Interhaze Limited

Holyhead Care Centre

Inspection report

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Date of inspection visit:
02 November 2015

Date of publication:
21 December 2015

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 2nd November 2015 and was unannounced.

Holyhead Care Centre is a care home providing personal care and accommodation for a maximum of 24 people. It supports younger and older adults with mental or physical health care needs. At the time of our visit there were 24 people living at the home.

The home 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.

People who lived at Holyhead Care Centre felt safe and were supported by staff who had undertaken training to support with people who had mental and/or physical health conditions.

Staff understood the provider's policies and procedures on how to safeguard people from abuse. They followed people's individual risk assessments which provided them with information on potential risks associated with people's care and how to manage them.
Recruitment checks were carried out prior to staff starting work at Holyhead Care Centre to ensure their suitability to work with people in the home.

Whilst most medicines were managed and administered safely, further information was required for when people should be given medicine that was prescribed on an 'as required' basis. The registered manager had a good understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Staff had undertaken training to help ensure they understood how people who lacked capacity could be supported to make decisions.

Staff understood the importance of obtaining people's consent before undertaking care and support. We saw people had been assessed to determine how decisions could be made in their best interests and applications for DoLS had been completed and were in the process of being assessed by the Local Authority.

There were sufficient staff to meet people's needs both in the home, and to support people with their hobbies and interests outside of the home. People received care and support which was tailored to their individual needs. People enjoyed the food provided at the home and were involved in menu planning.

Staff were motivated to work with people who lived at Holyhead Care Centre and had a caring approach. They treated people with dignity and respect.

Staff and people who lived at the home told us they had confidence in the management team. They told us

they felt that they were approachable and that they could discuss any concerns or issues with them.

There were systems in place to monitor the quality and safety of the service, these were effective and action had been taken to address any problems identified in the home.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People felt safe living at Holyhead Care Centre. Staff knew how to protect and safeguard people from abuse and how to manage risks relating to their care and support needs. There were sufficient staff on duty to support people's needs. Medicines were administered safely.

Is the service effective?

Good

The service was effective.

Staff had received training and support to provide effective care to people who lived at the home. Staff understood people's rights under the Mental Capacity Act and were supporting them in accordance with this. People received food and drinks that met their dietary needs and preferences and had access to health and social care professionals when required.

Is the service caring?

Good

The service was caring.

People were treated with kindness and their privacy and dignity was respected. They were involved in decisions about their daily lives.

Is the service responsive?

Good

The service was responsive.

People were supported to pursue their individual interests and hobbies. Staff were responsive to people's needs and involved people in planning their care. People felt able to share concerns with staff and complaints were investigated thoroughly.

Is the service well-led?

Good

The service was well led.

The provider had an open and approachable management team at the home. People were supported to have a good quality of

life. Staff were supported to work in a transparent and supportive culture with regular audits completed to monitor the quality and safety of service provided.

Holyhead Care Centre

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.

The inspection took place on 2nd November 2015 and was unannounced. This inspection was conducted by two inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We looked at the information received from our 'Share Your Experience' web forms, and statutory notifications which the provider is required to send to us. Notifications included information about deaths in the home and accidents and incidents that affected people's health, safety and welfare. We also contacted the local authority commissioner who funded the care of some people who lived at the home to find out their views of the service. The commissioner was satisfied with the care provided at the home.

We spoke with ten people who used the service, six members of staff (this included care workers and kitchen staff), the registered manager and provider. We reviewed four care plans and other records related to people's care such as food and fluid charts. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We looked at quality monitoring records which included audits of medicine records, complaints and incident and accident records.
We contacted the GP and District Nurse who visited the service to obtain their views of the care provided.

Good

Is the service safe?

Our findings

People who lived at Holyhead Care Centre told us they felt safe. One person told us, "It makes me feel safe to know that there is always someone around even at night." People were protected from avoidable harm because staff had a good understanding of their mental health needs and people's individual behaviour patterns. Records provided staff with detailed information about people's needs and what might trigger behaviour which challenged others. Through talking with staff, we found they knew the people who lived at the home well and could tell us how they dealt with challenging behaviour from people living in the home.

