

### Inspection report

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### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

This inspection took place on 19 June 2015 and was announced.

Denmark House is a newly registered care home which provides accommodation and personal care for up to six people with an autistic spectrum disorder or learning disability. There were four people living in the home at the time of our inspection. The home specifically supports young men who are autistic and are known to behave in ways others may perceive as challenging. The

home has a secure back garden and is situated on a quiet residential street. It comprises of five self-contained one bedroom flats. An additional ground floor bedroom is planned to be used for short term stay purposes only.

A registered manager was in place as required by their conditions of registration. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

# Summary of findings

Denmark House had only been open for approximately six months at the time of our inspection. People who lived at the home had complex emotional and behavioural needs and required a lot of support. People were adjusting and settling into their new home. Each person had their own adapted flat but could also relax and eat in the communal lounge and dining room. They were supported by high levels of staff due to their complex emotional and behavioural needs. Support strategies had been put in place to help people cope when they became frustrated or upset. Staff had been trained to support people in a caring manner in line with best practice. Details and guidance about the level of support people required were thoroughly assessed and recorded. Staff encouraged people to make their own decisions and retain their independent skills. People enjoyed the meals provided and taking part in activities.

The home had an established staff team who were familiar with people. Systems to recruit suitable staff were in place. Staff were supported and trained to carry out their role. Staff worked well together to ensure the safety of people and each other. Staff meetings had been implemented so staff could share information about people and the running of the home.

The registered manager was knowledgeable about providing a service for people with complex needs. The provider and registered manager had adapted the home and people's flats to meet their needs. Systems and policies were in place to monitor the quality of the service provided. Actions plans were produced to address any identified shortfalls. Relatives felt comfortable about raising concerns with the senior team.

# 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?

This service was safe.

People with complex behavioural needs were supported well. Thorough risk assessments had been put in place to give staff guidance on how to support them. Staff were knowledgeable about their role and responsibilities to protect people from harm and abuse.

Staff had been effectively recruited and trained to carry out their role. Staffing levels were suitable and flexible to meet the needs of the people who stayed in the home.

Arrangements were in place to make sure people received their medicines appropriately and safely.

Good



### Is the service effective?

This service was effective.

People were involved in making decisions about their day. Staff understood the importance of acting in people's best interests if they did not have the capacity to make specific decisions for themselves.

People were supported to access other health care and specialist services when needed. People's dietary needs and preferences were catered for.

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

Good



### Is the service caring?

The service was caring.

People's privacy, dignity and decisions were respected and valued by staff. They were encouraged to express their choices and preferences about their daily activities.

Relatives told us staff were kind and friendly. People looked calm and relaxed around staff. Staff knew people well and understood their different needs and adapted their approach and communication accordingly.

Good



### Is the service responsive?

The service was responsive.

People's care needs were assessed, recorded and reviewed. Staff understood people's individual care needs and risks and responded accordingly. People were encouraged to participate in activities in the home or community.

Relatives told us their concerns were listened to by staff and acted on.

Good



### Is the service well-led?

The service was well-led.

The registered manager supported people and staff and led by example. Staff understood their role and expected care practices. The registered manager and provider had kept up to date with regulatory changes and current practices.

Good



# Summary of findings

Monitoring systems were in place to ensure the service was operating effectively and safely.	
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# Denmark House

## Detailed findings

### Background to this inspection

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

This inspection took place on 19 June 2015 and was announced. 24 hours' notice of the inspection was given because the service is small and staff are often out in the community supporting people with their activities. We needed to be sure that they would be in.

The inspection was carried out by one inspector. This service had not been previously inspected as it was a newly registered service.

Before the inspection, we examined other information that we held about the provider, including statutory notifications. Statutory notifications are information which the provider is required to send us about significant events and incidents.

On the day of our inspection, the registered manager was able to provide us with documents which contained some key information about the service including what the service does well and improvements they plan to make.

