Community Homes of Intensive Care and Education Limited

Holmhurst

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Holmhurst is a small care home providing support and accommodation for up to nine people with mental health conditions and complex needs. The home has eight rooms located in the main building and a separate self-contained annexe within the grounds. At the time of our inspection nine people were living in the home.

The inspection took place on 24 January 2017. This was an unannounced inspection and the home's first rated inspection. A registered manager was in post when we inspected the service. 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 was present and approachable throughout our inspection.

The administration and recording of medicines was being safely managed, however the storage of medicines was not always safe. One person who was self-administering had no lockable facility in their room to store their medicines safely. We saw that a medicines fridge was not in place for people that may require their medicines to be kept at a refrigerated temperature. The registered manager rectified this during the inspection and put one in place.

The home employed sufficient levels of staff to support people and meet their needs. During our inspection we saw staff were visible to support people; however at times opportunities to interact with people were not always taken up, leading some people to walk from room to room without being offered the choice to engage. When staff were interacting with people they did so in respectful ways and showed good understanding of people's needs.

The provider had systems in place to manage risk and protect people from abuse. Staff had a good understanding of safeguarding and whistle-blowing procedures. They also knew how to report concerns and had confidence in the manager that these would be fully investigated to ensure people were protected.

During our inspection records showed that some staff's training had expired which needed renewing and this had not yet been arranged. New staff had completed an induction programme before working on their own and told us they were well supported and received regular one to one meetings with their manager.

We saw that consent had not been recorded for staff to take responsibility for two people's cigarettes. Staff kept these in the office so they could monitor the amount people smoked and ensure people did not smoke in the home and cause a fire risk.

People and their families praised the staff and registered manager for the kindness and the support given to people and families alike. Comments included "I am very happy about the care, the staff all need to be commended" and "The staff are caring, they work as a team, there's a lot of laughter, it's a lovely

atmosphere they care very much". The care records demonstrated that people's care needs had been assessed and considered their emotional, health and social care needs.

People were able to choose what activities they took part in and suggest other activities they would like to complete. In addition to group activities people were able to maintain hobbies and interests and staff provided support as required.

People, their relatives, staff and health professionals spoke positively about the improvements the registered manager had made to the service commenting "When the manager took over she's done so much work here, there has been a big difference with her coming in", "I get the impression that since the new manager, things have significantly improved" and "The manager has done very well in what she's achieved".

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

This service was safe.

The administration and recording of medicines was being safely managed however the storage of medicines was not always safe. One person, who managed their own medicines, did not have a lockable facility in their room to keep their medicines safe.

Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns.

We found the service to be clean and homely. Staff were able to explain how standards of cleanliness were maintained and cleaning schedules were in place to record that all areas of the home were being cleaned.

The home employed sufficient levels of staff to support people and meet their needs. During our inspection we saw staff were visible to support people, however at times opportunities to engage people were not always taken up.

Is the service effective?

Requires Improvement

This service was not always effective.

Some members of staff training had expired and they had not been booked in to renew this. This meant they had not been given the opportunity to ensure their knowledge was up to date to support them in maintaining and developing their skills.

We saw that consent had not been obtained for staff to take responsibility for two people's cigarettes. Staff kept these in the office so they could monitor the amounts and ensure people did not smoke in the home and cause a fire risk.

People were supported to maintain good health and had access to appropriate services which ensured people received on-going healthcare support.

Is the service caring?

Good

This service was caring.

People and family members we spoke with gave us very positive feedback about their care workers and told us they were caring.

Staff told us how they aimed to provide care in a respectful way whilst promoting people's independence.

Is the service responsive?

Good

The service was responsive.

Support plans were in place that accurately recorded people's likes and dislikes and preferences. Staff had information available that enabled them to provide personalised responses to people's needs.

People had access to activities that were personal and important to them. Staff were creative in finding ways to support people to live as full lives as possible.