As well as having a good understanding of people's behaviour, staff had also identified other risks related to people's care needs. One person was at risk of losing weight so action had been taken to monitor their weight and their diet through the use of weight charts and food intake charts.
One person was identified as being at risk of developing pressure sores. Risk assessments had been completed and were reviewed monthly to help ensure that the plans in place to care for the person remained relevant and effective. Further actions, including referrals to occupational therapists, had been undertaken to minimise the risks to this individual. This ensured that specialist knowledge was sought to meet the person's care and support needs. Guidance from the occupational therapist was documented in this persons care file and details in the risk assessment showed that the guidance was being followed. These instructions included the use of pressure relieving mattresses and cushions and details for staff about how to check the person's skin.

Staff had undertaken training about safeguarding. Staff we spoke with had a good understanding of the provider's safeguarding people policy and procedure. We gave both the care workers we spoke with a safeguarding scenario. They both understood what they would need to do should they suspect abuse as well as their responsibilities to report the concerns to the registered manager. They also understood who to contact if they needed to take their concerns to a higher authority than the registered manager. The manager was aware of his responsibilities to notify us of any safeguarding concerns. There had not been a safeguarding incident at the home since 2014.

We saw that there were suitable emergency procedures in place to protect people. There were evacuation chairs and other evacuation equipment available within the home to support people who were unable to walk independently. These were within easy access to people's rooms. Personal Emergency Evacuation Plans (PEEPs) were in place for everyone at the home although the manager was waiting to print out copies to keep in an accessible place. These gave a summary of the needs and risks identified for the person, and provided sufficient information for other health care professionals should they need to support people who were being evacuated. Members of staff had good knowledge of how to support people in an emergency.

We looked at the premises to ensure it was a safe environment for people who lived at Holyhead Care Centre. For example, we saw that window restrictors were in place, window restrictors are designed to for windows to be opened to allow air circulation but should a person fall or push against a window they will be safe and not fall out . We also saw that hot water temperatures had been checked in October, these checks are done to prevent water becoming too hot and reducing the risk of scalds. 'Bed checks' were also being

done, along with bed rail inspections monthly to ensure that the equipment remained of good quality and was not damaged.

Prior to staff working at the home, the provider checked their suitability to work with people who lived there by contacting their previous employers and had undertaken a Disclosure and Barring Service (DBS) check. The DBS is a national agency that keeps records of criminal convictions. These checks were to minimise the risk of recruiting staff who were not suitable to support people who lived in the home. Staff confirmed they were not able to start working at Holyhead Care Centre until the recruitment checks had been completed by the provider.

There were sufficient staff on duty to meet people's needs. The registered manager, staff and people who lived at the home told us there were enough staff to support people throughout the day and night. Dependency assessments were completed for each person and these were reviewed monthly so that the home could adjust staffing levels as necessary to support the people who lived there. We observed that staff were available to meet people's needs during the day including assistance at meal times, help with personal care and to accompany people who wanted to access the community.

People who lived at Holyhead Care Centre told us that they received their medication when it was needed and as prescribed. We checked the management and administration of medicine. Medicines were stored safely and securely. Staff received training in the management of medicine and the provider checked staff competency to give medicine safely following the training.
Information was provided to staff on how and when medicines should be given, and whether there were any possible side effects a person might experience from taking them. Medicine administration records (MAR's) showed a picture of the person so that staff could ensure medicine was given to the right person. The MAR's documented the time that the medications were given, we observed that these records corresponded with the individual medication instructions. We observed that some medications were given at specific times, once a day whilst others were given at regular intervals as prescribed.

Information was not always made available to staff to explain when people should be given medicine that was prescribed on an 'as required' basis. For example, we saw one person was prescribed a medicine for anxiety but it was not clear from their medicine records when staff should administer this. However, staff we spoke with who managed medicine knew this person well and told us they were able to recognise when it was appropriate to administer the medicine to reduce the person's anxiety. We discussed the lack of information available for PRN medications with the registered manager. He stated that he would create information sheets describing what the medication is for and what behaviours or symptoms would indicate the need to administer the medication.

Auditing procedures were in place to check that people received their medicines as prescribed. One member of staff told us, "We do a weekly check of the medicine records and stock counts of medicines to make sure they are being given as prescribed." This member of staff also told us that "Medicines are ordered monthly, so that people have medicines in stock when they are needed." We observed individual people each had their own medication stored separately and verified that the amount of medication in stock was equal to the amount accounted for on the MAR's.

We spoke with a health professional about medicine management and found there had been some concerns about medicine wastage and disposal. They told us the registered manager had worked with them to address this concern and as a result the amount of medicine wastage had significantly reduced.

Good

Is the service effective?

