

Parkcare Homes (No.2) Limited

Hobbits Holt

Inspection report

156 Ruspidge Road
Cinderford
Gloucester
Gloucestershire
GL14 3AP

Tel: 01594823554
Website: www.craegmoor.co.uk

Date of inspection visit:
25 June 2019

Date of publication:
02 August 2019

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

About the service

Hobbits Holt is a care home operated by Parkcare Homes (No.2.) Limited. The service provides support, personal care and accommodation for up to seven people. It provides care to adults living with a learning disability, autism and behaviours that may challenge.

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

Since our last inspection the provider had arranged training for staff that met the needs of people using the service. This included medicine training and safeguarding training. Staff competency had been routinely assessed by managers, which helped to ensure staff were safe to work with people. People were protected from abuse and harassment and received appropriate support to take their medicines safely as and when required.

The ethos and culture of the service centred on people. People were at the heart of the service and their involvement and feedback was valued by the provider. Staff were responsive to people's needs and went out of their way to ensure people lived a fulfilled life. Their patience and dedication assisted people to reach their potential. Staff consistently provided a service which had been tailored to meet the needs of individuals.

The provider had ensured there was effective oversight and governance of the service. The managers of the service worked alongside staff to ensure that any issues were managed and priorities in relation to the quality of support were identified and acted upon promptly.

People's independence was respected and promoted and the support provided to people focused on them having opportunities to develop and maintain relationships. People received a consistent level of care from a team of care staff. There were enough staff employed to meet people's needs.

Staff communicated with people effectively to ascertain and respect their wishes. People could decide how and when their care was provided. Safe recruitment practices were followed to protect people from unsuitable staff.

People received care and support that was person-centred and individualised. People's communication needs were identified, recorded and highlighted in care plans. People had access to documents in large fonts and there was extensive use of pictures and symbols throughout the records we reviewed.

People were supported to access other health services when needed. People's care plans provided staff with information about people's preferences and ways in which staff could support people emotionally and with the activities they enjoyed. Staff were very responsive to people and their ongoing health needs.

People were supported to have maximum choice and control of their lives and staff supported them in the

least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Rating at last inspection

The last rating for this service was Good (published 29 December 2016). We rated the key question "Is the service effective?" as Requires Improvement as we had identified that not all staff had received regular formal supervisions meetings to discuss their personal development and any concerns. At this inspection we found the provider had completed their planned improvements.

Why we inspected

This was a planned inspection based on the previous rating. At this inspection we found that the service was "Good" in all areas.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details in our Safe findings below.

Good 

Is the service effective?

The service was effective.

Details in our Effective findings below.

Good 

Is the service caring?

The service was caring.

Details in our Caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details in our Responsive findings below.

Good 

Is the service well-led?

The service was well-led.

Details in our Well-led findings below.

Good 

Hobbits Holt

Detailed findings

Background to this inspection

The inspection

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

Inspection team

Our inspection was completed by one inspector.

Service and service type

Hobbits Holt is a 'care home' that provides accommodation for up to seven people who require personal care. People in care homes receive accommodation and personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Hobbits Holt provided personal care and support for people with learning disabilities.

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

Notice of inspection

The inspection was announced. We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the site visit

We reviewed the information we had received about the service since the last inspection. This included previous inspection reports and details about incidents the provider must notify us about, such as abuse, serious injuries and deaths. We used information the provider sent us in their Provider Information Return as part of our Provider Information Collection. Providers are required to send us key information about their

service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the site visit

We visited Hobbits Holt on 25 June 2019. We spoke with the registered manager, deputy manager and two care workers. We spoke with three people who used the service. We observed staff interacting with people throughout the day, including preparing and supporting people with various activities. We reviewed a range of records. This included three people's care records, three staff recruitment files and staff training and supervision records. We also reviewed records relating to the management and monitoring of the service.

Following the site visit

We sought feedback from one healthcare professional and one family member about Hobbits Holt.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "I feel safe, I like having staff around." Another person told us, "I feel safe because people look after me."
- People were protected from the risk of abuse and harassment. Staff knew what action to take if they suspected abuse or poor practice. They were confident to 'whistle blow' and knew which outside agencies to involve if needed.
- The registered manager kept a record of safeguarding incidents that had occurred. Incidents were dealt with appropriately and action was taken to minimise future incidents occurring.

Using medicines safely

- Medicines were administered by staff who had been trained and had their ongoing competency assessed. Good medicine practice was followed and records confirmed people had received their medicines as prescribed. Medicine systems were well organised. There was clear guidance when giving 'as required' medicines, in response to people's varying needs. Where able, people were supported to take their medicines independently.
- Medicines were delivered in time for people's use as prescribed. They were stored safely and securely and returned to the pharmacy if unused.
- Staff checked people's prescribed medicine stocks daily. This enabled them to identify any medicine errors quickly, to help maintain people's health and wellbeing. The deputy manager told us there were rarely any errors.