There was a system in place to manage complaints and comments. People had been given information about the complaints process should they need to make a complaint.

Is the service well-led?

Good

The service was well-led.

The registered manager provided good leadership and encouraged people, their relatives and staff to contribute to the development of the service.

Systems were in place to review incidents and audit performance, to help identify any themes, trends or lessons to be learned. Quality assurance systems involved people who use the service.

Holmhurst

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 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 24 January 2017. This inspection was unannounced. The inspection team consisted of one inspector. The provider of this service changed on10 October 2016 from Truecare Group Limited to Community Homes of Intensive Care and Education Limited. This service had not been previously inspected.

Before the inspection we checked the information we held about the service and the service provider. This included statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law. We used all this information to decide which areas to focus on during our inspection.

During our inspection we spoke with five people being supported by the service, four staff members, the registered manager and area manager. We also spoke with four relatives by telephone after the inspection visit to the home. We reviewed records relating to people's care and other records relating to the management of the service. These included the care records for four people, five staff files and a selection of the provider's policies.

Good

Is the service safe?

Our findings

The administration and recording of medicines was being safely managed, however the storage of medicines was not always safe. All medicines apart from one person's were kept securely in a locked cupboard in the registered manager's office. The office had a keypad to gain access. We saw that one person who was self-administering kept their medicines in their bedroom. This person had no lockable facility in their room to keep their medicines safe. Staff told us the person would lock their door if they went out. This person only kept one week's supply of their medicine at any time and the rest was kept locked in the main medicine cabinet. The registered manager informed us that a lockable cabinet had been ordered for the person stating "I have checked back through my records and can confirm that the individual lockable medication cabinets had been ordered for the service users that self-medicate at the beginning of January. I have chased these up with the purchasing department and will make sure that as soon as they arrive I will arrange the fitting of them".

We saw that a medicines fridge was not in place for people that may require their medicines to be kept at refrigerated temperature. The registered manager and staff confirmed that at this time no one was taking any medicines that needed to be refrigerated but understood this could change at any given time. Staff told us they could be kept in the main fridge in a separate secure container if needed. During our inspection the registered manager retrieved a working fridge that had been put away in storage which could be used as a separate medicines fridge and was fitted with a lock. The fridge was put in place with immediate effect.

The administration of medicines was always completed by two staff, one to administer and one to observe, check and witness. We observed staff administering one person's medicine and saw they followed the correct procedures, which included checking the medicine label against what was recorded on the medicine administration record (MAR), explaining to the person what medicine they were being given and signing the MAR after they had witnessed the person taking it.

Each person had a photograph for identification alongside their MAR and any allergies listed. A consent of administration form had been signed to show the person consented to staff supporting them to take their medicines. A medicine profile highlighted what medicines a person was on, when to administer, what they had been prescribed for and any possible side effects the person may experience. One person received their medicine in a crushed format which was then added to water. Staff were aware that an agreement was in place to allow them to administer the person's medicines in this format. We saw a capacity assessment had been completed and a deprivation of liberty and safeguards (DoLS) was in place as this person did not have the capacity to make a safe decision around taking the prescribed medicines that they needed. The person's MAR printed by the pharmacy stated the person was to receive their medicines in this format and was approved.

An emergency bag was available in the event the home needed to be evacuated and people had personal evacuation plans in place. The fire risk assessment in the grab bag however still had the previous registered manager's details recorded and had not been updated. A new one had been completed but had not yet been put in place. After the inspection the registered manager informed us that "The homes fire risk

assessment that was kept in the grab bag has now been updated and is in place".

Risk assessments were in place to support people to be as independent as possible. These protected people and supported them to maintain their freedom. The registered manager told us "It's about doing the best you can without restricting people, work with that person in a person centred way". The area manager told us that they considered anything a person wanted to do and would try to find a way to facilitate it safely. One staff member told us "Everything we have done has been risk assessed".

