

Holmside

# Holmside

## Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

Holmside provides accommodation and personal care for up to eight people who have learning disabilities or autistic spectrum disorder. There were eight people living in the home at the time of this inspection.

This inspection visit took place on 27 October 2016 and was announced 24 hours in advance because we wanted to make sure we could meet people who used the service. The inspection was carried out by one inspector.

The service had a registered manager 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.

There were systems and processes in place to protect people from harm, including how medicines were managed. Staff were trained in how to recognise and respond to abuse and understood their responsibility to report any concerns.

Safe recruitment practices were followed and appropriate checks had been undertaken, which made sure only suitable staff were employed to care for people in the home. There were sufficient numbers of experienced staff to meet people's needs.

Staff were supported to provide appropriate care to people because they were trained. There was an induction, training and development programme, which supported staff to gain relevant knowledge and skills.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which apply to care homes. The providers were aware of their responsibilities and understood when such an application should be made and how to submit one.

People received regular and on-going health checks and support to attend appointments. They were supported to eat and drink enough to meet their needs and to make informed choices about what they ate.

The atmosphere throughout the home was friendly, calm and caring. The staff spoke about people in a respectful manner and demonstrated understanding of their individual needs.

The service was responsive to people's needs and staff listened to what they said. Staff were prompt to raise issues about people's health and people were referred to health professionals when needed. People were confident they could raise concerns or complaints and that these would be dealt with.

There was an open and inclusive culture within the service, which encouraged people's involvement and

their feedback was used to identify any improvements that were needed. There were a range of systems in place to assess and monitor the quality and safety of the service and to ensure people were receiving appropriate support.

## 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 was safe.

People were protected from the risk of abuse because staff understood their responsibilities.

Risks to people's individual health and wellbeing were identified and care was planned to minimise the risks.

The provider checked staff's suitability for their role before they started working at the home.

Medicines were stored, administered and managed safely.

### Is the service effective?

Good ●

The service was effective.

People were cared for and supported by staff who had relevant training and skills.

People's consent to care and support was sought in line with relevant legislation and guidance. The registered manager understood their legal obligations under the Deprivation of Liberty Safeguards.

People's nutritional and dietary needs were taken into account in menu planning and choices.

People were referred to other healthcare services when their health needs changed.

### Is the service caring?

Good ●

The service was caring.

Staff were kind and compassionate towards people.

Staff knew people well and respected their privacy and dignity.

Staff promoted people's independence, by encouraging them to make their own decisions.

### **Is the service responsive?**

The service was responsive.

Staff listened to people and were responsive to their needs. They had a good understanding of people's needs, choices and preferences, and the knowledge to meet people's individual needs as they changed.

People knew how to complain and were comfortable to raise any concerns about the service they received.

**Good** ●

### **Is the service well-led?**

The service was well led.

Staff received support and felt well informed.

People were encouraged to give their feedback about the service.

The provider played an active role in quality assurance and ensured the service continuously developed and improved.

**Good** ●

# Holmside

## 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. The inspection was planned to check whether the provider was 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 visit took place on 27 October 2016 and was announced 24 hours in advance because we wanted to make sure we could meet people who used the service. The inspection was carried out by one inspector.

Before the inspection, we checked the information that we held about the service and the service provider, including notifications we received from the service. A notification is information about important events which the provider is required to tell us about by law.

During the inspection we met the eight people who used the service and spoke with six of them. We also spent time observing interactions between staff and people who used the service. We spoke with two care staff, and the providers, one of who is the registered manager. We reviewed a range of care and support records for three people, including care needs assessments, medicine administration records, health monitoring and daily support records. We also reviewed records about how the service was managed, including risk assessments and quality audits.

Following the inspection we received feedback from two community care professionals who had knowledge of working with the service.

We last inspected the service on 18 August 2014 and no concerns were identified.

## Is the service safe?

### Our findings

None of the people we spoke with had any concerns about the support they received. They told us they were happy at the home and confirmed they felt safe.

Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. They knew how to report any suspicion of abuse to the providers and external agencies so that people in their care were protected and their rights upheld. Policies were in place in relation to safeguarding and whistleblowing procedures and these were accessible to all staff. Records showed and staff confirmed they had received training in safeguarding adults as part of their training and this was regularly updated.

Staff had received training on the management of challenging behaviours and told us that no one who used the service exhibited behaviours that would require more than verbal reassurance.

People's records showed that they were supported to take planned risks to promote their independence and staff were provided with appropriate information on how to manage these risks. Staff we spoke with demonstrated knowledge and understanding of people's support and risk management plans, for example when accessing the community. One person required one to one support when out due to a visual impairment. Another person was enabled to access the community on their own, based on a risk assessment and guidelines agreed between the person and the provider. A person told us "I can go off, do my own thing. No one stops me going out". Another person told us they felt they could do what they liked doing and was not restricted.

The home was equipped with fully maintained fire detection and alarm systems, including automatically released fire door catches and emergency lighting. The fire risk assessment was regularly reviewed.

Staffing levels were sufficient and reflected the assessed needs of people using the service, as identified in their support plans and risk assessments. There was a small, stable staff team who ensured there was a member of staff in the service at all times. The providers would also help out and work on shift where needed. People spent a lot of their time out of the service without staff support. There was a sleep in member of staff at night and people were aware that they can knock on their door if they need assistance.

The provider followed safe recruitment and selection processes to make sure staff were safe and suitable to work with people. Holmside had a very stable staff team and the last staff member was recruited in 2008. We had checked staff recruitment records at a previous inspection and found appropriate checks had been undertaken before staff began work. This included two references, proof of identity and Criminal Records Bureau (CRB) or Disclosure and Barring Service (DBS) checks. Gaps in people's employment had been explored and clearly documented. The recruitment process included an application form and an interview carried out by the providers. People who lived in the home met potential new employees and were able to be involved as much as possible in their recruitment. The home employed four members of staff and the providers worked closely with them in providing people's care and support.

Appropriate arrangements were in place for managing the small amount of medicines that people were prescribed. Medicines were stored in a purpose built cabinet and up to date records were kept of their receipt, administration and daily stock checks. Staff received training in the safe administration of medicines. Although the service did not currently hold any controlled medicines, appropriate storage arrangements were in place should the need to keep controlled medicines be required.



## Is the service effective?

### Our findings

People spoke positively about staff and the support they provided to meet people's needs. A person told us "I don't have any problems with the staff at all". A community care professional told us that, in relation to one person, the service had "gone over and above trying to encourage him to seek and have appropriate medical care and treatment for his health and dentistry needs". They said staff "do try and encourage him to eat more healthily".

Staff completed a range of essential training. Most of the training programme was delivered by staff watching DVDs and then completing question and answer sessions that were verified by an external assessor, and included subjects such as safeguarding people, moving and handling, and food safety. Staff told us the training they had received helped them to understand and meet people's needs and "Keeps us up to date".

The provider and staff told us that while there was no formal supervision, any issues were dealt with on the day. Staff confirmed they felt well supported by the providers and said "Any problems, day or night, they're right there". Records showed that individual supervision meetings had taken place following a staff meeting.

Staff had received training in the Mental Capacity Act 2005 (MCA) and understood their responsibilities. 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.

A member of staff spoke about promoting and supporting "people's rights and choices". People told us that they were fully involved in all decisions and staff asked for their consent when they were supporting them. We saw people had signed to give their consent to the planned care and support. All of the people who lived at Holmside were able to communicate their choices and decisions verbally. Staff told us they would always respect people's decisions but would be available to offer advice and to discuss the positive and negative consequences of any decisions.

The Care Quality Commission (CQC) monitors the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been agreed by the local authority as being required to protect the person from harm. Although the providers had not needed to send any DoLS applications, they understood when such an application should be made and how to submit one.