Staffing and recruitment

- People were protected from those who may not be suitable to work with them. Pre-employment checks were completed and the provider took into account any known risks identified through their recruitment process before staff started work at the service.
- Staff performance was routinely monitored to ensure the provider's expected standards were met.
- People told us there were enough staff to support their needs.

Assessing risk, safety monitoring and management

- People's care plans contained a wide range of assessments identifying potential risks. Records showed that measures were in place to mitigate those risks.
- Staff were kept aware of people's risks and the strategies used to keep people safe including the management of people's serious health conditions, falls and diabetes. We reviewed records in people's care

plans that demonstrated a range of health professionals had provided support and guidance for people and staff in relation to people's health needs. Daily handovers ensured staff were kept up to date with the changing needs of people.

- When people's health deteriorated there were clear systems to monitor and communicate the agreed emergency response or medical treatment. For example, one person's care plan contained an emergency treatment plan that was specific to the person's risk of acute breathlessness. This gave clear direction for staff to follow in an emergency and had been signed by the GP and reviewed regularly by the service to ensure it remained up to date.
- Personal emergency evacuation plans (PEEPs) were in place for people and detailed how staff would support people to evacuate from the home in the event of an emergency.

Preventing and controlling infection

- Staff received training in infection prevention and control. They understood how to prevent potential infections and followed the provider's policies to prevent cross contamination when handling soiled laundry. Staff told us they used personal protective equipment and followed good hand hygiene.
- Staff completed food hygiene training and the home had effective systems in place to ensure it was clean and infection free.
- The service had created an 'all about Flu' booklet in an easy to read format for the people living in the service. This booklet contained information about the risks associated with flu and how to prevent the spread of viral infections through the use of effective hygiene practises.

Learning lessons when things go wrong

- Incidents and accidents were reported, recorded and investigated to find out why things had gone wrong and ensured appropriate action was taken to keep people safe. Learning identified through such investigations was communicated to staff through 'team huddles' and used to prevent similar incidents occurring in future. For example, where an investigation was conducted into how staff had responded to one safety incident the manager reviewed the training needs of those staff involved and allocated them to receive an additional update in training.
- Where recent concerns had been raised around the quality of recording by staff in relation to accidents and incidents, the registered manager had conducted a review and had made changes to systems and processes within the home to ensure the quality of these records improved.
- Where required the registered manager had notified CQC of any significant event such as serious injuries or safeguarding concerns.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good.

Good: People's outcomes were consistently good, and feedback confirmed this.

Staff support: induction, training, skills and experience

- Since our last inspection the records relating to the monitoring and training of staff had improved. Records showed that staff were competent, knowledgeable and skilled in their role. Staff told us the providers training was detailed and ensured they had the skills to support people effectively. One member of staff we spoke with told us, "Training has got a lot better, there is a lot more effort put in to training and we have an area where we can do training and we get to work with internal and external trainers. I get support and development. Managers check that I am doing alright and if there is anything I need."
- All staff had completed mandatory training and refresher courses such as infection control, fire safety, safeguarding and moving and handling. Records in relation to staff training were held on a database that was reviewed regularly by the registered manager who ensured staff were booked on to update training as and when required.
- New staff members completed a structured induction to their role. This included completion of appropriate training and working alongside experienced staff members until they felt confident to support people safely and effectively.

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

- The physical environment, within which people lived had been assessed and was accessible and safe for people to move around.
- People's bedrooms reflected their needs, preferences and interests. People told us they had personalised their own rooms. Several people had items which were important to them, such as pictures of their family and friends which they could look at and enjoy. One person told us "I have my own bedroom. I have my toys in my room. I have a big toy tiger in my room and I have a TV to watch."
- There were communal areas for people to enjoy including a quiet lounge, a main lounge and a dining area.

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

- People's needs were fully assessed with ongoing involvement of their close relatives (where appropriate) and reviewed by a range of health and social care professionals. One health care professional told us, "Staff know service users very well."
- People had access to information in a way they could understand to help promote a good quality of life and manage their health needs.
- The provider had ensured that policies included up to date national guidelines and legislation for staff to reference. Policies in relation to medicines had been reviewed and updated.

- Information in relation to people's individual characteristics, under the Equality Act, was gathered when people moved into the service and consideration was given to their age, religion and sexual orientation when planning their care.

