

Healey Care Limited

Holt Mill House

Inspection report

Lloyd Street
Whitworth
Rochdale
Lancashire
OL12 8AA

Date of inspection visit:
13 December 2017

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11 January 2018

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

We carried out an announced inspection of Holt Mill House on 13 December 2017.

Holt Mill House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Holt Mill House provides care and accommodation accommodates for three adults with a learning disability or autistic spectrum disorder. The home is a terraced property located on a quiet road in the town of Whitworth, Rochdale. Holt Mill House is part of a wider service provision which includes a day care facility and evening activities which are accessible to the local community. At the time of this inspection there were three people living at the home.

The service was managed by 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.

At our last inspection in March 2015, the service was rated Good. At this inspection we found the service remained Good.

During this inspection we observed people were treated with kindness, care and respect. Staff understood their responsibilities to safeguard people from abuse. There were appropriate arrangements in place in relation to the safe storage, receipt, administration and disposal of medicines and new staff were recruited safely. Risks to people's health, welfare and safety were managed well.

The service was safe, clean and well maintained and suited to the needs of the people living there. People enjoyed a varied and healthy diet and changes in their health were monitored and acted on.

Each person had a support plan which provided clear guidance on how their needs and preferences would be met. Care and support was focused on people's wishes and preferences and people were supported to be as independent as possible in all aspects of their lives. People's rights to privacy, dignity, independence and freedom of choice were firmly embedded into the culture of the home and staff embraced people's diversity.

Communication between people using the service, relatives and staff was good. People who had difficulty using words or expressing their needs were well supported by the use of other methods of communication which were known to staff.

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

least restrictive way possible; the policies and systems in the service supported this practice. People were supported to live full and active lives and use local services and facilities. Activities were provided both inside and outside the wider service and were meaningful, varied and personal to people's requirements and in line with their wishes and aspirations. People were supported to keep in contact with friends and family.

There were sufficient numbers of staff to ensure people's care and support was provided flexibly. The staff team at Holt Mill House was stable and happy and were committed to providing quality care; they felt valued, supported, well trained and respected by the management team.

Systems were in place to monitor the quality of the service provided and ensure people received safe and effective care. People's views and opinions were sought and acted on.

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 ●

The service remains good.

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.

Holt Mill 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 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.

We carried out an announced inspection of Holt Mill House on 13 December 2017. We gave the service short notice of our inspection because the service is a small care home for younger adults who are often out during the day. We needed to be sure that they would be in. The inspection was carried out by an adult social care inspector.

Before the inspection we reviewed information we held about the service including safeguarding information and statutory notifications received from the service. A statutory notification is information about important events which the provider is required to send to us by law. We also reviewed previous inspection reports.

As part of the inspection we contacted two community healthcare professionals who were involved with the service for their comments. Neither of the professionals expressed any concerns about the service.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

People living in the home had limited communication. During the inspection we spoke with one person who lived at the home and observed staff interaction with people. We spoke with two support staff and the registered manager. We also spoke with one relative following the inspection.

We looked at two people's care records and other associated documentation, recruitment and induction records, staff rotas, training and supervision records, minutes from meetings, complaints and compliments records, medication records, maintenance certificates and development plans, policies and procedures and quality assurance audits. We also looked at the report from a recent local authority monitoring visit (May

2017) and at the results from the most recent satisfaction surveys conducted by the service and by the local authority.

Is the service safe?

Our findings

We were unable to talk to some people about what it was like to live in the home as they had difficulties talking to us. However, we were able to observe the good interactions between staff and people and we observed people were comfortable and at ease around staff. One person told us they were happy living in the home. We spoke with one relative who regularly visited the home. They were confident people were treated well and said, "I have no concerns. [Family member] is safe here."

There were safeguarding and 'whistle blowing' [reporting poor practice] procedures for staff to refer to and easy read and pictorial safeguarding procedures were displayed for people living in the home. Safeguarding procedures are designed to protect vulnerable people from abuse and the risk of abuse. Staff had received appropriate training and knew how to raise a safeguarding concern. The registered manager was clear about their responsibilities for reporting incidents and safeguarding concerns.

Accidents or incidents occurring in the service were recorded and analysed in order to identify any patterns or trends and to determine whether there was any action that could be taken to prevent further occurrences. Action to be taken and lessons learned from incidents had been discussed with staff and with the senior management team. Arrangements were in place to respond to external safety alerts. People's records were stored securely and were reviewed in line with their changing needs.