We looked around the home and talked with two members of staff and the registered manager. We were introduced to all the people in the home and observed how staff interacted and communicated with them. We looked at the care records of four 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. After the inspection we spoke with three relatives by telephone.

# Is the service safe?

## Our findings

People's medicines were given as prescribed and at the appropriate time. Some people had medicines which were administered when needed, such as when they became very anxious or required pain relief. Protocols and guidance were in place so staff knew when to administer these medicines. Medicines which were administered when needed were generally managed well. However, the recording of new and existing medicines in stock was not clear and consistent. This had resulted in the stock of one person's medicines being incorrect by half a tablet. The registered manager told us they would review the method of recording the stock of medicines and reinforce the practice amongst staff who were responsible for their medicines.

People were given their medicines as prescribed to them. Their medicines were ordered, stored and managed by staff who had been designated and trained in administering and managing medicines. The competency levels of staff managing people's medicines were reviewed every six months. A senior staff member was being trained to help take on the responsibility of managing people's medicines. Records of when people had taken their medication medicines were accurate. One person chose to store their medicines in a safe cabinet in their own flat.

Good recruitment practices were in place to ensure that people were being supported by suitable staff. References had been obtained and recorded. Disclosure and Barring Service (DBS) criminal checks had been carried out on all staff before they started to work with people. A DBS check lists spent and unspent convictions, cautions, reprimands, final warnings plus any additional information held locally by police forces that is reasonably considered relevant to the post applied for. However the reasons for one staff member leaving their previous employment had not been identified or investigated. This meant the registered manager did not know if there was any untoward reason for this staff member having left their previous employment and if this may have put people at risk. The registered manager told us this would be addressed. All new staff were thoroughly monitored and supervised to confirm they had good work and care ethics before they cared for people.

People's personal and behavioural risks had been identified and were managed well. For example, removing

objects which may be destroyed if the person became agitated or used to self-harm. We were told some people sometimes had insight into these risks and may request that items are locked away. Other risks were being managed by developing structured routines and the opportunity for people to have time in their own flats. The way staff supported people who acted or spoke in way that could upset others was consistent. Staff told us they were learning about people's behaviours and how to support them in a caring but least restrictive way. They used opportunities such as handover meetings to share this information amongst the team.

People's risks were thoroughly documented. People's day to day behaviour and activities were recorded so staff could recognise if their behaviour was changing and detect any patterns. Supporting interventions had been identified and recorded to give staff clear guidance on how to de-escalate a situation if people became frustrated or upset. Staff were developing an understanding and rapport with people and encouraging positive behaviour. They were able to tell us how best to support people if they became upset or started to self-harm, such as giving them personal space or trying to distract them with an activity. People were being supported to understand the consequences of their actions if they damaged their personal belongings or their environment.

Physical intervention and restraint was used at the last resort. People's care records and risk assessments gave staff guidance on the physical intervention techniques to be used to ensure the safety of staff and people and reduce the risk of harm. All incidents had been analysed and recorded. A representative from the provider visited the home monthly to discuss and monitor the levels of physical intervention. A recent audit had identified that more detail was required in the recordings of incidents and also to increase the level of reflective learning and debriefing with staff after the incident. Records showed that staff had sought advice from support services within the local authority when people's behaviour was putting themselves at risk of harm.

The staffing levels in the home were determined by the needs of people and their activities. People required high levels of individual support throughout the day to ensure they were adequately supported and protected if they showed signs of self-harm or frustration. Most people also required additional members of staff for support when they

## Is the service safe?

went out into the community. A system was in place to rotate staff to safeguard people from becoming dependent on any one staff member. We were told that consistent and familiar staff members were crucial to the success of the home and the ability to manage people's emotional and behavioural needs. Staff from one person's previous home were being used to help them to settle into Denmark House and to teach other staff their preferred routine and preferences. The registered manager managed two of the provider's homes and was planning to introduce all staff to both of the homes so they could assist with any unplanned staff absences or where there was a shortfall in the staffing levels. The registered manager told us they would not use unfamiliar agency staff as this would be detrimental to the people who lived in the home.