Our findings

The home provided residential care for people with physical and mental health needs. Many of the people who lived at the home had health conditions such as cerebral palsy or Korsakoff syndrome. One health professional told us that staff were very good at managing people's symptoms and they believed this had reduced the number of hospital admissions. Another health professional told us that they felt the staff had worked well with a person who they were involved in their care. They said the person's behaviour could be challenging but staff had worked well with them to reduce their anxiety and behaviours linked to this.

One person told us staff had good knowledge of how to support them "They look after me and know how I like things doing". Staff told us they had received training to help them to understand the mental health needs of people who lived at the home. A health professional told us they believed the staff had the skills and knowledge to work with people with dementia and mental health issues. They said, "I have no concerns over the care provided there."

Staff had received training considered essential to meet the health and safety needs of people who lived at the home. This included training in infection control and food hygiene. Staff we spoke with told us they found the training useful and they felt they had received good support from the manager in completing their daily work.

People we spoke with confirmed staff consulted them about their support needs. One person said, "If I request something, they would always oblige and if I need to speak to someone, they would always listen." Care records were signed by people and demonstrated that they had consented to the support planned.

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.
People can only be deprived of their liberty to receive care and treatment 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)

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Staff had received training in relation to MCA and in DoLS. One member of staff told us this training had helped them to understand, "A DoLS is a limitation of a person's freedom for their own safety." "We always have to find the least restrictive way to keep a person safe."

There were mental capacity assessments in place in regards to decisions each person might need to make. For example, one person had a health condition which could affect their ability to make decisions. A mental capacity assessment had been completed which determined that the person was capable of making their

own decisions. The staff at the home understood and respected that they had the ability to make choices about their life and their medical treatment.

This person had previously had a DoLS in place but this had been removed. The provider was reviewing whether the individual needed to have a DoLS re-instated at the time of our visit due to them having fluctuating capacity.
This demonstrated the provider was acting in people's best interests, to only restrict their liberty when this was necessary. This allowed the person to lead their life as they chose and measures had been taken so that staff could reduce the risks whilst they were outside of the home.

One person was identified as having behaviours that could place them at risk of harm. Staff told us they occasionally searched the person's room to help reduce the risk of them self - harming. We could not identify that the person's consent had been obtained for staff to do this. The registered manager stated the person had only given permission for this verbally and a record of this was not kept. They told us they would update the person's care records to reflect that their consent had been obtained.

Staff told us that they had regular opportunities to meet with the registered manager individually and with their colleagues. We saw minutes of these meetings which included details of support provided and actions points for further development or improvement. These actions had due dates for completion and they were followed up at the next meeting to check completion. These meetings helped to ensure that all members of staff were given time to identify career goals and to identify and share good practice.

People were supported to have enough to eat and drink. At lunchtime we observed that most people chose to eat in the dining room and that this was a social event. Most people were able to eat independently and staff encouraged others where this was necessary to ensure they had the support needed.

Food and fluid charts were completed for people who were at risk of malnutrition or dehydration but these did not state how much fluid the person should consume daily. It was not evident they were being checked to establish whether the person was having enough drinks to maintain their health. We brought this to the attention of the registered manager and provider. The registered manager stated that they would change the fluid charts to indicate the amount of fluids each person needed each day. The day following the inspection the registered manager contacted us to inform us that this change had been implemented.

We spoke with the kitchen assistant. They explained the service catered for people with special diets for reasons of health or religion. For example, diabetic, halal and vegetarian meals were provided. They told us information about people's specific dietary requirements and preferences was available in the kitchen for catering staff to refer to. Catering staff we spoke to had a good understanding of this. We saw different food options were given to those people who required special diet. This included a specially prepared meal for the person who required a Halal meat. . We saw two people were provided with a pureed meal to meet their dietary needs. This demonstrated peoples cultural and dietary needs were catered for.

Staff spoke with people and offered them a choice of two meals. The chef explained that "If people don't want what is on offer, I do keep a basic stock of food items that can be offered as an alternative." This demonstrated that people who lived at the home were offered choices about the food they ate. From viewing the menus from the provider we were able to see a varied diet was offered to people on a pureed diet.

We observed one person ask a member of staff for a specific item of food after they had finished their meal. The item was not available from the kitchen and the member of staff arranged for it to be bought for the individual. Another person told us, "Once I suggested that we had spaghetti and garlic bread, it went down so well, everyone loved it." This demonstrated people were given choices about what they wanted to eat.

We saw that the chef prepared breakfast for people when we arrived according to people's individual preferences. For example, some people had toast, others had cereals and some people had a cooked breakfast.