People were supported to make choices about what they ate and staff encouraged healthy food options. Following advice from a dentist, staff were encouraging two people to cut down on fizzy drinks and chocolate bars. One to one support for individuals preparing their own meals was planned and carried out, in line with their care plans. One person had been assessed in relation to a potential risk of choking so staff

cut up certain foods for them. There were menu plans including packed lunches for when people were out for the day. People said there were 'house meetings' where they discussed and could make suggestions about different food options. They told us they had helped with the preparations for Christmas dinner.

Each person had a health action plan that contained information about their health support needs. The information included details about their current medicines and the involvement of community health professionals such as dentists, GPs and opticians. There were records of each person's health appointments, the outcomes and any follow ups. People had annual health checks, dental checks, hearing and eyesight tests. A person told us "I make my own appointments for the doctor and dentist". One person had a visual aid in their room relating to oral health, as a reminder about how to brush their teeth correctly. Staff had supported a person to follow a GP referral regarding a health condition.

## Is the service caring?

### Our findings

People told us they were happy living at Holmside. One person told us "I get on well with all the staff. They're all nice". Another person said about the service: "It's great" and told us they were going out to meet their family. A community care professional said that when they visited the home people "appear to be happy and well cared for".

It was evident that people received care and support from staff who had got to know them well. There was a consistent team of staff who had worked at the home for many years. A member of staff said they felt Holmside was "like a family home". People returned home from their daytime activities and greeted the provider warmly. They told the provider they had missed him when he had been on holiday.

Residents meetings took place regularly and these were used to discuss any issues in the home and gave people an opportunity to express their views. Minutes of these meetings were kept in people's individual files. People confirmed these meetings took place and told us they were confident to raise any issues and that they felt they were listened to. The meetings were facilitated by a member of staff and topics for discussion included activities, facilities, staff and management, and anything people were not happy about.

People were asked for their views about their care and support and they were acted on. The provider showed us the results of the last annual survey questionnaire and this showed that satisfaction with the service was high. The survey questionnaire covered a number of categories including privacy, dignity and independence.

People confirmed the staff respected their privacy and protected their dignity. Staff spoke about people in a respectful manner and demonstrated understanding of their individual needs. Staff were knowledgeable about people's preferences and what mattered to them, enabling them to communicate positively and valuing the person. People's care and support plans were written in a respectful way that promoted people's dignity and independence.

Staff knew people's individual communication skills, abilities and preferences. There was a range of ways used to make sure people were able to say how they felt about the caring approach of the service. People's care and support plans included guidance to assist staff to involve the person and help them with everyday decisions. For example, how best to present information and ways to help the person understand. The records showed staff had spent time with people, involving them in discussions about their goals, activities, care and support.

Each person had a 'daily diary' where staff recorded what the person had been doing throughout the day. These records provided evidence of care and support being delivered in line with people's wishes and care plans. We observed that people were happy with the support they received and that staff supported people effectively. Staff told us the majority of people attended to their own care needs and that staff were on hand to provide advice and support.

There was a person centred approach within the service. People were supported to maintain family relationships and their birthdays were remembered and celebrated. People's bedrooms were personalised with things that were important to them, such as photographs, ornaments and items of furniture. There were also pictures and photos in the communal areas of people on holiday or at parties.

## Is the service responsive?

### Our findings

People told us they felt the staff were responsive to their needs and any concerns they had. A member of staff said "The guys are so happy. They like their routines". They told us people were present during their care reviews with relevant others and took part in house meetings. They told us people "speak quite freely, They don't hold back". They said they felt the service was responsive to individual needs and concerns and "If anyone has a complaint they would come to us". Another member of staff said of the service; "I would describe this as being at home (for people living there)" and that staff "Advise (people) and be there if they need it".