Risks to people's health and well-being had been assessed and recorded in their support plans. Management strategies provided staff with guidance on how to manage risks in a consistent manner whilst ensuring people's independence, rights and choices were respected. Appropriate procedures and assessments were in place to support staff with handling people's money.

Individual assessments and strategies were in place for people who displayed any behaviour which challenged the service. Detailed information was found in their support plans to help staff recognise any changes in people's behaviour and to intervene before behaviour escalated to crisis level. Staff received regular training and support from two designated trainers within the service to help them respond safely.

Risks associated with the safety of the environment were managed well and equipment was safe and regularly serviced. The service had a business continuity plan to be followed in the event of any emergencies such as power failures or flood. Regular fire alarm checks and drills had been recorded and staff and people living in the home knew what action to take in the event of a fire. Staff had received training to support them with emergencies such as fire evacuation and first aid. However, we noted some of the first aid training was out of date. Following the inspection the registered manager advised basic life support training was booked for all staff in December 2017.

There had been no recent changes to the staff team. However, recruitment records showed a safe and fair recruitment process had been followed and that appropriate checks had been completed before new staff began working for the service. Records supported the use of a values led recruitment process which helped determine the applicant's attitude, ethics, beliefs and integrity.

The service had a good stable team of established staff who worked well with each other. This provided consistency and safety for people. Records showed there were sufficient numbers of staff, provided flexibly, to meet people's needs and keep them safe. Staff told us there was enough staff to make sure every person received a personalised service in a safe and flexible way. Any shortfalls, due to sickness or leave, were covered by existing staff; this made sure people were looked after by staff who were familiar with their needs.

There were safe processes in place for the receipt, ordering, administration and disposal of medicines. Staff had received training and recent checks of their competency had been undertaken. Policies and procedures were in place to ensure good and safe practice was followed. However, we noted the directions for application of external medicines were not always clear and the temperatures of medicine storage areas had not been monitored. The registered manager assured us this would be addressed and we were notified additional training was being planned for all staff.

We looked at the arrangements for keeping the service clean and hygienic. The service was clean and odour free. There were infection control policies and procedures in place for staff reference and all staff had been trained in this topic. Laundry facilities were sufficient for the size of the home.

Is the service effective?

Our findings

A relative told us the staff were skilled and knowledgeable and they were very happy with the support provided. They said, "[My family member] likes it at Holt Mill House. The staff are great."

Records showed staff received a wide range of training to give them the necessary skills and knowledge to support people properly. Staff confirmed they received the training, supervision and support they needed. However, we noted there were a number of gaps in the training matrix which indicated staff had not received recent update training. We discussed this with the registered manager who assured us the matrix would be updated to reflect the current training status of staff.

Records showed new staff completed an in depth accredited induction training programme to make sure they were confident, safe and competent in their role. There were systems in place to ensure communication was effective. Staff had a very good understanding of people's needs and preferences which meant people received effective care from well supported and well informed staff.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. 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 MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

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. We found three DoLS applications had been authorised. People's support plans reflected the support they needed with making safe day to day decisions and showed that best interest processes had been followed. There were policies and procedures to support staff with the MCA and DoLS and all staff had received training in this subject. We observed people were encouraged to make their own choices and decisions where possible, and were supported by staff.

People, where possible, were involved in the menu planning and went shopping to local shops and supermarkets with staff. Menus were available in pictures and words and people were supported to eat healthy food and to drink sufficient amounts of fluids. From our discussions it was clear that staff had good awareness of people's dietary preferences. Records included information about people's nutritional risks and needs such as poor nutrition, dehydration and any swallowing difficulties. Where people were identified as being at risk, the staff liaised with healthcare specialists. People's weight was monitored at regular intervals.

Each person had a detailed health action plan. People were supported to attend routine screening and healthcare appointments and with improving their health. For example, prior to admission to the home one

person's medicines meant they had needed regular minor surgery. Staff had supported them with consistent and careful treatment and support which meant regular surgery was no longer needed. This had made a big impact on the person's health and well-being. The registered manager and staff had good links with social and healthcare professionals in order to ensure people received a prompt and coordinated service.

Each person had a hospital grab pack which was designed to inform healthcare staff about the person's needs, likes, communication methods, behaviours and interests. The grab packs were completed in detail and kept up to date. In the event of an admission to hospital we were told staff would accompany people to hospital and stay with them to provide them with support from a familiar face.

