Holmleigh Care Homes Limited

59 Hatherley Road Residential Home

Inspection report

59 Hatherley Road
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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

Summary of findings

Overall summary

59 Hatherley Road provides accommodation and personal care for up to three people living with a learning disability. The home is situated on a quiet residential street. It comprises of a lounge/dining room, kitchen, three bedrooms and a bathroom. People have access to a private back garden.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

Staff focused on the care needs of each individual and adapted their approach and level of support as required. Staff knew people's individual communication skills, abilities and preferences. We observed that the staff approach was caring and kind. They talked to people with dignity and respect and supported people to make decisions about their life and day to day needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

People were consulted about the meals they would like to eat. They contributed towards household chores and enjoyed a range of activities in the home and in the local community. People and their relative's views were encouraged and valued. Staff acted promptly when concerns were raised.

People had detailed care plans which reflected their abilities and support requirements. People's risks had been assessed and were being monitored.

The systems to manage people's finances had been reviewed and updated. People benefited from a safe service where staff understood their safeguarding responsibilities and to support people to manage their personal risks. Referrals to health care professionals had been made appropriately when additional support was needed. Peoples' medicines were managed and administered safely.

The service followed safe recruitment practices. There were sufficient numbers of skilled and trained staff to meet people's health and welfare needs. Staff felt supported by the registered and deputy manager. Quality assurance systems were in place to monitor the quality of service being delivered and the running of the home.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

This service was safe.

Effective systems were in place to support people in managing their own money.

People were supported by staff who had been suitably recruited.

Staff were aware of their responsibilities in recognising and reporting any allegations or incidents of abuse.

People's risks and safety were assessed and managed to protect people from harm.

People were protected by safe and appropriate systems in handling and administrating their medicines.

Is the service effective?

Good

The service remains Good.

Is the service caring?

Good

The service remains Good.

Is the service responsive?

Good

The service remains Good.

Is the service well-led?

Good

The service remains Good.

59 Hatherley Road Residential Home

Detailed findings

Background to this inspection

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

This inspection took place on 28 April and 2 May 2017 and was announced. A short amount of notice of the inspection was given because the service is small and staff are often out in the community supporting people with their activities. We needed to be sure that they would be in.

The inspection was carried out by one inspector. This service was last inspected on 5 November 2015. Before the inspection we examined other information that we held about the provider and previous inspection reports.

We looked around the home and talked with two members of staff, the deputy manager and the registered manager. We spoke to one person and observed how staff interacted with the people who lived in the home

We looked at the care records of two people and records which related to staffing including their recruitment procedures and the training and development of staff. We inspected the most recent records relating to the management of the home including quality assurance reports.

Good

Is the service safe?

Our findings

At our inspection of November 2016, we found that the provider did not have effective systems in place to monitor people's finances and protect them from financial abuse. The provider sent us an action plan to tell us how they would protect people from financial abuse. During this inspection, we checked if they had met their legal requirements and found that significant improvements have been made to the management and accountability of people's finances.

The provider had reviewed their policy of 'supporting service users with their personal finances' to ensure staff have clear guidance on how to support people with their money. People's money was now checked and accounted for by staff three times a day during each staff handover period. The registered manager also carried out regular audits of people's money and their expenditures. We examined the day to day finances of two people and found there was a clear audit trail of people's money being checked in and out and any purchases made. People benefited from a safe service where staff had been trained and understood their safeguarding responsibilities to protect people from harm and abuse. Where concerns had been raised about the safety of people who lived in the home, the registered manager had acted promptly to safeguard people from further abuse.

The provider had acted on the concerns raised during a fire safety inspection to ensure people remained safe in the home. Records showed people had a personal evacuation plan in place and had taken part in regular fire drills. Protocols and care plans were in place to guide staff on the management of people's risks. For example, protocols were in place for people who had known unstable medical conditions. However, there was limited guidance for staff, if people's wellbeing relapsed. For example, staff had supported one person with their personal risks and had helped them to implement alternative coping strategies. However there was limited recorded guidance of the actions staff should take to support this person if their coping abilities deteriorated.