An activity risk assessment folder was in place, and we saw each planned and new activity had a risk assessment completed. Each assessment looked at the positive outcomes of taking the risk such as 'I feel this would be a fun and social activity' and 'I will learn new skills and expand on current areas'. Staff had signed to say they had read and understood the assessments and knew how to keep people safe. Other individual risk assessments and guidance on how to manage the risk had been recorded for things including finances and keeping safe outside of the home.

The home employed sufficient levels of staff to support people and meet their needs. During our inspection we saw staff were visible to support people; however at times opportunities to interact with people were not always taken up, leading some people to walk from room to room without being offered the choice to engage. We raised this with the registered manager who proactively responded informing us "At the staff meeting last Wednesday I discussed your comments with all about the possible missed opportunities for engagement between staff and service users. I will also be discussing with the individual staff members that I think this may be applicable to in individual supervisions and if relevant will provide them with individual mentoring and training". When staff were interacting with people they did so in respectful ways and showed good understanding of people's needs.

Staff told us "I think we have enough staff now", "We have just employed a few new staff so it's better. We can spend time with people chatting. We have some really good conversations and we get to go out a lot". Relatives told us "Certainly enough staff, its fantastic compared to other places we have seen", "There is enough now, the manager has been doing a fantastic job" and "There is always more than enough staff". One health professional said "There always seems a lot of staff about when I visit".

Safe recruitment procedures ensured that people were supported by staff with the appropriate experience and character. The registered manager told us during interviews "We are looking for previous qualifications and experience but it's not always just about this".

Relatives told us they had no concerns over the safety of their loved one's living in the home. Comments included "He loves it there, he's very safe", "I have no concerns on safety, they keep an eye on him, they are very aware, they watch and they keep him safe and secure" and "No concerns over him being safe". One person told us "It's a good area, I feel safe here".

Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. Staff told us "I would make sure the person was safe and let management know and if safeguarding needed to be involved this would be done", "We keep these guys safe, we keep things confidential and make sure there are no risks. I would report to the deputy if not happy. We all have a whistleblowing card which is given to us when we start and has contacts on", "We keep people safe by risk assessments, care plans, de-escalate situations and make them safe" and "If I witness an incident I would go to manager and take it to safeguarding if they don't report it".

The service had measures in place to keep people safe which included ensuring all visitors to the service

signed in. One health professional told us "Everyone I have met has made me sign in and asked for identification". Door codes were in place, but used as a safe precaution not as a restriction and people knew the codes to access all areas, apart from the registered manager's office. Each person had a vulnerable person profile in place which provided important and identifying details about them in case they went missing and was needed to assist the police in locating them. The registered manager told us the company also provided 'Keeping me safe' courses and two people in the home had completed these.

The home did not have a lift in place and we spoke about what would happen if people living above the ground floor deteriorated in their mobility. The area manager told us "We would look at an alternative suitable placement if needed, or look at a stair lift being put in, if this meant they could stay here and that's what it took".

We found the service to be clean and homely. Staff were able to explain how standards of cleanliness were maintained and cleaning schedules were in place to record that all areas of the home were being cleaned. One Staff said "We all do our fair share but the night staff do most of it, people are involved in this and there are checklists in place". One relative told us "Staff are always making sure to clean".

Requires Improvement

Is the service effective?

Our findings

During our inspection records showed that some staff's training had expired which needed renewing and this had not yet been arranged. We raised this with the registered manager about the importance of booking training prior to it expiring to enable staff to keep their knowledge current. After our inspection the registered manager told us "I have checked with the training department and found that part of the matrix was not calculating correctly which has improved the figures substantially, never the less there were some staff whose training was out of date and I can confirm that all of the mandatory training for these staff has now been rebooked". One staff member told us "All the staff welcomed me; I have had lots of training and can learn more".

