

Holmleigh Care Homes Limited

# 12 Alfred Street Residential Care

## Inspection report

12 Alfred Street  
Gloucester  
Gloucestershire  
GL1 4DF

Tel: 01452537102  
Website: [www.holmleigh-care.co.uk](http://www.holmleigh-care.co.uk)

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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

This inspection took place on 2 June 2017 and was announced. Alfred Street Residential Care Home provides accommodation and personal care for up to two people with a learning disability. There was one person living at the home at the time of our inspection. At the last inspection, the service was rated Good.

The home was situated on a quiet residential street. It comprised of a lounge/dining room, kitchen two bedrooms and a bathroom. People had access to a secure back garden.

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.

People received personalised care which was safe and effective. People's care and support needs and associated risks had been assessed, recorded and were regularly reviewed. 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.

Staff had been trained and supported to carry out their role. Robust recruitment systems ensured people were supported by staff of good character and with appropriate employment and criminal backgrounds. There was suitable numbers of staff to support people and to ensure they lived fulfilled lives. Staff supported people to have access to a wide range of activities.

The provider and registered manager had systems in place to monitor the quality of service being provided. The home was inclusive and ensured people's views were considered, respected 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.

# 12 Alfred Street Residential Care

## **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 2 June 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 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 April 2015. Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information we held about the service and provider as well as previous inspection reports.

We were unable to talk to people due to their complex needs; however we observed how staff interacted with the people who lived in the home. We talked with one member of staff and the registered manager. We briefly spoke to one person in the presence of staff and observed how staff interacted with them.

We looked at the care records of one person 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.

# Is the service safe?

## Our findings

People were protected from abuse because staff had been provided with training on how to recognise abuse. Staff knew their responsibility to safeguard people and report any concerns with their manager or discuss their concerns with the local authority or CQC. One staff member said, "I wouldn't hesitate at all if I had any concerns. I would report it immediately and make sure the managers did something about it."

People were protected from staff who may be unsuitable to care for them because the service followed safe recruitment practices. The registered manager was supported by the provider's human resources team to check staff's employment histories and criminal background including checking their references and suitability to work with people who used the service. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure staff were suitable to work with vulnerable adults.

People were supported by a familiar and consistent staff team. A senior staff member had worked at the home for several years and had built strong relationships with people. There were sufficient numbers of staff with the right skills and knowledge to meet people's individual needs. Staff mainly worked alone with people, although an additional staff member was made available during the middle part of the day to assist people with activities. Staff carried out extra shifts when required to cover any absences.

People's health and well-being risks were assessed, monitored and reviewed. Staff had a good insight into people's health care risks and those risks associated with their behaviour, triggers and support needs. For example, staff were able to tell us how they managed situations if people became angry or upset. Staff had taken steps to help people retain level of independence such as attending health care appointments. Guidance was in place for staff to support people with their medical related risks and support needs.

People had personal emergency evacuation plans in place and carried out regular fire drills with staff to ensure they were aware of the actions to take in the event of a fire. Additional technological systems had been installed in the home for one person to alert them to any fire alarms and assist them to remain safe.

People's medicines were managed safely. Staff were knowledgeable about people's medicines and how they needed to be supported with their medicines. Medicines Administration Records (MAR) had been completed appropriately with no gaps in the recording of the administration of people's medicines on their MAR. Staff responsible for administering medicines had received training. People's medicines were stored securely in their own bedrooms and storage temperatures were monitored and recorded daily. Protocols and administration records were in place for people who required medicines 'as required'.

People were encouraged and supported to take part in communal household tasks. Staff demonstrated good knowledge of infection control and food hygiene in their care and support practices.

## Is the service effective?

### Our findings

People were being supported by staff who had the opportunity to maintain their skills and knowledge. The registered manager monitored the training and support requirements of staff. Records showed that they had planned update training in subjects such as first aid and infection control. Staff felt supported in their role and told us the registered manager was always available for support and advice. One staff member said, "(The registered manager name) is amazing. I trust her; I know she works for the residents to make sure they receive the best possible care." Staff received regular private supervision sessions and appraisals to review their professional development needs and provide additional one to one support.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and whether any condition on authorisations to deprive a person of their liberty were being met. The 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 take 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)." At the time of our inspection, no one was being deprived of their liberty. We found that staff had a good understanding of the MCA and applied the underlying principles of the legalisation within their care practices. They encouraged people to make choices about that their lives and provided them with additional information to help them make safe and make informed decisions such as using the internet.

People were supported to have a meal of their choice. Staff consulted with people weekly to plan the menu for the following week. People's views and individual preferences were catered for. They were encouraged to help themselves to drinks and snacks throughout the day. People's needs were considered when staff purchased kitchen items. For example, staff had bought a special kettle to allow people to make a hot drink independently and safely.

People had been referred to health and social care professionals as required. Records confirmed people had access to a GP, dentist and an optician and could attend appointments when required. For example, one person was supported to attend regular medical appointments to maintain their physical well-being. Staff told us how they liaised with the medical staff to ensure they remained well and motivated to attend the appointments. People had a health action plan which described the support they needed to stay healthy and their changing needs were monitored to make sure their health needs were responded to promptly.