An on call system was in place if additional support was required out of hours. The registered manager said, "I always ask the staff to inform me if there are any incidents

when I am not here." Staff had access to a work mobile phone if they needed support and guidance when supporting people in the community. Staff had been issued with a personal alarm which would be used if they felt they or others were in immediate danger and they required assistance.

People were safe because staff understood their responsibility to protect people from avoidable harm. Staff were knowledgeable about recognising signs of abuse. They were able to tell us their actions if they suspected people were being harmed. A safeguarding policy and contact details were provided to inform staff where to report their concerns. One staff member said, "I would have no hesitation in reporting the home if I felt that somebody was purposely being harmed." 'Say No to abuse' which was an easy read and pictorial safeguarding policy for people was also available. Relatives told us they were confident that their loved ones were safe living at the home.

# Is the service effective?

## Our findings

People had been involved in the decision to move to the home. Where people had lacked capacity, other significant people such as their social worker and family members had been involved in helping them to make this decision.

People's rights were protected by the correct use and implementation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make certain specific decisions for themselves. The DoLS protect people in care homes from inappropriate or unnecessary restrictions on their freedom. The registered manager understood their role and legal responsibilities in assessing people's mental capacity and supporting people in the least restrictive way. Most staff had completed training in the MCA and DoLS however the registered manager needed to ensure that staff were clear on how this legislation was applied to their practice and people living in the home.

Where possible, people were encouraged to make decisions for themselves and had been involved in the planning of their care and day to day decisions. Staff supported them by providing additional information to help them make a decision such as reminding them of items they had previously bought if they wanted to go shopping. Where people were required to make significant decisions about their care and support, other significant people such as social workers and their families had been involved. For example, a best interest decision had been made by significant people and health care professionals for one person who had moved from another care home. It was felt that the individual flats and size of Denmark House would suit this person better. Records showed the assessment and rationale behind this decision and who had been involved.

People's liberty had been restricted to reduce the risk of harm. For example, certain rooms and cupboards in the home were locked and people were continually supervised. The registered manager had appropriately applied to the local authority for authorisation to do this. The registered manager was reapplying for the authorisation of one person's deprivation of liberty as the authorisation from their former home was not transferable to Denmark House.

Staff were supported and trained so they were able to care for people in an effective way. The knowledge and skills of the staff team was developing as new people moved in to the home. Most people required minimal support and prompting with their personal hygiene and physical care needs. However, they required a lot of emotional support and guidance to help them deal with incidents of feeling frustrated or unable to manage their own feelings and mood. Staff had been trained to observe these signs and to intervene and support people before their mood escalated.

New staff had attended an induction course and their level of competency was checked before they started to care for people through regular observations and support meetings with the registered manager. New staff were given a period of time to shadow an experienced member of staff and get to know the people in the home. Staff told us they felt supported and could raise any concerns with the management team.

Staff training was being monitored and planned to ensure that staff were knowledgeable in current and relevant practices. Staff told us they felt sufficiently informed and trained to perform their role. One staff member said, "The manager and staff here have really helped and supported me. They want to see you progress and develop." The registered manager was sourcing and planning further training for staff such as an in-depth understanding of supporting people with autism and understanding behaviour that may be perceived to be challenging.

People were supported to regularly attend their routine health appointments such as dentists' and doctor appointments. They were supported by a GP who had an interest in caring for and treating people with learning disabilities. People's care records showed that referrals to specialised services such as the behaviour and speech and language services had been made.

Staff told us they were learning about people's food and drink preferences. People were encouraged to have a well-balanced diet and were routinely weighed. Staff told us they supported people to eat healthily although they enjoyed having treats and a take-away meal on Friday evenings. Staff helped people to plan and shop for a weekly menu and additional food. Alternative meals were available if they didn't like the meal option on the day. We were told some people enjoyed the routine of having a milky drink before bedtime which helped to provide a calm period before going to sleep.



