

Community Integrated Care Holmdale

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

We inspected this service on 25 July 2017. This was an unannounced inspection.

The service is registered to provide accommodation and personal care for up to six people. People who use the service have learning and physical disabilities. At the time of our inspection five people were using the service. The service is owned and managed by Community Integrated Care [CIC], which is a non-profit making organisation. Staff members are on duty twenty-four hours a day. The people who live in the home have resided there for many years.

At our previous inspection in February 2017, we rated the service as 'Inadequate' and placed it into special measures. This was because there were a number of regulatory breaches. Risks to people's health, safety and wellbeing were not always assessed and planned for. People did not always receive their prescribed medicines in a safe way. People's health needs were not always effectively monitored and advice from healthcare professionals was not always followed to promote people's wellbeing. Staffing levels were not consistently maintained to ensure people received their care in a timely and responsive manner and there were some gaps in staff training. The requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards were not always followed, which meant some people were potentially being unlawfully deprived of their liberty. The information staff needed to provide people with consistent care was not always available. People were not always enabled to be involved in making choices about their everyday care. Effective systems were not in place to assess, monitor and improve the quality of care. The registered manager and provider did not always notify us of reportable incidents and events that occurred at the service and the service's inspection rating was not being displayed as required by law.

At this inspection, we identified significant improvements had been made to ensure people received care that was safe, effective, caring, responsive and well-led. We have taken the service out of special measures.

The service has 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.

Most people living in the home were unable to converse with us, but we observed staff providing support to people throughout our inspection visit. We saw they were kind and patient and showed affection towards the people in their care. We saw that people who lived at the home were clean and well dressed and they looked relaxed and comfortable in the care of staff supporting them.

There were good systems in place to protect people from harm. Risks were assessed and planned for. Staff had a good knowledge of people's individual needs and of what people liked or disliked and of how they wished to live their life. Care plans were person-centred and people were consulted in areas such as who supported them, what they did with their day and making decisions about their lives.

People's nutritional needs were met. We saw regular snacks and drinks were provided between meals to ensure people received adequate nutrition and hydration.

People had access to healthcare professionals and their advice and guidance was followed to ensure people's healthcare needs were addressed. People were given their prescribed medicines at the right times.

The registered provider understood the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). This meant they were working within the law to support people who may lack capacity to make their own decisions.

The service had a complaints procedure which was made available to people and their relatives.

We found staff had been recruited safely and were appropriately trained and supported. They had the skills, knowledge and experience required to support people with their care and social needs. Staffing levels were sufficient to meet the needs of people who lived at the home and enable them to play an active part in the local community. Discussions with staff members identified that they now felt happy and supported and worked well as a team.

The provider had now implemented a robust quality assurance system which used various checks and audit tools to monitor and review the practices within the home. These included seeking the views of people who used the service and their families or representatives, seeking the views of staff and a regular programme of audits carried out by the registered manager, the regional manager and their Quality Excellence team.

The home's inspection rating was displayed and the registered provider had notified us of reportable incidents and events since the last inspection.

The local authority who commissioned care for people who lived at Holmdale told us that they thought it was now a good service.

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.

Risks to people's health, safety and wellbeing were assessed, planned for and managed in a manner that promoted safety.

Effective systems were in place to ensure that people's prescribed medicines were administered.

There were enough staff to ensure that people were supported to receive their care in a timely manner.

Staff knew how to identify and report potential abuse.

Is the service effective?

Good ●

The service was effective.

Staff understood that it was important that people consented to their care and complied with the Mental Capacity Act 2000 if people did not have the capacity to consent to certain aspects of their care.

People's health was monitored effectively to ensure changes in their health or wellbeing were identified and acted upon.

People were supported to eat and drink.

The staff were well-trained and supported.

Is the service caring?

Good ●

The service was caring.

Staff knew people well, which enabled them to have meaningful interactions with people.

Staff took time to make sure that people's privacy and dignity was respected.

People had choices about how they spent their time and making decisions about their lives.