People had opportunities to put forward their suggestions for menu options. This included their feedback from surveys and we saw that this was acted upon. The registered manager provided us with the results of the most recent survey and a copy of the home's menus. The people who lived at Holyhead Care Centre had requested traditional style food including "pie and mash" and "fish and chips". These meals were included in the planned menu's which showed the provider took peoples preferences into consideration and acted on them.

Staff worked well with health professionals who supported people at the home to make sure that their mental and physical health needs were met. Records confirmed people had regular access to health professionals such as chiropodists, speech and language therapist's team, and community psychiatric nurses to ensure their needs were met. People told us they could see a GP when they wanted. Some people visited their GP themselves which supported their independence and others required the support of staff to do this.

Good

Is the service caring?

Our findings

We saw staff and people who lived at the home had developed positive relationships with each other. One person told us, "The staff are very caring and friendly, they are very good. I love the staff." Another person told us they were well cared for. As well as staff having positive relationships with people, we saw good relationships had been formed between people who lived at the home. People were of differing age groups, ethnicities, gender and had different life experiences, however, from our observations there was a mutual respect for each other.

People's individual needs and preferences were respected and supported by staff. Care records provided details about people's views, preferences and life history. This enabled staff to be aware of people's past experiences and to understand how these may impact on people's current lives. Relatives had been asked for their involvement in planning care where people had agreed to this and we saw information in care files that had been provided by relatives.

When people asked for items we observed the staff were respectful in acknowledging their wishes and acted upon them. For example one person knocked on the door whilst we were talking with the registered manager and requested access to their money because they planned to go into the community that afternoon. The registered manager respectfully informed the person that he would get the money for them once they had finished speaking with us and it would take approximately ten minutes.

Staff told us they thought people received good care. One member of staff told us, "The care of the residents is our priority. We treat them like they are our family." Another member of staff told us they made time every day to sit with people in communal areas. They stated, "I just talk with them. I enjoy it and they always have something new to tell me about." This demonstrated that staff took the time to get to know people so a person centred approach to care was provided.

Staff respected confidentiality. When talking about the support provided to people, they made sure no one could over hear the conversations. All confidential information was kept secure in the registered manager's office. People had their own bedrooms where they could have privacy at the times they wished.

People's privacy and dignity was confirmed by a person who told us, "It is very private when I am having my strip wash, the doors are always closed, they knock before entering my room in the morning." A staff member explained how they respected the dignity of people at the home. They told us, "I try to give people as much independence as I can, I talk with them whilst I get them dressed. If someone isn't comfortable with me seeing them undressed I try to reassure them and if it is safe to do so, I turn away whilst they put their clothes on to protect their privacy." This demonstrated that staff took into account people's abilities and preferences when supporting them with their care.
We saw that a poster was displayed in the ground floor corridor advertising an advocate organisation. An advocate is a professional or a family member who is able to speak or act in the best interest of a person who is unable to express their opinions or views themselves. We saw in care files that family members and professional advocates were used to support people where appropriate.

Good

Is the service responsive?

Our findings

We saw a range of ways people were supported to express their views and be involved in decisions about their care. Each person had an allocated worker who was responsible for their overall care and who they could speak with if they had concerns. One person told us, "Staff ask us how we are and about what we want." Another person told us "You can't complain. Everything is alright here."

People who lived at the home told us that they were able to voice their opinions to staff. One person said, "I feel comfortable speaking with staff and the registered manager but I have no concerns." A second person stated, "We don't have group meetings but we speak with staff and are asked about our opinions."

We were informed by the registered manager and staff that Holyhead Care Centre did not have group meetings involving people who lived at the home. The registered manager stated that he was looking to develop a way to organise meetings which would cater for the individual needs of people who use the service.

People received personalised care and support which was responsive to their needs. One person told us "I can go downstairs if I want but today I feel like staying in bed." They went on to tell us that this is what they had done. In one care file we saw a person had preferences about their appearances and we saw that staff had supported them in line with this.

People had the choice to get up and go to bed when they wished and that they could spend time in communal areas or in their rooms.
A survey completed with all people who lived at the home earlier this year reported that everyone felt that "the home has plenty of social activities" and one person had said "The home does lots of day trips and in house activities." However, on the day that we inspected some people we spoke to reported that they felt that there was a lack of activities to do. One person who lived at the home stated "There is nothing to do, I just want to be on my own so I come up to bed and lie down."
The registered manager acknowledged this feedback and stated that they were working with the provider to devise a more flexible staffing arrangement which would enable the employment of an activity co-ordinator to further develop the activities available to people who lived in the home.
We observed people who lived at the home watching television and films and people spent time speaking in social groups. Some people were able to leave the home independently to access activities in the community.

