

Consensus Support Services Limited

Heather Holmes Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Heather Holmes is a residential care home providing personal care for up to 12 people in one adapted building. It specialises in supporting people who have learning disabilities and or autism. At the time of our inspection, there were 10 people living at the home.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes.

The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 12 people. Ten people were using the service. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size.

People's experience of using this service and what we found

The provider's quality assurance systems and processes were not always as effective as they needed to be. They had not enabled the provider to ensure staff always maintained accurate and complete records of people's care or ensured a consistent approach to risk assessment.

The provider's risk assessment procedures required strengthening. The registered manager advised that care plans were in the process of migration to a new standardised process. However, consistency was needed when risk assessments were being evaluated and used by staff to keep people safe. Staff were clear how to identify and report abuse.

People's needs were assessed before they moved into the home. People were protected from the risk of infections; however, improvements were needed in relation to infection control practices.

The provider followed safe recruitment procedures. Staff received ongoing training and management support to enable them to work safely and effectively.

People had enough to eat and drink and any associated risks were managed with appropriate specialist input.

Staff worked effectively with community health and social care professionals to achieve positive outcomes for people and ensure their health needs were met.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interest. Policies and systems were in place; however, staff practice did not always follow policy in relation to the administration of Deprivation of Liberty safeguards (DoLS).

Staff knew the people they supported well and adopted a caring approach towards their work.

People were encouraged to express their views about the care provided, and these were listened to. People were treated with dignity and respect at all times.

People's care plans were individual to them, covered key aspects of their care needs and promoted a person-centred approach.

People had support to participate in a range of therapeutic, social and recreational activities.

People and their relatives understood how to raise any concerns or complaints with the provider.

The management team promoted effective engagement with people, their relatives and community professionals. Staff felt well-supported and valued

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

Rating at last inspection

The last rating for this service was Good 30 November 2016 (published 24th December 2016).

Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvements.

Please see Safe and Well-Led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

The provider is aware of the concerns and has a service wide action plan in place to mitigate the risks.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Heather Holmes Care Home on our website at www.cqc.org.uk.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Heather Holmes Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before the inspection visit, we reviewed information we had received about the service since the last inspection. This included information about incidents the provider must notify us of, such as any allegations of abuse. We sought feedback on the service from the local authority.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with three people who use the service about their experience of the care provided.

We spoke with seven members of staff including the operations manager, the registered manager, a senior care worker and care workers. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We spoke with two relatives and one community health and social care professional about their experience of care provided. We continued to seek clarification from the provider to validate evidence found. We looked at training data and policies.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Staff had not consistently followed the provider's systems and processes to assess and minimise risks to people. Risk assessments had not always been evaluated in line with organisational policy or updated following incidents, such as falls or altercations between people who lived at the service. There was a risk that changes to a person's support needs would not be identified or responded to by staff.
- Two people were observed using specialist equipment (wheelchairs) in the service. One person was using an adapted wheelchair. The person was sitting in the wheelchair for long periods, however at the time of inspection, staff could not locate any records of assessment to ensure that the wheelchair was appropriate for the person to use. The provider has since shared some historic information from external professionals to confirm clinical guidance has been received for these two people at the service. However, we recommend the provider checks that the guidance is still meeting their needs and makes new referrals to the most appropriate services.
- Staff had not consistently recorded checks to monitor the safety of the environment and had not always followed up concerns identified by health and safety checks. For example, when water temperatures were outside of the safe range.

The provider failed to ensure they were doing that was reasonably practicable to mitigate any risks to people. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safe care and treatment.

- We discussed these issues with the registered manager who assured us they would address these concerns without delay.
- The provider had systems and procedures in place designed to assess and manage the risks associated with the premises. Evidence was seen that recent recommendations by the local fire officer had been implemented at the service.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to safeguard people from abuse and they followed local safeguarding protocols when required.
- People and their relatives told us they were happy with the staff that provided their support. One person told us, "I trust the staff, they are kind."
- Staff had been trained to recognise abuse and protect people from the risk of abuse. They understood how to report any concerns if needed. We saw that information about how to raise a safeguarding was readily available, staff were knowledgeable about this and referred to it in our discussions.