Records were kept securely and people could be reassured that information about them was kept confidential.

Is the service responsive?

The service was responsive.

Information about people's care preferences and needs was recorded in a care plan for staff to follow.

People and their representatives were involved in reviewing their care needs.

The home had a complaints policy and processes were in place to record any complaints received and to address them in accordance with the policy guidelines.

Good ●

Is the service well-led?

The service was well led.

There were effective systems in place to assess, monitor and improve the quality of care. These included seeking the views of people who use the service, their representatives and staff.

The provider notified us of reportable incidents and events that occurred at the service and the inspection rating was displayed as required by law.

Good ●

Holmdale

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 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.

We undertook an unannounced inspection of Holmdale on 25 July 2017. We inspected the service against the five questions we ask about services: is the service safe, effective, caring, responsive and well led?

Our inspection team consisted of one adult social care inspector and a specialist adviser who had experience in caring for people with learning disabilities.

We checked the information we held about the service and provider. This included the statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law. We also contacted the quality assurance team of the local authority responsible for commissioning the care packages.

We spoke with one person who used the service. However, due to people's communication difficulties the other people who used the service were not able to verbally tell us about their care experiences. We observed how the staff interacted with these people in communal areas and we looked at the care records of two people who used the service, to see if their records were accurate and up to date. We also spoke with three members of care staff, the manager and the provider's regional manager. We did this to check that standards of care were being met.

We also looked at records relating to the management of the service. These included staff files, rotas and quality assurance records.

Is the service safe?

Our findings

At our last inspection we found that risks to people's health, safety and wellbeing were not always assessed and planned for to ensure people received care that was consistently safe. We also found that people did not always receive their prescribed medicines in a safe, effective manner and the provider's recommended staffing levels were not consistently maintained to ensure people received their care in a timely and responsive manner.

At this inspection we found that people were cared for in a way that maintained their safety. Risks to people's health, safety and wellbeing had been assessed and planned for. These included, for example, risks of falls or choking. Files contained individualised care plans for other aspects of safety, such as safe bathing and moving and handling, all of which were up-to-date.

Accidents were entered onto an on-line events tracker and had to be reviewed, investigated and signed off by the manager to ensure that any causative factors or trends were identified and addressed. Senior managers within the organisation also maintained oversight.

We also found that medicines were managed safely. People's medicine administration records (MARs) contained an accurate record of the medicines they were prescribed and administered. Medicines with a limited shelf life were dated on opening to ensure they were not used longer than they should be after opening. Medicines were stored and disposed of safely. We did find that one person's medication profile had not been updated after one medicine had been discontinued, but the MAR had been updated and the medicine had not been given. The acting manager said she would add checking the medication profile to the medicines audit.

We found there were enough staff available to ensure people's needs were met in a timely manner. During our inspection there were three care staff on duty all day for five people who used the service. There was one waking member of staff on duty at night.

Staff who worked at the service were of suitable character to do so. Staff told us and we saw that recruitment checks were in place to ensure staff were suitable to work at the service. We saw that people were relaxed around the staff, which showed they were comfortable in their presence.

We found that people were protected from the risk of abuse. Care records showed that no recent incidents of alleged abuse had occurred. However, staff explained how they would recognise and report any potential abuse should it occur.

The home and gardens were well maintained and sufficient and suitable equipment was available to meet people's needs. The home had been recently redecorated and the acting manager was in the process of enhancing the environment to provide more sensory stimulation. For example, we saw that colourful windmills had been placed by the seating area in the garden and a large flat screen TV had been provided on the wall in the lounge to make it easier for people to see and provide more floor space.

We did observe that the front door was open when we arrived and that we could have walked in without staff being aware because they were helping people in their bedrooms. We were told that a member of staff had just taken one of the people who used the service out in the minibus and must have forgotten to close the door. We pointed this out to the acting manager when she arrived and she reminded staff to make sure that the door was kept closed.

Is the service effective?