People were supported by suitable numbers of staff to meet their needs. Staff supported people alone but an additional staff member was made available from mid-morning to mid-afternoon to assist people with their support needs, health care appointments and activities.

An effective recruitment system was in place to ensure that were people were supported by suitably vetted staff. The registered manager was supported by the provider's human resources department to assist them in recruiting staff and carrying out employment and criminal checks on new staff. After the inspection we spoke with the representative of the provider to discuss the provider's recruitment processes. A new recruitment process had been implemented across the provider's services to ensure the registered managers reviewed all documents relating to staff recruitment to confirm they were of good character before they started to work with people in their service. People who lived at the home were introduced to potential new staff members and had the opportunity to ask them several questions. Their views and opinions were considered when offering new staff a role to work at the home.

People's medicines were being managed and administered in line with national best practice guidelines.

Medicines were mainly ordered, stored and dispensed from dossette boxes. Dossette boxes are pre-sealed containers which contains the correct dosage of medicines required at specific times of the day. Any medicines stored in their original containers where accounted for twice a day. Medicines Administration Records (MAR charts) had been completed appropriately with no gaps in the recording of administration on the MAR charts. Staff had been trained to manage and administer people's medicines. Regular audits were undertaken by the managers of the home to check on the management of people's medicines.

Good

Is the service effective?

Our findings

People were being supported by staff who had the opportunity to maintain their skills and knowledge. Staff were positive about the training they received and felt trained to carry out their roles. The deputy manager overviewed the training needs of staff to ensure their practices and knowledge were up to date as well as reviewing the qualifications of bank and agency staff. Records showed that plans were in place for staff to meet privately with their line manager to discuss their personal development and any concerns. New staff were required to read the provider's a policy and procedures and people's care plans as well as shadowing experienced staff and attending the provider's induction training programme.

People were supported and encouraged to consent to their care and treatment. For example, people's care plans stated that staff should support people to make health care appointments if required and use simple language to help them make decisions about their care.

Staff respected people's decision about their care. For example, one person felt unwell during one of the days of our inspection. Staff discussed their symptoms with them and asked if they would like to see their doctor or seek additional medical advice. The person declined the options given to them. Staff discussed the person's symptoms and their decision and observed the person and enquired about their wellbeing throughout the day.

Where required, people's mental capacity to make decisions about their care had been assessed. For example, people mental capacity to manage their personal finances had been assessed. However whilst people's financial care plans had been reviewed, people's mental capacity to manage their finances had not consistently been reassessed. This was raised with the registered manager who stated they would take immediate action to review people's mental capacity assessments. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental capacity Act. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had applied to the local authority to deprive one person of their liberty as they were continually being supervised. Staff were aware of their responsibility to support people in the least restrictive way.

People told us they liked the meals provided and were able to make choices about what they had to eat. Staff met with people weekly to discuss and plan the meal options for the following week. Staff were all aware of people's dietary needs and preferences and assisted them to make healthy choices. One person was being encouraged to have a low sugar diet as recommended by their dentist.

People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professionals. Health care professionals spoke highly of the care and support people received in the home.

Good

Is the service caring?

Our findings

People were supported by carers who were kind and passionate about supporting people to have a good quality of life. People had developed a positive and open relationship with staff. Throughout our inspection, we observed staff speaking to people in a compassionate and respectful manner. People were relaxed in the presence of staff and approached them to ask for advice or enquire about the days activities. We saw staff and people chatting and laughing about everyday events. One person told us they enjoyed the company of staff and found them very supportive. They said, "Yeah, the staff are ok here. I get on with them alright."

People were involved in their choices about their daily routines and activities. Their views were listened to. People freely moved around the home and helped towards making lunch and hot drinks

Staff knew people well. They were knowledge able about people's individual social and communication needs. They gave people the time to express their feeling and views. Staff treated people with dignity and respect at all times. Staff respected people's privacy when supporting them with their personal hygiene needs. They gave people the choice to have support if they required it. When people became anxious, staff provided them with reassurance and support in a dignified manner. They approached people calmly, made eye contact them and held their hand to provide additional reassurance if required.