Staffing and recruitment

- Relatives felt staffing arrangements at the home ensured people's needs could be met safely. A relative told us, "I'm satisfied there is enough staff at the service. I've visited in the evenings and at weekends, certainly frequently at the beginning of the support, definitely enough staff."
- The management team adjusted staffing levels to allow for staff handover and a flexible rota was currently being trialled at the service following discussions with staff.
- The provider followed safe recruitment practices when employing new staff.

Using medicines safely

- The provider had systems and procedures in place designed to ensure people received their medicines safely and as prescribed.
- People received their medicines from trained care staff.
- People's medicines were stored securely at all times to prevent unauthorised access to these.

Preventing and controlling infection

- The provider had measures in place to protect people, staff and visitors from the risk of infections. However, they needed to ensure that these were consistently followed by staff.
- One member of staff was seen carrying a commode pail uncovered from a person's bedroom to a toilet. Shower chairs were also observed being stored in a corridor without lids. One was noticeably not clean.
- Staff had been supplied with, and made use of, appropriate personal protective equipment (i.e. disposable gloves and aprons) to reduce the risk of cross-infection.
- The home was clean and well maintained.

Learning lessons when things go wrong

- Staff understood the provider's procedures for recording and reporting any accidents or incidents involving the people who lived at the home.
- The management team and provider monitored accident and incident reports, on an ongoing basis, to learn from these and reduce the risk of things happening again. Learning from accidents and incidents was discussed at the home's regular staff meetings. Following a recent incident, a debrief session had taken place and a workshop was planned to explore learning.
- However, it was noted from the accident and incident log that one person had experienced a high number of falls over the past year. This had not been identified in a timely manner by staff and no Post falls monitoring was in place. However, we acknowledge the efforts that have been made by staff in relation to finding a solution for this person's complex needs. Referrals have since been made to the appropriate organisations.
- We discussed these issues with the registered manager who assured us they had started to explore the issues with the person. Referrals had been made to healthcare professionals in relation to getting them more support.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Before people moved into the service, the management team met with them and, where appropriate, their relatives and the community professionals involved in their care to assess their needs and requirements.
- Care plans were developed, and reviewed on a regular basis, to ensure people's needs and preferences were consistently addressed.
- The management team had tried to keep themselves up to date with current legal requirements and best practice guidelines, however acknowledged their lack of experience in relation to Deprivation of Liberty Safeguards (DoLS) administration.

Staff support: induction, training, skills and experience

- Relatives told us staff had the skills and experience needed to work effectively. One relative told us, "I think the staff have recently gone through quite a steep learning curve. The new registered manager has brought some more experience to the service. All the staff have clearly had some type of training as they all demonstrate and show distraction techniques that work."
- Staff received an initial induction, followed by ongoing training and support to help them succeed in their job roles. Including the organisational career ladder process, which encourages staff members who wish to progress to complete qualifications in Health & Social Care.
- Staff spoke positively about their induction experience and the standard of the training provided.
- Formal supervisions took place, particularly for new staff. Staff told us they felt supported in their roles. Annual appraisals were also completed which looked at staff performance and development over the year.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they had enough to eat and drink. One person told us, "We eat healthy, I like a healthy diet, I like salads, pasta, sweetcorn and tuna. I get to choose and do cooking and I like the Sunday dinners."
- People's relatives confirmed their loved ones had the staff support they needed to eat and drink safely and comfortably. One relative told us, "I've been at mealtimes, people are well supported by staff and snacks are also offered throughout the day. A 'snack of the day' is advertised on the wall, so everyone also knows what day of the week it is. On occasion, my relative has asked for something else to what everyone else in the service is having and staff have ensured they have got it."
- Any complex needs, or risks associated with people's eating and drinking were assessed and managed with specialist advice from the provider's speech and language therapy team and other relevant professionals. Staff were observed supporting one person with their need to constantly request drinks and drink liquids. All staff consistently explained and demonstrated the same patient and dignified distraction techniques to de-escalate any distress.

Staff working with other agencies to provide consistent, effective, timely care

- Staff and management worked with a range of community health and social care professionals to achieve positive outcomes for people.
- A community professional we spoke with described good communication and positive working relationships with the service. They told us, "The new manager takes support and advice on board and ensures the staff team are aware of advice given to ensure consistency in care."