# Is the service caring?

## Our findings

People were supported by staff who were kind and passionate about supporting them to have a good quality of life. People appeared happy and contented with staff and each other. People required intense support from staff. This had the potential to be challenging for people and staff. As a result, the relationships between people and staff were being closely monitored by the senior management team so any problems could be quickly addressed. Staff maintained dignified and professional boundaries at all times. We observed staff speaking to people respectfully. They explained why we were visiting the home and asked their permission to show us their flats.

Relatives were positive about the care provided in the home. We received comments such as, “The place is fantastic and the staff are wonderful” and “I can’t praise the staff enough. They have given my son his life back.”

Staff were learning about people’s individual communication skills, abilities and preferences. They were able to adapt their approach and communication to ensure they understood people’s views and choices. People used various methods of communication to express their views. For example, some people used a combination of nationally recognised hand signals and their own verbal and non-verbal communication to express their feelings. Other people were able to verbally communicate but did

not always understand the implications of what they said, which could appear hurtful or discriminatory to others. Staff had been supported and trained to understand their behaviour and words and responded appropriately to these diverse situations.

People could choose to spend time in communal areas such as the lounge or in their own flat. People’s welfare and well-being was paramount, however, people who wanted to spend time alone were supervised and observed from a suitable distance. This allowed them to have some private time without their safety being compromised.

We were told the aim of the home was to encourage people to become more independent and give them opportunities to explore and experience new activities in and out of the home. One staff member said, “We are taking tiny steps with people. They need to feel safe and trust us.” People were given information to help them to make decisions about their day. People had started to decorate their bedrooms to their personal taste and preferences. The registered manager was arranging for a picture to be mounted on the wall of one person’s day trip. They had chosen where it should be displayed. People’s sensory likes and dislikes had been considered. For example, black out blinds and dimmed lighting had been used for people who were sensitive to light. We were told people would be consulted on the decoration of the lounge and dining room once they had settled in.

# Is the service responsive?

## Our findings

The aim of Denmark House was to provide suitable strategies to help people manage their frustrations in a safe and secure environment. The physical and emotional needs of people had been thoroughly assessed before they moved into the home. This was to ensure that the home was a suitable environment and the staff could provide the level of support and care they required. Where possible, people had been involved in planning for their care. Information had been sought from the person's previous home, their relatives and other professionals involved in their care, to gain an insight into their backgrounds and support requirements. The registered manager said "Their care plans are not complete yet. We are still learning about the service users and trying to work out what makes them happy or frustrated, in particular what are the triggers that make them upset and challenging." They went on to tell us that their care records are constantly being reviewed as people were settling into the home and the dynamics of the home were changing as people moved in.

Each person had their own flat within the house. This allowed them to have their own personal space within the home. Staff were observing and learning about each person to understand their needs and how they reacted and coped in different situations and environments. The provider and registered manager were working with people to understand how their environment could be further adapted to meet their needs. The level of facilities and furniture in their flats was mainly determined by people's risks. For example, stronger bathroom facilities and furniture had been installed where people were known to potentially damage these objects. We were told that these could be replaced and removed at any time depending on the progress and wishes of people. The registered manager said, "We are getting to know the service users and we find out something new about them every day." They went on to give us examples of people's preferred routines and preferences which they had discovered since living in the home. Staff were encouraged to read and also contribute to people's care records if they observed any significant behaviours or preferences. More pictures and personal photographs were being used in people's care records; however people's profile photographs were not always up to date.

Guidance was in place for staff to help distract people becoming upset or frustrated, especially in high risk areas such as in riding in a vehicle or out in the community. People's care records were centred on their needs and personal preferences. Guidance was given to staff on people's preferred routines and how they should promote people's independence such as with personal hygiene activities. Important information about people was shared between staff to ensure there was a consistent approach and people's progress was monitored and recorded in daily notes.