Staff and the managers understood their responsibility to support people to have the right to a private and family life and be free from discrimination. Staff also supported people to understand the diversity and cultural needs of others. For example, one staff member shared a video of their religious beliefs with people and answered their questions about their religious practices and required standard of dress. The registered manager and deputy manager told us this had been carried out in a warm and inclusive manner and allowed the people's to discuss their individual beliefs.

Good

Is the service responsive?

Our findings

People were supported by a service which was responsive to their needs. The support staff provided was person centred and focused on their individual care and support requirements. Each person had a care plan which provided staff with the information they required to support people with their needs including their personal care needs, financial support and emotional well-being. Records showed people's care plans had been reviewed regular, however records of people's changing needs had been recorded. These changes had not always reflected in their care plan. A summary of people's personal background and support needs had been developed for agency staff to read to assist them become familiar of people's needs. Handovers took place between each shift to ensure staff were aware of any changes to people's care needs and to ensure a consistent approach.

We reviewed the support of one person who had moved in the home during the time of our last inspection. The registered and deputy manager gave us examples of how the person had progressed in their health and mental well-being with the support of staff. For example, they had reduced the need to have regular medicines to assist them with sleeping and had gained weight. They said, "We have taken really small steps with them and slowly increased their level of trust in us, which has had a really positive impact on them." Another person had been supported to learn to manage their feelings of anxieties without the need of medicines. Staff showed a good understanding of the triggers for a person's anxiety and how they supported them.

59 Hatherley Road is a small home in an urban residential area. Staff respected that they were working in people's own home. Staff had consulted with people about choosing new furniture for the lounge and were planning to decorate the lounge and re-floor the bathroom. Staff had supported people to reconnect and build on their relationships with their families. They had provided people and their families with opportunities to meet in a safe and supportive environment.

People were supported to maintain hobbies and interests and been involved in local events and clubs. We were told staff had supported people to change activities due to some closures of local clubs. People were supported to maintain their independence and community involvement.

Since our last inspection, no formal complaints had been made to the registered manager. We were told that any complaints would be logged, investigated and where necessary discussed with staff as lessons learnt during supervision or team meetings as part of the provider's complaints policy. People had the opportunity to raise any concerns directly to staff or at one of the home's weekly or monthly meetings. Due to the small size of the home, relatives meetings were not held however staff told us they were in continuous contact with each person's relatives or representative and any concerns where openly shared and discussed.

Good

Is the service well-led?

Our findings

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager led by example and provided less experienced staff with advice and support on how to manage situations that may challenge them. They supported staff to ensure people were at the centre of the service being provided at all times. The service had a positive culture that supported people to develop personally in their well-being.

The registered manager managed two of the provider's homes and split their time between these homes. They knew people well and understood people's physical and emotional needs. The deputy manager worked alongside staff on some shifts which allowed them to observe the care and support that was provided. Staff praised the support of both the registered and deputy manager. One staff member said, "They are both really approachable. We can talk through anything with them." A recent staff survey indicated that staff were mainly positive about their role and working at the home.

People and those important to them had opportunities to feedback their views about the home and quality of the service they received. The managers had acted on any concerns or incidents that had put people at risk of abuse or harm. People were supported to stay safe and action had been taken to prevent further harm. Staff had sought additional advice and support where needed to ensure people received the care they required.

Quality assurance systems were in place to monitor the quality of service being delivered and the running of the home. Regular internal quality audits of the service being provided had identified gaps and action had been taken, however the action taken to address the shortfalls had not always been recorded. This was discussed with the registered manager who gave us assurances that actions had been taken A representative of the provider also regularly visited the home to review the quality of the service and provide support to the registered manager and staff. The registered manager had support from the provider and the provider's other managers.