Adapting service, design, decoration to meet people's needs

- The home had been adapted to meet the needs of the people who used to the service. A decoration plan was in progress as improvements still needed to be made to ensure the environment was suitable for people's needs.
- People told us they liked their personal rooms at the home, which they could personalise to their tastes. All bedrooms had recently been redecorated with people choosing their colour schemes and decoration.
- People had appropriate space to socialise with others, receive visitors, eat in comfort, participate in activities or spend time alone if they wished. People could choose where to eat their meals.
- There were several doors leading to the gardens which we saw people using throughout the day. The grounds were spacious and secure to keep people safe.
- Menus were displayed on a chalkboard in the kitchen and a chalkboard listing individual weekly activities. However, no other signage was seen to help people find their way around or for example identify their own bedrooms. We recommend the provider carry out an assessment of the environment using a recognised tool. This will help to ensure the environment is the best it can be for people living with dementia.

Supporting people to live healthier lives, access healthcare services and support

- People and their relatives told us staff helped people to seek professional medical advice if they were unwell and to attend routine health appointments and check-ups.
- One community professional said, "Staff appear to appreciate the support offered by the community team for people with learning disabilities, I am aware that previous input from our speech and language team was not followed and archived away resulting in a safeguarding, however the new manager appears to take support and advice on board and ensures the staff team are aware of advice given to ensure consistency in care."

Ensuring consent to care and treatment in line with law and guidance

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

In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Staff and management understood people's rights under the MCA. People's relatives praised the extent to which staff supported their loved ones' right to make their own decisions. One relative told us, "I've seen staff in action and they are always about encouraging, giving people choices. Even when they cannot make

an informed decision. They give them the chance to make up their minds up at the time."

- Formal mental capacity assessments had been completed in relation to significant decisions about people's care, including people's activity choices.
- However, the provider did not have clarity on the status of applications for DoLS authorisations for the people living at the service.
- From our observations we were satisfied the service was acting in people's best interests and people were supported to make their own decisions whenever possible.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People, their relatives and a community professional told us staff approached their work in a kind and caring manner. One person who lives at the service told us, "I trust the staff, they are kind."
- We observed many positive interactions between staff and people who used the service. People looked at ease and comfortable with staff. Daily routines were flexible, and people were supported to spend their time how they wanted. People could walk freely around the home and gardens. Throughout the inspection we saw people benefited from this and it contributed to the calm atmosphere within the home.
- We looked at whether the service complied with the Equality Act 2010 and how the rights of people with protected characteristics were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. They include discrimination based on age, disability, race, religion or belief and sexuality.
- Through talking to staff and members of the management team, we were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. The registered manager told us their model of care was inherently inclusive, person-centred and they listened to how people described their own identity, gender, and relationships and reflected their choice of language.

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives told us the management team listened to their views and involved them in decisions about the service provided.
- We saw staff encouraging people to make day-to-day decisions, such as how they wanted to spend their time. One relative told us, "I'm quite impressed by the staff, when I do visit, I always see staff talking to people and encouraging them to take part in games or activities of their choosing."
- The registered manager told us that they held regular review meetings with the people they supported, whereby relatives and professionals were also invited.
- Opinions of people, relatives, staff and stakeholders were sought using questionnaires. Results were analysed, and action taken where practicable.

Respecting and promoting people's privacy, dignity and independence

- People's relatives told us staff and management always treated their loved ones with dignity and respect, and actively promoted their independence.
- Staff gave us examples of how they promoted people's rights to privacy and dignity through protecting their modesty during personal care, respecting their choices and talking to them.

- The provider had procedures in place for protecting people's personal information and staff followed these.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and their relatives told us the care provided was shaped around people's needs and preferences. One relative described how their loved one's personal care preferences had changed from showers to baths. Staff were now spending a longer time with them sitting and talking whilst they relaxed in the bath.
- People's care plans were individual to them and kept under regular review. They covered key aspects of their care needs and included information about what was important to the person to promote a person-centred approach.
- Staff confirmed they read and followed people's care plans. One member of staff said, "We have had extra training for diabetes and dementia. I've learnt how to understand the person's needs."
- People had support to participate in a wide range of therapeutic, social and recreational activities, both at the home itself and in the local community. These included regular art, fun exercise and music-based sessions and take-a-ways. The registered manager recognised that people needed more active support. One staff member told us, how proud they were to have taken two people from the service to visit Warwick Castle for the day.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication and information needs had been assessed in detail.
- A range of communication tools and aids were used to support effective communication with people and ensure they had information in a way they could understand. Staff were very passionate and knowledgeable about the needs of the people at the service.
- People and relatives were clear that their needs were well supported by staff. One relative told us that staff ensured their family member was able to visit them at home at least once a fortnight which was a, "tremendous joy to [family member]."
- Care plans included a section on the 'Support I need with my friendships, personal relationships and people I live with.' This contained detailed information about what people needed to be more independent, outcomes, aims and what steps were needed to achieve this for the person.