People were encouraged to carry out activities individually in the community and around the home. Where appropriate, people had been encouraged to start to carry out some activities with other people who lived in the home. Staff told us that a structured activities plan was not yet in place as they were working with people to explore new activities in the area. For example, some people had tried swimming and visiting a local disco. The registered manager said, "At the moment we have no specific structure about their activities, we take each day as it comes and discuss with the service users what they want to do." We were told that for some people this was working well as they didn't become anxious about waiting for a planned activity. Staff were responsive to people's needs and wishes. One person requested to go shopping during our inspection. Staff arranged alternative transport to take this person into the local town as the home's vehicle was not available. Records and photographs showed that people were being encouraged to take part in activities. Plans were being discussed to develop the garden to provide a safe area for people to relax and socialise in.

People were encouraged to maintain links with their families and other people who mattered to them either by visiting them or communicating with them by telephone. Some families visited the home. One relative said, "Denmark House is great. When you visit, the first thing you notice is the staff are wonderful, they are genuinely caring and understanding."

The registered manager told us they had not received any formal complaints since the home had opened. The registered manager visited the home frequently and spent time with people in the communal areas. We were told this time was key to their role so they could observe staff members' care practices and watch for any signs that a person was unhappy. Relatives told us that the registered

## Is the service responsive?

manager and staff were approachable and any concerns that had been raised were acted on. 'Service user meetings' had started to be implemented to give people the opportunity to raise any concerns or make suggestions such as activities and meals.

# Is the service well-led?

## Our findings

The registered manager had worked for the provider for several years and was knowledgeable about supporting people with complex emotional and behavioural needs. The registered manager's role had initially been to ensure the home was safe and secure before people started to move in and that there was a competent staff team who were able to support people in a caring manner in line with best practice.

There was a strong sense of team work amongst staff to ensure that people and staff remained safe in the home and out in the community. The registered manager said, "It was important that we got this home right. Having individual flats within a registered care home is unusual, but it is working. The service users are enjoying having their own flats but have the option to join others in the lounge if they wish." Relatives and staff confirmed that people's general behaviour and emotions had been significantly calmer since living at Denmark House.

People and staff were comfortable around the registered manager. Communication amongst everyone in the home was open and relaxed. Relatives told us they had confidence in the registered manager's ability to run the home. One relative said, "The manager is very good. I know I can always pick up the phone and speak to them." Another relative said, "They always involve me with any big decision, but I know he is enjoying living there."

Staff told us they felt supported by the registered manager. One staff member said, "The manager and the other staff here are very good and very supportive." Staff who showed signs of leadership potential were being developed within their role to take on more responsibility such as supporting junior staff. Staff meetings were being developed to give

staff the opportunity to discuss any concerns about the progress of people and the running of the home. A new observation tool was being introduced to record and monitor the care practices of staff. This would be used to complement the personal development and support of staff. Staff understood the values and principles of the home to achieve greater independence and wellbeing for people who lived in the home. This was evident in their care practices, for example we observed staff responding to one person in a dignified manner when they became irritated with a situation.

The registered manager received support and training from the provider and other managers within the organisation. Information relevant to the services provided was shared and discussed at the provider's monthly managers meetings. The registered manager and staff had developed strong working relationship and links with external health care professionals. This enabled them to seek specialist advice and support for people when required. The provider's policies and procedures had been reviewed and updated so they reflected the practices of Denmark House and the new health and social care regulations.

A representative from the provider and the registered manager monitored the quality of the service provided by carrying out regular checks such as health and safety checks and infection control audits. The registered manager was working on an action plan as a result of a recent monthly audit.

People's general accidents and incidents within the home and in the community had been reported and recorded. The registered manager had plans in place to review and analyse any accidents twice a year to identify any patterns or trends.