The design, decoration and layout of the home was suited to the needs of people living there. The home was located on a quiet street with local facilities within easy reach. Each person had a single bedroom and they were encouraged to choose the décor of their bedroom; we noted each bedroom reflected people's tastes and choices. One bedroom had en-suite shower facilities and there was a shared bathroom. There was a comfortable lounge and dining room, a kitchen, utility room, a bathroom and a staff 'sleep in' room.

Is the service caring?

Our findings

During our visit we observed kind, caring and friendly relationships between people and staff. We saw that people were respected and treated with kindness. Staff were caring in their approach and were committed to providing high quality care. Staff told us they enjoyed their work. Staff spoke of people in a warm and compassionate way and spoke to people in a respectful, confidential and friendly manner. Where people were unable to respond to our questions we observed positive interactions from staff and we saw people's enjoyment in response to this. A relative said, "The staff are all great; [family member] has his favourites."

There was a strong person-centred culture. Staff were highly motivated and offered kind, caring and compassionate care and support. From our observations and from the records it was clear that staff knew people well and were aware of their preferred method of communication. Various aids such as communication diaries and pictures were seen around the home and staff were familiar with people's gestures, key words, sounds and behaviours. This meant staff ensured people could express their views, were understood and were consulted about decisions and choices. For example, one person needed very specific prompts to ensure their understanding with regards to road safety. Staff were aware they had to say, 'I'm not going to cross, a car is coming' rather than 'Be careful a car is coming'; this kept the person safe whilst in the local community.

Another person had rarely responded to any communication, distraction or noises and would rarely lift their head or make eye contact. With patience and over a long period of time staff explored different activities and means of communication which had improved the person's posture and had transformed how they interacted with visitors and staff. They would bring a cup to indicate the need for a cup of tea, a coat to indicate they wanted to go for a walk and nightwear when they were ready for bed. The patience, care, understanding and commitment of staff had changed how the person interacted and communicated with people.

People had a key worker. A key worker was a member of staff who would have a special relationship with a person and would take special responsibilities for their care and support.

There were policies and procedures for staff about caring for people in a dignified way, which helped staff to understand how they should respect people's privacy and dignity in a care setting. People's individuality and choices were respected and staff did not wear uniforms, so that people could be provided with support in the community in a discreet and dignified way. Information about people's spiritual or religious needs had been recorded in their support plans.

We saw people were dressed appropriately in suitable clothing of their choice. From our discussions it was clear staff understood the importance of acknowledging people's diversity, treating people equally and ensuring that they promoted people's right to be free from discrimination.

Where possible, people were supported to make decisions about their lives and the people who supported them. People and their relatives were provided with information about the service in the form of a service

user guide, which had been developed using symbols, pictures, easy read print and photographs.

People were supported to access advocacy services. Advocates are independent from the service and provide people with support to enable them to make informed decisions. People were given appropriate information about advocacy in the service user guide. We received positive feedback from the local advocacy service about the staff and management at Holt Mill House.

Is the service responsive?

Our findings

We observed people were content living in Holt Mill House. A relative said, "[Family member] gets out and about and goes to the Chill Mill. I am invited to be involved in [family member's] care and I am kept up to date with any changes." Relatives commented in the survey, "Everyone at Holt Mill House does a good job looking after [family member] and the lads" and "Lovely staff at Holt Mill House."

People were protected from the risk of social isolation. Staff encouraged and supported people to maintain relationships with their friends and families. Staff worked flexibly to ensure people lived as full a life as possible and were able to participate in and experience a wide range of meaningful activities, in line with their abilities, interests and preferences. We found examples of how people's access to activities had improved with the support and encouragement of the staff team. For example, one person found it difficult to leave the home and over a long period of time staff helped the person to try new activities in different settings such as walking in quieter parks and moorland areas and having a favourite cup of tea in a remote and quiet café. The person's life and confidence had changed considerably and they now enjoyed a range of activities and holidays away from the home.

A range of outdoor activities and holidays away from the home were provided on an individual or small group basis so that each person's likes and needs were met. On the day of the visit people went out for lunch and a game of bowling as a group. We were told everyone went for a Christmas lunch the day before and that a snowman was made during the recent wintry weather.