Improving care quality in response to complaints or concerns

- People and their relatives were clear how to raise any concerns or complaints about the service and were confident these would be addressed by the management team and provider.

- However, staff had not been following organisations policy in recording all informal and formal complaints. No complaints or history of complaints was available during the inspection. The registered manager told us they would address this with staff and ensure all staff were following organisational policy for complaints.

End of life care and support

- The service was not supporting anyone with end of life care at the time of the inspection.
- The provider did not have procedures in place to establish and record people's wishes regarding their end of life care, so these could be acted upon. We discussed these issues with the operations manager and the registered manager who assured us they would be seeking training for the management team and staff.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There had been a lack of effective management of the service and the provider's systems and processes for the leadership, management and oversight of the service had not been consistently implemented. As a result, the provider had not addressed the concerns we identified in relation to people's risk assessments and falls.
- Recording of health and safety checks was inconsistent. A discussion was held with the registered manager who informed us they were working with staff to embed systems to ensure staff understood their responsibilities.
- The provider's quality assurance processes had not ensured staff maintained accurate and complete records in relation to whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

The provider failed to ensure that they operated an effective system that would identify where improvements were needed to the service they provided to people. These concerns constitute a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance.

- The registered manager acknowledged these shortfalls and acted quickly to deal with the concerns we raised during our inspection. Since the inspection we have received an updated action plan from the provider, where they are working towards the areas identified.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Feedback from people, their relatives and staff confirmed that people felt well cared for in the home. We received consistent feedback that the service was providing personalised care to people. Our observations confirmed this.
- All staff provided positive feedback about their experiences working at the service and the support that was provided to them. One member of staff said, "[Registered manager] has given me the opportunity to learn at my own pace, they're always checking I am ok and want to know how I learn best, I love it here."
- Staff told us that they were listened to when they raised concerns and prompt action was taken in response.

- The provider, registered manager and staff were open and honest. The registered manager ensured open communication with people, their relatives, staff and outside agencies. One staff member told us, "I think the home is well run, the management are supportive and any problems we can go to them."
- The registered manager notified CQC and other agencies of any incidents which took place that affected people who used the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of, and there were systems in place to ensure compliance with duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- Staff knew how to whistle-blow and knew how to raise concerns with the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns acted upon.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, their relatives and the community professional we spoke with described an inclusive culture and open communication with the service. They spoke positively about the overall quality of the care provided, and their dealings with the management team. One relative said, "They are just very supportive of me as a family member, as it can be very upsetting, and all of the staff have taken the time, and all been very nice to me."
- Relatives and a community professional explained they were kept up to date with any significant changes in people's health and wellbeing and could freely express their views to the management team with confidence these would be acted upon. The community professional told us, "The new manager appears very supportive of staff and very proactive in meeting service user's needs."
- Feedback from people and staff was positive. Relatives told us they would have no hesitation in recommending the home to friends and family.
- Staff spoke about their work at the home with enthusiasm and felt well-supported and valued by the management team. One staff member told us, "I now wake up and look forward to coming to work."
- People were being supported to contribute to the running of the service. The registered manager told us that they had moved away from holding a fixed general meeting to seeking views as and when required, directly with people and their relatives.

Continuous learning and improving care

- Staff were encouraged to attend regular meetings. Staff meeting minutes confirmed that staff could raise concerns and make suggestions as to how the service could be improved.
- The registered manager told us that a debrief session had taken place following a recent incident and that a staff workshop was planned on how to improve working practices.

Working in partnership with others

- The registered manager worked in partnership with local commissioners and community teams to ensure that people were receiving care that met their needs.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|--|---|
| Accommodation for persons who require nursing or personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks to people had not been consistently evaluated and records updated to ensure risks to people's health and wellbeing are minimized. |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have sufficient arrangements in place to monitor the quality and safety of the care and support provided in the home. |