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

- Staff understood people's dietary needs and preferences, and these were recorded in people's care plans. People's risks in relation to eating and drinking had been assessed and reviewed. The registered manager told us that there was no-one with a risk of choking currently using the service.
- People told us they had enough to eat and drink and had a good choice of food. One person told us, "The food is nice. I can make my own hot drinks when I want."
- People had access to a weekly menu which they helped choose. They were supported to go shopping regularly and eat a balanced diet which included a variety of fresh fruit and vegetables. One person told us, "I tell staff what I want to add to the shopping list and we buy it and put it on the menu."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Staff worked with a variety of health and social care professionals to manage people's health needs. The service engaged regularly with the community learning disabilities team to discuss people's health. The deputy manager explained how this joined up working had a positive effect on people.
- Each person had a health record where details of appointments attended, advice given by health care professionals and people's individual health needs and diagnoses were recorded. This included appointments with doctors, dentists and diabetes professionals amongst others.
- There were daily staff handovers, which meant staff were kept up to date with people's healthcare needs. One staff member told us, "There is enough information about people. Handovers are effective and are always quite detailed."

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

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 take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- There were policies and procedures in place relevant to the MCA and Staff had received training in the MCA and explained how they put this into practice when providing support.
- We saw that staff consistently asked for people's consent before providing any care or support. For example, obtaining people's permission before supporting them with their medicines or entering their bedroom.
- Where people were unable to make a decision for themselves their care records included a mental capacity assessment and/or best interests' decision. This included the person as much as possible in making their own choices with involvement of their family and appropriate professionals where required.
- Where relevant, DoLS were in place for people using the service to keep them safe from harm. This included the allocation of one to one staffing and code locks on internal doors. We saw that the registered manager had a full overview of DoLS records to ensure these remained relevant and the least restrictive possible. When any DoLS authorisations were due to expire the registered manager had applied for a new review and authorisation to be completed.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good.

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us they were well cared for. One person told us, "Staff talk to me nicely." Another person said, "If I'm scared at night I go to staff. They will tell me not to be frightened or scared and that they will keep me safe."
- We observed staff to be kind and caring in their approach. We observed many friendly and caring interactions between staff and people. Staff greeted people with warmth and empathy throughout the inspection.
- Staff had a good understanding of people's needs and spoke about people with kindness and compassion. Staff we spoke with knew people's preferences and used this knowledge to care for them in a person-centred manner. A person's relative told us "Staff really do care." A health professional said, "The service is person centred."

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

- People had the opportunity to express their views either through monthly key-worker meetings or regular resident 'your voice' meetings. Care records demonstrated that people had been given opportunities to express their views, be involved in making decisions about their care and decide which activities to be involved in.
- People had the opportunity to be involved in the recruitment of staff. The service had compiled a list of questions from the people living at the home to ask potential staff during the interview process. One person told us they had recently been present during a staff interview. The person told us, "I did a staff interview. I enjoyed doing that. I asked the person if they could drive because we like to do activities."

Respecting and promoting people's privacy, dignity and independence

- Staff showed genuine respect for people. They were keen to ensure people's rights were upheld and to provide care in a non-discriminatory manner.
 - Staff understood the importance of respecting people's privacy and dignity. Staff received training on how to provide a dignified service.
- Staff supported people living at the home to be as independent as they could be. A staff member told us, "We are all trying to give the people the best quality of life ensuring they get to get out and about. Our Service users do quite a lot." A person told us "I like to walk to the shop to buy a paper every day - staff come with me to keep me safe."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question remained Good.

Good: This meant people's outcomes were consistently good, and people's feedback confirmed this.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There was a strong, visible and person-centred culture that was built on positive relationships with people. Staff knew people well and used this knowledge about the individual to involve them, their family, friends and others in their care and support plans, so they felt consulted, listened to and valued. One health professional working with the service told us " Over the years staff have built up the skills to support people really well."
- Staffing was tailored specifically around enabling people to pursue their interests and aspirations. Staffing arrangements were flexible to ensure people could do what they wanted, when they wanted. Staff supported people to attend a vast range of community-based activities focused on their individual interests. These activities took place in the day, evenings and at weekends.
- Staff frequently discussed with people how their support could be provided. We saw this had been very successful when planning a holiday and composing a risk assessment This year people living at the home had chosen to go all together. Staff had worked extra hours and gave up their own time to ensure the holiday was a success and people were supported effectively. People had been empowered to take control of making the arrangements and were given the autonomy and independence to try new experiences. During the inspection people were keen to show us the photograph albums of their holiday and shared with us how much the holiday had meant to them.
- Staff told us people were supported and encouraged to develop and maintain relationships with people that mattered to them and to avoid social isolation. One person told us "I go and see my brother every week on a Tuesday." People were supported to call their relatives whenever they asked to speak to them. Staff facilitated this by helping people with telephones or video based chats on mobile phones and tablet computers.
- The service was in a rural area. Staff understood that people were at risk of becoming isolated and supported people to build and maintain relationships that mattered to them. People were seen as individuals and there was a range of activities and outings. Staff thought about people's past and interests and tried to include these. For example, one person enjoyed visiting a church to lay flowers on the graves of loved ones and staff had supported them to do this frequently. Photographs around the home showed people of all abilities enjoying a wide range of activities.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Staff had received equality and diversity training to help influence the quality of service provided to people and help ensure people were not discriminated against. Support was flexible in order to work with people

and meet their changing needs.