We saw that consent forms were in place for most decisions relating to consent to receiving care, photos being taken and support with medicines. However staff kept two people's cigarettes in the office and consent for this had not been obtained or recorded. Staff told us they signed out each packet of cigarettes as if the person kept them they would smoke them all in one go. Staff also said there was a fire risk of a person smoking in the home if they kept their cigarettes on them and that the person was happy for staff to do this. We raised this with the registered manager who agreed people's consent should have been recorded. After the inspection the registered manager wrote to us sending us consent forms that had been signed and dated by the two people showing they were happy to keep their cigarettes in the office. The registered manager further stated that "I have spoken to the two service users whose cigarettes we keep in the office on their behalf, they both agreed to this and we now have consent forms in place to confirm that they are happy with this"

We saw the service had taken steps to support a person around their decision not to wash regularly or maintain their own personal hygiene. Staff were ensuring they put out fresh clothes for this person to encourage them and checked their room regularly to keep it clean. They continued to offer support to the person and prompted daily recording these attempts. The person's care plan stated discussions had been held around this and whilst there was no current health issues it was still a concern. Measures in place were recorded as, showing the person information on the pros and cons of washing, consultation with the GP, setting small goals, monitoring any health problems and asking if the person wanted specific smelling or types of washing products.

Staff supported people who could become anxious and exhibit behaviours which may challenge others. Positive behavioural support plans and risk management information was recorded for staff on people's specific triggers and how best to support that person. For example one support plan was colour coded showing green signs for staff to know when the person was relaxed and calm, orange when they started to feel upset, red when their behaviour could escalate and blue to support them to stay calm after a situation. Staff had all received training in managing behaviours that may challenge commenting "I have had training, we don't restrain, we do guiding and escort techniques. I feel confident to de-escalate a problem, I say to people let's talk and look at the problem", "I feel confident in dealing with situations, we see the trigger points, I have had the training" and "I have not really experienced any challenging behaviour but have had the training for it".

New staff were supported to complete an induction programme before working on their own. They told us, "I looked at the care plans, did training and was introduced to people at my interview. I was given a staff member to buddy with in my first week", "My induction was very good, I read the procedures and care plans, you take in a lot of information, I shadowed for first couple of weeks" and "At my induction I got told the rules and regulations of the house, looked at the policies, went through the care plans and learnt about people's needs. I did training and shadowed for a couple of weeks to get used to it". We saw that an induction checklist was in place to help monitor new staff and ensure they were given all the information relevant to their role. The registered manager told us "During the induction we take them around the home, go through the fire procedures, safeguarding, the policies, and they the read care plans. They won't remember everything but they have access to the polices when they want or need them".

People were supported by staff who had supervisions (one to one meeting) with their line manager. Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. Staff told us "I do get my monthly supervisions, previously I didn't and the manager really listens, she takes what you say on board", "Supervisions have been positive I am doing lots of learning", "Supervisions are useful. It's good to catch up and get feedback and give feedback" and "I have had support and asked how I am getting on. Supervisions are useful; it's nice to get that feedback and can be open and honest". The registered manager told us that when she became manager she initially took over the responsibility of conducting supervisions with staff to build a rapport with them.

Staff we spoke with demonstrated a good awareness of supporting people around the principles of the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. Staff told us "It is about treating people with dignity and respect they have the capacity to make a good or bad decision unless proven otherwise", "You always assume capacity unless proven otherwise, I treat everyone here as if they have capacity. If it's an unwise decision I give the person all the information so they understand and take that upon themselves and understand the consequences" and "You always have got to assume capacity, if they have capacity they can make bad decisions and if not then you must act in their best interests".

The Deprivation of Liberty Safeguards (DoLS) are part of the MCA. The DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. They aim to make sure that people in care homes are looked after in a way that does not inappropriately restrict or deprive them of their freedom. The registered manager had identified people who they believed were being deprived of their liberty. They had made DoLS applications to the supervisory body.

