

Holmleigh Care Homes Limited

# Hunters Moon

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service responsive?

Good ●

# Summary of findings

## Overall summary

Hunters Moon is a care home which provides accommodation and personal care for up to seven people with autism and learning disabilities. At the time of our inspection seven people were living at the home. This inspection took place on 02 May 2017 and was unannounced.

There was a registered manager in post at 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 and associated Regulations about how the service is run. The registered manager was available during this inspection.

We previously carried out a comprehensive inspection of this service in March and April 2016. A breach of legal requirements was found. The service was rated Good overall and Requires Improvement in the 'Responsive' domain. After the comprehensive inspection, the provider wrote to us to say what actions they would take to meet legal requirements in relation to the breach of Regulation 17 of the Health and Social Care Act Regulated Activities Regulations 2014. Good Governance.

We undertook this focused inspection to check that they had followed their plan and to confirm that they now met the legal requirements. This report only covers our findings in relation to those requirements and the Responsive domain. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Hunters Moon on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We found on this inspection the provider had taken steps to make the necessary improvements.

The recording of the care and support people received was more detailed and enabled an audit to ensure people received support as required. Systems were in place to monitor the standard of record keeping.

People took part in a range of activities of their choice.

People were supported to raise any concerns they may have and there was a complaints policy and process in place.

Care was co-ordinated when people transitioned between Hunters Moon and other services.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service responsive?

Good ●

The service was responsive.

Each person had an activity planner in place and records demonstrated these activities were taking place.

Daily recording evidenced more detailed information about people's day to day routines.

Staff had received training on record keeping and audits were in place to monitor the standard of the recording.

There was a process in place to deal with complaints and people were supported to raise their concerns.

# Hunters Moon

## **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 unannounced inspection was carried out to check that improvements to meet legal requirements planned by the provider after our March and April 2016 inspection had been made. We inspected the service against one of the five questions we ask about services: Is the service Responsive? This is because the service was previously not meeting some legal requirements.

The inspection was completed by one inspector. Before the inspection we reviewed all of the information we hold about the service, including previous inspection reports and notifications sent to us by the provider.

Notifications are information about specific important events the service is legally required to send to us.

During the visit we spoke with three members of staff and the registered manager. We spent time observing the way staff interacted with people who use the service and looked at the records relating to support and decision making for two people and records relating to audits.

# Is the service responsive?

## Our findings

At the last comprehensive inspection in March and April 2016 we identified that the service was not meeting Regulation 17 (1) (2) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good Governance. This was because records relating to people's care and treatment lacked sufficient detail to evidence an audit of the care people received and to fully support evaluation and planning.

The registered manager wrote to us to set out the action they would take to address shortfalls in medicines management following the inspection. The registered manager said this work would be completed by 29 September 2016. At this inspection we found that the standard of record keeping had improved.

Personal profiles included people's communication needs with their ability to engage with other people and areas of interest. Where people were not able to give information on their preferences, members of staff developed the profiles on their perception of the person. For example, the person will communicate using objects of reference. The overview of people's care and treatment was included in their profiles. For example, people's medical conditions, the behaviours that may be exhibited, personal and healthcare needs. Family relationships, contact were maintained and the support they provided was included.

Where required, support plans were in place on reducing anxiety using a traffic light system and people's support with behaviour was monitored. For example, green represented "happy", amber was low level anxiety and red was upset and angry. The overview gave staff an insight into the behaviours exhibited when the person became anxious. Guidance was available for staff on how to use strategies to motivate the person or to distract to move away from a situation and progress the status for example, from amber to green.

A weekly activity planner was in place for each person. This document described the activities people wished to take part in and evidenced a range of activities, interests and hobbies. The daily records were more detailed in describing how the person had spent their day including if the person had participated in an activity and if they had enjoyed this, or where they had refused and chosen an alternative activity.

The registered manager had introduced a new recording form which was being trialled. This included a section whereby people's personal objectives or goals towards a skill development would be monitored. In addition, there was a daily diary which documented how people had spent their day, choices around their daily personal care routines and meals. In addition, people's emotional health was documented as part of supporting their well-being. This information correlated to the person's care and support plans which enabled an audit of the care and support each person received.

Where health professionals had contributed towards a support plan, for example occupational therapy, the daily records demonstrated the person was receiving appropriate physical stimulation through set exercises and walking. During the inspection, we observed one person enjoyed taking part in a ball game with staff. This was part of their daily routine to engage in physical activity as recommended by the occupational therapist.

Where required, people's nutritional and fluid intake was being recorded. For example, as part of a healthy eating regime or where dietary advice had been given from a health professional. On a monthly basis, people's weight was monitored to ensure they were achieving or continued to progress towards their goal of a healthy weight.

Staff told us they had received training in record keeping and this was a mandatory subject. Audits were in place to monitor how records were completed to ensure they were of a sufficient standard. The audits highlighted some shortfalls such as the legibility of the writing or where more information was required. The registered manager told us they discussed record keeping and any improvements required at the team meetings or on a one to one basis at staff supervision. Staff confirmed this was the case. The registered manager explained to us how the standard of record keeping was monitored and was continually assessed.

The registered manager told us there had been no complaints since the last inspection. There was a policy in place for dealing with complaints and a process which ensured any complaints were dealt with a timely manner. A pictorial complaints policy was in place and people had a copy of this document. People met on a monthly basis to talk about any concerns they may have. The registered manager told us they ensured clear language was used such as asking the person if they were happy or not happy with something, for example the menu or their day to day activities. We asked one person if they were well and happy and they smiled and told us 'Yes I am'.

In the event that a person needed to use the services of another agency such as going into hospital, each person had a hospital passport which gave information about the person's likes and dislikes, their communication and any medicines they were taking. This ensured that other services could support the person in the best way and according to their preferences.