People were able to access the community independently, one person said, "I can go out when I want, I just open the door and go out and come back when I want." Records showed that a person often used MIND (Mental health charity) to access activities. We were informed by people who lived at the home and staff that the home often arranged day trips, a recent one was to a local zoo which residents said they had "really enjoyed".

We did not see any visitors at the home during our inspection. Staff told us that relatives and friends were able to visit any time. One person told us "Family and friends can come and visit at any time, there are no restrictions."

We asked people if they felt able to go to staff if they had any concerns or complaints. All the people we spoke with felt comfortable in talking with staff if they had concerns, one person told us "I know how to complain, I would speak to staff or to the manager."

We looked at how the registered manager dealt with concerns or complaints. Where complaints had been made, they were logged as formal complaints to be investigated. There had been one complaint made in the past 12 months and this had been escalated appropriately to the commissioning body to investigate. The home had a complaints policy and an easy read poster was displayed in a communal area on the ground floor which was accessible to people who lived at the home and visitors.

Good

Is the service well-led?

Our findings

The registered manager had been registered with us since September 2014. Staff said that they had a good working relationship with the registered manager and they provided good support. One member of staff when asked about working at Holyhead Care Centre told us, "I really enjoy it." People said that they thought the registered manager was approachable.

The management team encouraged a culture of openness. People were confident in approaching them, one person told us "I can speak to any of the staff or the manager and they always listen." Another stated "The manager is always here to support and listen to you." The home had a whistle blowing policy and staff we spoke to were aware of how they could raise concerns using this process.
People told us that they were able to speak with the management team whenever they wanted. The office was situated on the ground floor and was easily accessible to people living at the home. We saw that people felt confident to approach the management team in the office about their feelings and tell them about their plans for the day.

Staff told us they felt valued and trusted. One staff member told us, "Management are very supportive and understanding." Another member of staff told us how the management team was supporting them to apply for a qualification to advance their development. We observed good team work during our visit. The management and staff teams supported each other to make sure people's needs and interests were met.

The registered manager held regular staff meetings to involve staff in decisions related to the running of the home we saw minutes of these meetings which included discussions about how to raise money for projects within the home and following meetings which recorded how these plans had been completed.

There was a system of checks to assure the management team that good care was being delivered in a safe environment. This included regular checks on medicine records, and checks on the competency of staff to ensure medicines were administered safely. There were also checks to ensure the monies held for people in the home were accounted for properly. Incidents and accidents were monitored, and checks made on safety of the premises and equipment. There had been no accidents or incidents in the 12 months prior to the inspection, this demonstrated that the audits and checks conducted by the management team helped to support the staff ensure the safety of the people who lived at the home.

The views of people, their relatives and health care professionals were sought through quality satisfaction questionnaires, to help drive improvement within the home. The registered manager provided us with results of a recently completed questionnaire which was sent to people who lived at the home. These results demonstrated a high level of satisfaction of the care and support provided. One resident wrote "Staff are very helpful and easy to approach" and all people who lived at the home reported that they felt safe and respected in the home.
From the results of feedback from the people who lived at the service 7 people reported that they did not agree that the "food was good" in response to this the registered manager began completing surveys with the people who lived at the home about what food they would like to be offered and incorporated these

choices into the menu. The feedback and action taken from this survey was not on display in the home when we visited.

When speaking with the registered manager he demonstrated a good understanding of when a statutory notice needs to be completed and submitted to CQC.
We looked at all of the communal areas of the home and three people's bedrooms. They were well maintained and offered a pleasant environment for people to live in. The registered manager was in the process of decorating and refurnishing the bedrooms as well as replacing carpet with vinyl flooring which was easier to clean. Residents told us that they liked this change and that they thought it made the home appear "smarter."

The registered manager showed us changes that had been made to the home based on the suggestions of people. This included a new decking area and chicken hutch being provided in the garden where chickens were kept. There was also one room that had been made into a cinema where people could watch films. Another communal area had been redecorated with a sports theme and had a pool table. The registered manager explained that people had raised the money for this through sponsored activities and were able to choose how they wanted the room decorated. This showed that the home was responsive to the needs and opinions of people.