The home had a communal kitchen which people used to make meals of their choosing. People were encouraged to be independent in purchasing and preparing their meals but staff were on hand to offer support if needed. Each person had their own cupboard and shelf in the fridge which was labelled. One person told us "I cook all my own food, we eat whatever we want, and have a meal together once a week". Staff told us every Sunday the home shared a communal meal which they sat and ate together.

There were no menu plans in place or recorded food preferences and staff informed us this was because they knew what people liked or people were able to say. Staff commented "Most will go and cook their own food, we help some, they let us know what they want", "We know what foods people like and people tell us" and "There are no menu plans, it's up to the individual what they want to eat. We help them write shopping lists". We discussed with the registered manager the importance of also recording this information for new

staff, or in case a person became unable to tell staff for any reason.

Staff supported people to make healthier choices and eat a well-balanced diet as well as making sure they ate enough. One staff said "We encourage people to eat, they will snack and we encourage them to make drinks for themselves". Another staff member told us "We are allocated to a person during the day and we ensure they are eating. Most are independent in managing their food. A couple we support with shopping and cooking" We saw two meals prepared by staff for one person staff which were of a good portion size and looked appetising. One staff was observed explaining to a person about sell by dates on their food and advising the person not to eat it as the recommended date had passed. The person thought about it and then threw it out agreeing they did not want to get poorly. The staff informed us that they help monitor people's food and record anything they throw out. We saw one person order a take away for their tea which was delivered to the home, and the person shared some with one of their fellow housemates.

People had access to health and social care professionals. Records confirmed people had access to a GP, dentist and an optician and could attend appointments when required. People had a health action plan which described the support they needed to stay healthy. Each person's records contained professionals contact details who were involved in the person's care so staff knew who to contact if they needed. One health professional told us "There is care plan in place which gives details of the resident's health needs and how staff are supporting them to access appropriate health care including specialist health care". The registered manager said "If someone is not well we would discuss with them to complete checks regularly. If they needed staff in hospital we would find the staff, staff also attend appointments with people".

We saw that staff carried beepers on them which were linked to one person's epilepsy monitor. One staff told us "We always check immediately it if it goes off despite that it is probably the person just moving around, we also do hourly checks and complete an observation chart".

Good

Is the service caring?

Our findings

People received care and support from staff who had got to know them well. The relationships between staff and people receiving support demonstrated dignity and respect at all times. We observed one staff member bringing a person their breakfast and then offering to clean their glasses because they were smeared. People's comments included "The staff are good and kind. They support us", "We like it here the staff are cool", "I get on with the staff well, I love living here, this is the best I have been in a long time", "Sometimes I get grumpy, we are cared for well they are always cleaning" and "Staff are supportive they always ask what they can do for me".

A Keyworker system was in place for people. A key worker is a named member of staff that was responsible for ensuring people's care needs were met. This included supporting them with activities and spending time with them. Each person had a team leader and two support workers in their keyworker team. One staff member told us "We get to spend time with people; I have never failed to have a one to one chat with people on shift". Another staff said "Everyone gets what they need; I think the residents are happy here".

Relatives praised the care their loved one's received saying "I am very happy about the care, the staff all need to be commended", "The staff are caring, they work as a team, there's a lot of laughter, it's a lovely atmosphere they care very much", "They treat them with great respect" and "The staff are friendly to us and people it's like a friendly family, it's a relaxed environment". One relative spoke about how the manager supported their loved one to go shopping and buy Christmas presents for their family members. Relatives also spoke of the positive changes they had seen in their loved ones from being in the home stating "I saw a vast improvement, the best he's ever been because of the home. He's so lucky to be there. Got only really good things to say about that place", "They look after him, they have a rapport with him. He says he's happy and he's better in himself", "The staff are amazing, I've been very impressed it's changed his life and "My relative is very settled, the staff are excellent. He's doing amazingly well there".

Health professionals also commented on their experiences of the care people received from staff saying "People seem relatively settled, a lot more at ease, one person's progression has been really impressive here", "Staff seem pleasant and caring, they know people. One person tells me they can trust and talk to his keyworkers" and "There is always a happy atmosphere".