Our findings

At our last inspection we found that people's health needs were not always effectively monitored and recorded as planned, and advice from healthcare professionals was not always followed to promote people's health, safety and wellbeing. People were supported to eat and drink, but this support was not always provided in accordance with professional advice to protect people from the risk of choking. We also found that the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards were not always followed. This meant some people were potentially being unlawfully deprived of their liberty. There were some gaps in staff training that meant the staff's training needs were not always being met.

At this inspection we found that people's consent to care was sought and the requirements of the Mental Capacity Act 2005 were followed.

We saw that staff informally asked people for their consent to everyday care and gave them choices.

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. Staff showed an understanding of mental capacity and gave us their views on who they felt had capacity and care records contained mental capacity assessments that assessed people's ability to consent to the care and support they received from the staff at Holmdale. They also contained records of best interests decisions.

People can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Care staff showed a good understanding of what constituted a potential deprivation of liberty and they told us and care records showed that at least three people were subject to high levels of supervision and monitoring or restrictions on their movement. These people had authorised DoLS in place. There was also a restrictive practices assessment in order to identify other potential deprivation of liberties that may need to be authorised by the supervising authority.

We also found that people's health needs were met. We saw that people had access to health care professionals when needed. On the day of the inspection one person went out to a podiatry appointment and another was visited by a physiotherapist for treatment. Care records showed that professional advice was followed to promote people's health and wellbeing. Some people who used the service required specific assistance to eat and drink safely. We found that professional advice relating to the preparation of drinks and the assistance provided to people to enable them to drink safely was followed. The advice was available in the kitchen for staff to quickly refer to to make sure they were providing people with the right consistency of food and drink.

The people who used the service appeared to enjoy the food and drinks provided to them. People's weight

was monitored on a regular basis to ensure their nutritional needs were met. Our observations at lunchtime showed that people, all of whom needed full assistance from the staff, were supported to eat and drink safely. Charts were completed to monitor whether people were receiving adequate nutrition and hydration.

We found that people's health needs were monitored effectively to promote their wellbeing. For example, some people who used the service experienced seizures that required close monitoring to pick up potential changes in the presentation of their seizures. We found that seizure monitoring charts were maintained accurately so changes could be identified.

We found that staff had received appropriate training and training records were kept up to date. Staff reported that they have received training in regard to dysphagia, moving and handling, medication, assessment and support planning, MCA and DOLS and were able to give examples of how this training related to the individuals they support. On the day of the inspection four staff were attending training on the management of aggression. The manager told us that she could access training for the staff specific to the needs of people who used the service and gave us examples of when she had done so. Staff told us they received regular supervision and this was evidenced in the staff records.

Is the service caring?

Our findings

At our last inspection we found that people's dignity was not consistently promoted.

At this inspection we found that people's dignity and right to privacy were promoted. We observed the staff engaging and interacting with people in communal areas and saw that they were respectful and encouraging. Staff ensured bedroom and bathroom doors were closed when carrying out personal care.

We saw that choice and independence were also promoted.

We found that people were encouraged to make choices about their care, such as what to wear. For example, we heard one staff member ask a person, "Do you want socks on today?" and "What colour socks do you want on?" before they provided the person with assistance.

Staff told us that menus were planned for people on their behalf based on the staffs' knowledge about people's likes and dislikes. They were in the process of implementing pictorial aids to promote choices such as preferred foods during meal times.

We observed staff promoting choice at mealtimes, and that a member of staff positively encouraged one person to help feed themselves with a spoon. Another person was observed to be selecting food to put into an oven tray for cooking. Staff interactions were observed to be caring, motivational, encouraging and patient.

The person who used the service that was able to talk to us told us that they were happy with the care and support at Holmdale and that they had been involved in choosing the décor when their room was redecorated.

We saw that staff knew people well which enabled them to have meaningful conversations and interactions with people.

People's records were stored securely.

Is the service responsive?