People attended the services' social centre 'The Chill Mill' where they could meet their friends and access various entertainments and activities in a safe and supportive environment. Other activities included shopping and attending shows. In addition, people attended the local swimming pool where they had access to a fitness instructor for weekly aqua fit sessions.

The service had good links with the local community and was actively involved in various fund raising activities. We saw letters of appreciation from community organisations thanking people for their ongoing contribution. Where appropriate, people were involved in some household tasks; we were told they would help with basic cleaning and washing tasks.

Each person had a support plan that was personal to them. The plans focused on their views and wishes for care and support and for their goals, aspirations and dreams. Support plans reflected rights and values such as people's right to privacy, dignity, independence and choice. Information in the support plans included, 'What is important to me', 'What makes me sad and angry', 'What helps me' and 'Possessions that are important to me.' One person's plan reflected their clothing choices and how this impacted on their well-being and their behaviour; the records stated, 'I am happy having a jumper on'. On the day of the inspection we saw the person was wearing a jumper of their choice. Support plans clearly reflected human rights and values such as people's right to privacy, dignity, independence, choice and rights and we saw people were enabled to do as much as they could for themselves.

People had personalised their support plans with photographs or pictures to make them more meaningful to them and to help them to express their needs and wishes. Where possible, people or their relatives/representatives were actively involved in decisions about care. A relative told us they were kept up to date and involved in decisions about care and support.

There had been no new admissions to the home. The registered manager told us a comprehensive assessment of a person's needs would be carried out to ensure appropriate decisions were made about whether the service would be able to meet and respond to the person's needs.

There was a complaints procedure available in easy read print and pictures. The information was clear about how people could let others know if they were unhappy with their care or with something in the home. People and their representatives were encouraged to discuss any concerns during review meetings, during day to day discussions with staff and management and also as part of the annual survey. The service monitored any complaints, compliments or concerns and used the information to understand how they could improve. There had been no complaints made about the service and we were told any minor issues would be resolved immediately. There were a number of compliments made about this service including, "You do an outstanding job."

Where appropriate, people's choices and wishes for end of life care were recorded, kept under review and communicated to staff.

Is the service well-led?

Our findings

People were complimentary about the management of the service. Comments included, "I've only ever heard good things about [the registered manager]" and "Holt Mill House is up there with the best of the homes I've visited." Staff made positive comments about the registered manager and the provider. They said, "[Registered manager] is lovely and approachable. She is concerned about people and works with staff" and "The service is very family orientated and good care comes from the top downwards; it makes a big difference."

The manager had been registered with the Care Quality Commission (CQC) since 2014. 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 understood her responsibilities and followed procedures for reporting any adverse events to CQC and to other organisations such as the local authority safeguarding team. The registered manager set out detailed planned improvements for the service in the PIR (Provider Information Return) under safe, effective, caring, responsive and well led which demonstrated she had a very good understanding of the service and was focused on improvements.

We found there were clear lines of responsibility and accountability within the service. The registered manager was supported by the provider and regularly met with registered managers and team leaders from other services in the organisation. The management team had a clear vision for the service which was known to staff and put into practice. Throughout the inspection we found there was strong evidence to show equality and diversity, privacy, dignity, freedom of choice was embedded into the culture of the home and they were reflected in people's support plans and in the high standards of care and support that people received.

There were internal systems in place to regularly assess and monitor all aspects of the quality of the service with evidence that shortfalls had been identified and improvements made. The registered manager had identified where additional improvements to the auditing tools were needed. External monitoring systems included the 'Investors In People' award which is an external accreditation scheme that focuses on the provider's commitment to good business and excellence in people management and also the 'Driving Up Quality Alliance Code' which provided a thorough self-assessment tool aimed at the improvement and development of learning disability services. This demonstrated that the provider was working to monitor, develop and deliver a high quality service.

People, or their representatives, were able to express their views and opinions about the service. There was good evidence that people had been listened to and changes to the provision of the service had been made as needed in areas such as the environment, activities and meal times.

We observed a good working relationship between the registered manager and staff. Staff retention was very good. Staff told us they felt valued, listened to, enjoyed working at the service and were part of a good team. They told us they received regular feedback on their performance through the supervision and appraisal process and had the opportunity to attend regular meetings to discuss issues relating to the people they were supporting, exchange ideas and develop good practice.

We noted the service's CQC rating and a copy of the previous inspection report was on display to inform people of the outcome of the last inspection.