Staff told us people were encouraged to be as independent as possible commenting "We encourage that they do as much as possible for themselves", "We encourage people to do things for themselves. As a compromise we make dinner with one person not for him" and "We reduce prompts to get people to be independent". One person told us "Staff want me to do things myself to promote independence".

The service had a separate self-contained annex across the garden. The registered manager explained "The annex is also used to promote independence for someone if they are ready to move on to more independent living. This can be used as a way of reducing the support gradually and monitoring if the person is ready to live alone or if someone does not want to live with other people". One person told us "I do want to move on to my own place eventually".

Relatives also spoke how the service enabled people to be independent commenting "It's a caring environment, the clients are encouraged to fend for themselves and staff are always on hand if there are any issues", "They help him write letters and with permission help him read letters and understand the content", "[X] had a programme written for him and they follow it well, they go shopping and help him plan meals" and "He has the independence to do things he enjoys but with the support there when needed".

People were given support when making decisions about their preferences for end of life care. We saw that any wishes a person had were recorded by the service in people's care plans. Where a person did not want to discuss this subject at that time this had also been clearly recorded and the person had signed to confirm this.

Good

Is the service responsive?

Our findings

Care, treatment and support plans were personalised and reflected people's needs and choices. Each person had a detailed life story allowing staff to understand their experiences and support them more effectively. A care plan acknowledgement sheet stated about the 'Importance of involving service users within their care plans and we like to give opportunity to read and fully understand care plans before signing them'.

Person centred planning was in place which recorded what each person did independently, what they needed help with and their main goals for the future. One person had a person centred chart which served as a reminder to staff of how to support people, their communication needs and signs when the person was distressed. We saw that some communication boxes had been put in the quiet lounge. Staff explained these had just being introduced commenting "One person's past injuries mean they can sometimes become muddled so we have photos put together in albums, to look through and remember. It starts conversations, there's no harm in trying". The registered manager told us "Staff are doing really good things so I am encouraging them to evidence this".

The home used the 'Recovery Star' an outcomes measure developed by the Mental Health Providers Forum, which enabled people to measure their own recovery progress, with the help of mental health workers or others. Support sessions were held with people and areas scored included social networks, work, relationships and living skills to identify the support needed. The registered manager commented "We do the recovery star every month. It depends on the person if they want to take part. Staff will chat with people throughout the month, complete keyworker session with them which all links together and staff support them to meet goals. Every two months we go through this in a meeting".

Health professionals who visited felt the home worked in a person centred way to meet people's needs. Comments included "They work in a person centred way" and "They have a range of people here who are all different and the management of that in itself is a credit to the home". The registered manager told us "We are working in a more person centred way to meet goals, involve people and evidence this. We are open to what families say and meeting people's needs, we all work together as a team and work with professional teams closely".

People's needs were reviewed regularly and as required. Where necessary health and social care professionals were involved. Relative's told us they also had the opportunity to be included in these meetings saying "We are always involved and invited to meetings about his care, they freely invite us and make us very welcome" and "Never had any problem getting hold of anyone. We have been invited to the meetings". A keyworker report was completed bi-monthly which looked at the person's health, medicines, mood, activities, and any changes. This was discussed with the person and goals agreed and put in place. Activity reviews were completed which described the activity undertaken, any problems and feedback from the person on how to improve it next time.

People were able to choose what activities they took part in and suggest other activities they would like to

complete. In addition to group activities people were able to maintain hobbies and interests, staff provided support as required. On the day of our inspection some people participated in a planned trip to a tank museum. A weekly timetable was given to everyone and we saw it included events such as going for a walk, movie night, games and trips out. The home had an activity co-ordinator who spoke passionately about creating opportunities for people saying "I sit down with people one to one and keep a person centred log of what people like to do. We do person centred reviews yearly but each month we discuss what they would like to do. We are planning each month for one person to choose the group outing". People told us they were able to pursue their interests commenting "I am pretty happy, I make music and have a keyboard" and "I have my own rabbit here and it's a therapy rabbit".