## Is the service caring?

### Our findings

We were unable to spend a lot of time observing people interacting with staff as people were attending appointments during the afternoon of our inspection. However, during the morning we found that staff treated people with genuine kindness and respect. They spoke to people as an equal and provided them with the reassurance that they needed. Staff adapted their communication approach to ensure people understood their conversation. For example, staff communicated with one person with verbal communication and sign language to ensure they understood the conversation. They allowed people to speak and respond at their own pace and express their views and opinions.

People were supported in a caring manner by staff who clearly knew people well and understood their needs. Staff spoke fondly of people and provided us with several examples of how they had supported people to remain safe whilst taking risks in their lives. They were supported to make decisions for themselves and take positive risks such as traveling alone in a taxi to health appointments. Staff had supported one person to consider the possibilities of developing a relationship with people of the opposite sex. They were working with them to understand the social parameters of forming a relationship as well as using electronic devices to communicate with people; download films and use the internet. Staff told us they monitored people from a distance and offered support when needed.

Staff were positive about working in the home. One staff member told us they enjoyed their role and said, "I love my job. I know the guys that live here really well. I love to see them happy and enjoying their day." They told us how they supported people individually with things that were important to them such as going to the shop and explained how they had helped people to explore new opportunities and supported them to plan and carry out these activities. Staff also shared with us how they had supported one person to move to another home. They had spent time with the person at their new home and had worked with the new staff to ensure they fully understood the person's routines, likes, dislikes and support needs.

People lived in home which was homely and met their needs. Staff had considered people's physical needs and the home's environment and the layout of furniture to ensure people remained safe the home. One person had requested to move into another bedroom when it became vacant. Staff were supporting the person to choose the décor and the layout of their new bedroom furniture.

## Is the service responsive?

### Our findings

People received personalised care which was responsive to their needs. People's care records were person centred and focused on people's support needs and personal preferences. A care plan was in place for all their daily living and health support needs, including personal care, communication, social needs. They provided staff with clear guidance on people's health and medical care needs and the associated risks. For example, one person's care records provided staff with information on how to support and manage the person's medical regime and needs. The care plans described how people liked to be supported and if they required encouragement and prompting. Records showed they had been regularly reviewed and updated. However, the senior staff member explained that they had plans in place to overhaul people's care plans to ensure they were current and that old information was to be archived.

Staff told us daily handovers took place which were important to share information about people to ensure there was a consistent approach from staff. Daily notes were recorded which enabled staff to review people's care and well-being over a period of time.

People enjoyed a variety of activities which had been planned around their personal needs and social interests. Staff explained that the emotional support people received during the activities was as important as the activity itself. For example, one person enjoyed one to one time with staff when they were shopping. The registered manager praised her staff team on the support and person centred care that they provided to people. They said, "The staff at Alfred Street are very good. Due to the small size of the home, they know the residents really well and can pick up on any changes in their well-being and act really quickly. I am confident in their skills and know people are really well looked after here. They go the extra mile to make sure people are safe and happy living here."

People's and their relative's day to day concerns and issues were addressed. Staff told us they routinely listened to people's concerns daily and acted on any concerns immediately. People also had the opportunity to share their concerns at the home's service user meetings. Staff told us the service user meetings were also a good opportunity to share information with people such as a change in staff. We were told that the home had received no complaints since our last inspection.

## Is the service well-led?

### Our findings

A registered manager was in post. 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 explained that since our last inspection the home has been stable with very little changes. People's needs had been continually met by familiar and an established staff team. The service had a positive culture that was person-centred, open, and inclusive. There had been no accidents since our last inspection, however where incidents had occurred these had been reported, investigated and acted on promptly. For example, we discussed with the senior staff member a medicines error and a statutory notification which had been sent to CQC and we were satisfied that the incidents had been managed appropriately. Staff worked in partnership with other agencies and health care services to ensure people's health and welfare needs were continually maintained and monitored. Staff encouraged people and their relatives to express their views and be part of any decisions about their care needs and the running of the home. For example, people had been consulted about the design of the back garden. We were told about the plans for the new layout of the garden to ensure it was accessible to people and designed with people's views in mind.

The registered manager was responsible for the running of two of the provider's care homes. They shared their time between both homes. The registered manager was supported by a senior staff member at Alfred Street to ensure that people's needs were continually met. The registered manager and a senior staff member told us they were passionate about ensuring people received a good standard of care. The senior staff member said, "We work really hard to make sure the service users come first and will adjust the way we work to accommodate them. I can honestly say we provide person centred care here." They provided us with examples of how they supported people when they were in hospital or were moving to a new home.

The registered manager was supported by the provider and other managers and representatives from the provider. A representative of the provider regularly visited to monitor the home and ensure it was running effectively and that people's needs were being met and evaluated. The registered manager and senior staff member implemented regular quality assurance processes to ensure people lived in a safe environment and received at service which was effective and responsive. Any shortfalls found were acted on and followed up during the next audit of the home.