- People had detailed and completely individualised care plans. The delivery of their care was developed in partnership with them. People's care plans were 'living documents' that evolved and were updated as people's needs changed. As a result, staff enabled each person to take an active part in all the aspects of daily life they chose, based both on what they could do and what they wanted to do. A person's relative told us "Staff are devoted to supporting [name of person]."
- People's documentation was reviewed regularly to keep staff up to date with people's needs. Daily records were broken down into two hour blocks where staff had recorded what people had been doing and how their mood had been during that specific timeframe enabling staff to keep staff up to date with information and adapt their approach accordingly.

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

- The service identified people's information and communication needs by assessing them. Staff understood and promoted the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. People had access to documents in large fonts and there was extensive use of pictures and symbols throughout people's care plans and risk assessments amongst others.

Improving care quality in response to complaints or concerns

- People told us they knew how to make a complaint. Information relating to the complaints procedure was displayed in the home. People were observed chatting with the registered manager and staff. They talked through any concerns as they arose.
- The service had received no complaints in the last 12 months. The manager explained how they would handle complaints in accordance with the provider's policy and procedures. The manager knew people's families well and proactively kept people's relatives well informed to ensure there was effective communication with families and to minimise the risk of a complaint being made.
- There was a culture that supported staff to raise concerns and influence change. One staff member told us "We have monthly meetings where we can voice concerns and share ideas." Another said, "there is a good atmosphere, staff are great. I couldn't ask for anywhere better to work."

End of life care and support

- The registered manager and staff had completed training in end of life care.
- Although the service was not currently supporting anyone with end of life care there was evidence of routine involvement of people and their families. Advanced care planning was promoted and there were conversations held around decision making and people's resuscitation wishes.
- The wishes and needs of people and their family were included in care plans; this involved discussion about people's preferred place of care at the end of their life. Staff had recorded people's preferences in relation to where they wished a funeral service to be held, what music they might want and whether they wanted hymns or a reading.
- The home had good links with relevant health professionals to ensure support would be available to manage people's symptoms and ensure people's advanced wishes would be respected.
- People within the home were actively encouraged to remember people and pets who had lived at the service and who had passed. People had been supported to make plaques in the rear garden to remember beloved pets who had been cared for by people living in the home. This had helped people to acknowledge the emotions associated with death.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The leadership for the service was the responsibility of the registered manager. The registered manager and their team showed a commitment to providing people with a good standard of day to day support for people. Audits and other checks enabled the provider to monitor quality in the service.
- A member of staff told us "I feel valued as a member of staff. Everyone is very accommodating. Managers treat you well and in return we offer to pick up extra shifts." Staff also told us they had opportunities to feed back to the management team during 1 to 1 discussions with them.
- Relatives described the leadership as being open and felt managers shared information with them as required. A person's relative told us "Communication is excellent - I am phoned to be informed about the slightest thing."
- The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of 'certain notifiable safety incidents' and provide reasonable support to that person. The registered manager could explain duty of candour and understood their responsibility to be open and honest with people and their family when something had gone wrong.

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

- The registered manager understood their role and responsibilities. They kept up to date with any changes in legislation and best practise guidance through working with the local authority and links with other professionals and organisations.
- Staff understood their roles and responsibilities and were well supported by the provider. The registered manager told us they had worked for the provider for some time and how they had regular manager meetings to promote effective communication within the service.
- The registered manager completed regular audits to ensure the quality of the service provided was of a high standard. For example, there were regular checks of the environment. There were additional checks and audits completed by the provider to ensure the homes strategies and objectives were met by the

registered manager.

- Policies were in place, and staff were aware of emergency planning procedures and systems of escalation for immediate and long-term management of major, unplanned incidents with the least disruption to people's care.

Continuous learning and improving care; Working in partnership with others

- Support plans had been reviewed monthly to ensure staff had the correct information to support people. This demonstrated that the quality monitoring systems in place were effective in identifying areas where improvements were needed.
- There was a positive and motivated culture within the service and staff worked well together. One staff member said, "Our ethos is to support people to live a normal life. I think we are achieving that. It is a very rewarding career. People go to bed with a smile on their face and that means a lot."
- Staff worked well with other health and social care professionals to support people. For example, Staff were working with the local disability team to ensure there was a consistent approach in the management of behaviours that might challenge. As a result of this joint working staff were more responsive to people's behaviour needs and were quick to provide support to prevent behaviours from escalating and affecting others. This meant incidents had reduced over time.
- The management team worked in partnership with commissioners and the local authority safeguarding team to ensure people received the care and support they needed.