Relative's were happy with the activities offered to their loved ones stating "They have worked very hard to ensure he has enough to keep him busy. They make sure he does as much as possible", "It feels like a home, it's cosy they do help him take part in things and do things as a group", "Staff drove [X] to an event, as public transport was hit and miss, and they bring him over to visit us so we can see him" and "He's getting the interaction he needs and wants". One health professional told us "I get a sense when I come that something is happening. There is always someone sat at the table doing something". The home had a computer set up with internet access for people to use if they wished. During the inspection we saw people utilising this facility.

People were supported to undertake voluntary jobs including roles within a charity shop, day centre and wildlife park. One person told us "I got a job, I'm waiting on my DBS (Disclosure and Barring Service checks) and then will start soon, staff supported me to get a job". Another person said "I do volunteering. I am saving up for a computer". The registered manager commented "My aim is to work with people and get them into work, we have got three people on the CV training (Curriculum Vitae is a summary of your experience, skills and education) with the company to get them ready for work".

Some people had been supported to go on holiday, and went away for a weekend in October 2016 to Devon. The registered manager said "This year my aim is to get everyone away on a holiday". One health professional commented "They arrange things so people can go out and on holiday".

Activities were well monitored and observations carried out which enabled staff to see who participated in which events and the level of engagement enjoyed by each person. Any activity refusals were also logged so people's dislikes could be tracked. The activity co-ordinator told us "Staff go to activity meetings within the company from all homes and share ideas. One person in the home loves photography so we organised once a week he goes out with a staff member who also does photography, takes pictures and then we plan to put his work on a canvas and display in the home. We do also do a lot of one to one especially if a person has been anxious or upset". We saw that each person had a diagram chart in place with the things they enjoyed and was used to plan activities around people's interests. One staff said "We are trying to get photos of activities and achievements people do to collect and put in their care plans.

Relatives raised with us that more opportunities could be created for people in the outdoor garden space. Comments included "We need more available in the garden for people's interests", "It is lacking in facilities outside", "They could do more with the garden and people might like this" and "A bit more in the garden would be good, growing vegetables, that kind of thing" We fed back these comments to the registered manager..

The service supported people to maintain contact with their families and people who were important to them. Last summer the home had held a cream tea party and invited relatives to share in this event with their loved ones. Relatives who had attended this party told us "They did a cream tea party it was lovely",

"The manager and staff worked so hard in the summer organising a cream tea, it was such a good idea for people to get together". Relatives spoke positively about the communication they received from the home saying "They are good at communicating we speak at least once a week", "They are very responsive, we have a good rapport with them, we discuss things and they always ring us if have any concerns. The communication is excellent" and "If any problems they are straight on the phone".

Complaints and concerns were taken seriously and used as an opportunity to improve the service. There had been one complaint under the new manager and this had been investigated appropriately and people and their relatives were satisfied with the response. The complaints process was displayed in the home and the registered manager told us any informal concerns were also recorded and dealt with as they arose. One relative told us "I feel staff go to the manager if there is a problem and she knows what's happening and is aware".

Good

Is the service well-led?

Our findings

The registered manager promoted a positive culture in the home and had worked hard to make improvements in the service. People told us she was approachable commenting "I can go to the manager if I'm not happy", "I can go to the manager anytime and talk to her. I talk to her daily" and "When the manager took over she's done so much work here, there has been a big difference with her coming in". One health professional said "The manager is always here, always positive and cracks on and emails if has any queries or concerns. There is always someone available for me to speak with". Other health professionals commented "I get the impression that since the new manager, things have significantly improved" and "I have picked up from other health professionals that things here are a lot more stable now. They are learning how to respond".