Our findings

At our last inspection we found that people were not always enabled to be involved in making choices about their everyday care. This was because appropriate communication tools were not always available. We also found that the information staff needed to provide people with consistent care that met their preferences and needs was not always available.

At this inspection we found that people were involved in making choices about their care. One person used an E-tran frame to assist with communication. Another person told us that they were supported to participate in their preferred hobbies and interest inside the home and in the community. For example, this person told us they were supported to visit their mum, go swimming, go to the pub and go to shows. They confirmed these were activities that they enjoyed.

Care records and photographs in people's rooms showed that other people who used the service accessed the community and participated in some activities at the home. Staff told us about activities each person accessed, which included aromatherapy, rebound therapy, going to the hairdressers, outings and trips, shopping, visiting relatives and attending a day centre. Each person had a calendar of activities displayed in their room and in their care file. On the day of the inspection a staff member took one person to a local café for coffee.

We found that plans were in place for the staff to follow to ensure people's care needs and preferences were met. The care files were of a high standard with good documented evidence to support that people's needs were being properly monitored and recorded. Advice from healthcare professionals was used to formulate individualised care plans, for example advice from speech and language therapists. Staff completed monthly reviews where they set goals for people to achieve. Staff confirmed that people who used the service were able to participate in these reviews using communication aids. Staff acted as key workers to people and were more involved in care planning and risk assessments. They were able to tell us individual people's needs, likes and dislikes. Daily records contained details of 'what worked well today' so that care plans could be amended on review to take account of things that worked well with the person who used the service.

The person who was able to verbally communicate told us they would tell staff if they were unhappy with their care. A pictorial complaints procedure was in place and complaints records showed that no recent complaints had been made about people's care.

Is the service well-led?

Our findings

The registered manager was on leave at the time of the inspection. There was an acting supernumerary manager in post who had previously been registered by the Care Quality Commission to manage another location. She was an experienced manager who had worked for the registered provider for many years. She told us that she intended to apply for registration as manager of Holmdale. On the inspection she was supported by the regional manager. There was also a deputy manager who was supernumerary one day a week.

At our last inspection we found that effective systems were not in place to assess, monitor and improve the quality of care, the registered manager and provider did not always notify us of reportable incidents and events that occurred at the service and the service's inspection rating was not being displayed as required by law.

At this inspection we found that effective systems were in place to assess, monitor and improve the safety of the care provided to people. A continuous improvement plan had been implemented, which contained a clear vision of what was expected of the service and key performance indicators. The acting manager carried out audits in relation to people's monies, medicines and health and safety. She also compiled data for clinical governance, such as falls and infections. The regional manager also carried out monthly audits of care plans, medicines, compliance with MCA and DOLS, finances, accidents and incidents and staff records. All findings were logged onto a database called Q Pulse. As the home was in special measures it was subject to weekly visits from the registered provider's Quality Excellence team. We saw evidence of visits made by members of the team to look at care plans and medicines. Reports were issued with their findings, any support they had provided and any actions required. All this was logged onto the Q-Pulse database and had to be updated with actions taken.

The regional manager told us that the findings from inspections were shared with managers throughout the company so they could learn lessons and make improvements. He said they were undertaking a root cause analysis to determine what had gone wrong in the service prior to the last inspection.

Effective systems were also in place to gain and use people's feedback to make improvements to the quality of care. We saw evidence of completed pictorial satisfaction questionnaires from people who used the service and their family and friends. All contained positive feedback. A staff engagement survey had also taken place.

The previous inspection rating was displayed in the hall at the service. Statutory notifications of incidents and events, as required by law, had been submitted to the Commission in a timely manner.

Staff we spoke with had worked in the service for a period of between 3-10 years, and had remained there since the last inspection. The staff were open and honest about how changes made since the last inspection had positively impacted their work and the care of people who used the service. They said that with the appointment of the acting manager they felt they were now working in a much more relaxed environment.

The staff told us that the acting manager was approachable and supportive and that they had monthly team meetings with her and the regional manager to discuss any concerns.