People were supported and encouraged to have active lifestyles. Four people were members of the South East Hants Special Olympics Group and trained regularly on Monday evenings. There were many opportunities to compete in Regional, National and International events in their chosen sport. There was a list of activities that included the Special Olympics, craft work at the home, cinema and ten pin bowling, cooking, and membership of a club. People told us about their activities, which included daytime jobs at a country park, a garden centre and day service, trips to the cinema, and sporting events. One person had a job escorting other people on buses to access community facilities and activities. Each person had a companion bus pass, which enabled support workers to travel with people when required.

People were enabled to do the things that interested them, maintain relationships and to participate in community activities. We saw photographs of people on holiday and taking part in other activities outside of the home. Care and support records were tailored to each individual and reflected their personal preferences, how they expressed themselves and communicated with others. Activities and tasks, such as having a wash, making a drink or preparing food, were broken down into clear steps for staff and the person they were supporting. In this way a consistent and personalised approach had been developed that responded to each person's needs and promoted their independence.

Staff demonstrated knowledge of people's individual needs, personalities and preferences. There was a relaxed atmosphere in the home and staff communicated well with the people and promoted an inclusive, supportive environment. Staff had a clear understanding of the support planning process and of the outcomes they were supporting people to achieve. This included social, emotional and health related needs and goals.

Records contained relevant information about people's physical health and their care and support needs which allowed staff to provide care which was responsive to their needs. Staff were prompt to raise issues about people's health and people were referred to health professionals when needed. Regular reviews took place, during which people and relevant others were asked to give their views and feedback about the care and support being provided, which helped to ensure people's daily support remained relevant and purposeful.

There was a system to monitor and respond to any concerns or complaints about the service. The provider confirmed that the service had not received any complaints. Each person's care plan contained a pictorial

copy of the complaints procedure and agreement of residence. A person said they felt they could say what they wanted to say. They told us they had raised an issue with the providers and "That's all sorted". Staff understood people's needs well and told us how they would be able to tell if a person was not happy about something, which meant that people would be supported to express any concerns.

## Is the service well-led?

### Our findings

People told us they thought the service was well run. A community care professional told us the providers and staff "have always communicated very well and inform me of any incidents".

The provider was promoting an open and inclusive culture within the service. The providers worked alongside staff on a daily basis. Records of team meetings showed that staff were asked for their input in developing and improving the service. Staff confirmed this and said they could discuss issues openly with the providers and they were listened to and able to contribute to decisions about how the service was delivered. Staff said they thought the service was well led and told us they were well supported. A member of staff commented "The registered manager asks us if there's anything they can do or that staff need".

Staff told us they could "Raise any issues either at staff meetings or individually. For example, we can inform the registered manager so that all staff are informed of any changes in people's needs". Staff also used a communications book to help ensure important information was relayed between shifts. There was an on call system and a senior support worker was available in the event that the providers were absent.

The staff had worked in the service for a number of years and were a consistent team of staff. There were clear lines of accountability and staff were clear about their roles and responsibilities. Staff knew how to raise concerns under the whistle blowing procedures if they needed to. Staff were aware of the values and aims of the service and demonstrated this by promoting people's rights, independence and quality of life.

People were able to feedback about the service they received and changes were made as a result. For example, one person who had been used to living independently requested access to the kitchen at night to make hot drinks. This request was discussed and a kettle was provided for the person's room so they would not have to use several fire doors at night which could potentially disturb other people.

The service worked in partnership with community professionals to help ensure people received the care they needed. For example, there was an agreement with social services in relation to promoting a person's independence and safety.

The provider had systems to monitor and assess the quality of the service being provided. These included audits of aspects of the service such as health and safety, medicines, cleaning and infection control. The provider carried out a weekly walk around to check the environment was safe and monthly checks on record keeping and documentation. People and those important to them had opportunities to feedback their views about the home and quality of the service they received. Satisfaction surveys were conducted and the responses were used to inform service development. We saw that the results of the most recent survey were positive.

The provider was a member of a care association, which supported them to keep in touch with sector developments. They also used computer technology to help them to stay up to date with changes via specific websites.

The provider notified of us of incidents and important events, in accordance with their statutory obligations, and demonstrated the skills of good leadership.