Relatives had also seen a change in the service and told us "There has been several managers, she seems extremely on the ball, the records are more up to date now", "The manager has done very well in what she's achieved", "The manager is available we speak to her she comes on the phone or we speak face to face" and "She is very lovely and welcoming, she's made a point of coming out and talking to me each time".

Staff had confidence in the registered manager's ability to lead the service and felt well supported commenting "Since [X] has come to be manager there have been improvements, staff morale was very low, everything has improved. I feel I have a better understanding of my job role and she's shown me how to build things up", "She's very welcoming, she's a good manager, it's easy to raise things with her", "The manager is lovely, she is available and will take time out", "Staff morale is lovely, we work together as a team, it's a fantastic place to work" and "Very approachable manager, if I had concerns or ideas I would go to her, we are very lucky". The registered manager told us "I had to gain people's and staff trust. My door is always open, it's about working with the team not just about being a manager in the office, but to be on the floor and cover shifts, about making people's life better".

Staff were encouraged to share ideas and had awareness of the values the home promoted. One staff told us "We can raise ideas with staff and management and my ideas are taken seriously. If I feel there is anything that could be improved and I won't keep quiet about it we talk about it". Another staff member said "We have got the core values of excellence, commitment, passion and integrity in what we strive to achieve. We help people achieve what they want to in their life". Staff spoke about a person in the house who had wanted to give something back to the homeless at Christmas. Staff helped this person to make up Christmas boxes with things such as toothbrushes and chocolate included in them and they delivered them to a homeless shelter for people. We saw a letter from the shelter thanking the person and staff for this kind gesture.

The home worked hard to involve people in the service and held regular meetings to discuss events and encourage feedback. Annual surveys were sent to people, their relatives and staff to further encourage this and identify areas of improvement. The registered manager told us "We are always open to what people want and how we can work in a person centred way". A compliments book was in place which recorded letters and cards thanking staff and praising the home for the care received. People living in the service had

been given the opportunity to attend first aid training provided by the company. The registered manager confirmed that some people had completed this and received a certificate.

Staff had been made aware of the responsibilities their role carried and had signed to say they had read and understood the company policies. One staff member told us "We have a team lead on each shift to allocate work". We saw that when a medicine error had occurred the registered manager had held an investigation and meeting with staff responsible. The registered manager told us where necessary the GP would be notified and staff would receive re-training and in-house assessments. If required the registered manager would instigate the home's disciplinary procedures.

Quality assurance systems were in place to monitor the quality of service being delivered and the running of the home. A care plan audit record showed when each care plan was reviewed. If any changes were needed or had been made, these were clearly recorded on an action plan with an identified timescale for completion. Each week the team leaders completed medicine audits in the home and the medicine stock was checked. An accidents and incident log was kept and accidents rated on a severity level. The registered manager collated accidents on a monthly basis and sent a manager report to senior management so it can be monitored. Audits were also completed on health and safety and infection control with some staff having taken the lead roles in these areas. The registered manager was in the process of auditing staff files at the time of our inspection.

The area manager and registered manager told us that people using services within the company were part of the overall quality monitoring process. A group of eight people go around all the services and using their own devised format inspect the service and produce a report. The home had received their visit in December 2016. The area manager explained that people got paid to do this and it encouraged feedback from a person centred perspective, from people who received the service.

The registered manager told us she felt supported by senior management and that visits were made monthly, commenting "[X] has been brilliant and the company. I know if I need advice someone is at the end of phone, [X] rings to check everything is ok. As a new manager there is a lot I want to bring in, we have been getting things back on track".

The home worked in good partnerships with external health and social care professionals to meet people's needs. Health professionals comments included "The team work well, we get updates, they build on learning opportunities", "Currently support here is good, historically there were concerns, the last nine months there has been better communication and I feel assured. Everything we ask to be done is" and "I have been impressed with the service provided at Holmhust. Where there are issues that I need to know about I am informed by the manager so that these can reviewed at the next session". The registered manager told us "We have built relationships with care teams and have that in place now".