Care Quality Commission

Holmleigh Care Homes Limited

Abacus House residential care

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This was an unannounced inspection which took place on 13 November 2014.

The service offers accommodation and support for up to seven people who have learning disabilities. The home is a large domestic sized house, near to the town centre of Swindon. Accommodation is provided on three floors. Individuals have their own bedrooms and there are spacious shared areas.

There was a registered manager running the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

At the last inspection on 2 May 2014, we told the provider to take action to make improvements to obtaining people's consent and acting in their best interests. This action had been completed.

The staff team understood the relevance of the Mental Capacity Act 2005, Deprivation of Liberty Safeguards (DoLS) and consent issues which related to the people in their care. The Mental Capacity Act 2005 legislation provides a legal framework that sets out how to act to support people who do not have capacity to make a specific decision.DoLS provide a lawful way to deprive someone of their liberty, provided it is in their own best interests or is necessary to keep them from harm.They had taken any necessary action to ensure they were working in a way which recognised and maintained people's rights. The staff team liaised with the local authority with regard to people's mental capacity and was prompt in making DoLS referrals.

People were encouraged to make choices and decisions for themselves. They had as much control over their daily lives as they were able to have. Staff were instructed on how to help people to make their own decisions and choices.

At the last inspection on 2 May 2014, we asked the provider to make sure they were safeguarding people against the risk of abuse and protecting them from the risk of potentially unlawful excessive control or restraint. This action had been completed.

At the last inspection on 2 May 2014, we asked the provider to protect people from the risk of infection. This action had been completed.

The home used various methods to keep people as safe as possible. Care workers were trained in, and understood, how to protect people in their care from harm or abuse. People told us they felt very safe in the home.

General risks, and those specific to each person were identified and managed appropriately. Risk assessments identified any behaviour that might be distressing to people and staff developed behaviour management plans accordingly. The staff team did not use physical restraint. They were trained in a method called positive behaviour management techniques. This was a system where staff were trained to 'spot' signs of distress early, distract people and use particular voice tones and gestures to help people to manage behaviour that could put themselves or others at risk of harm or distress.

The home was clean and hygienic. People said they were proud of their home. Some redecoration work had been carried out in some areas of the home. The staff team used daily and weekly cleaning schedules to ensure the cleanliness of the home was of an acceptable standard.

The home's recruitment process tried to ensure the staff they employed were suitable and safe to work there. People were supported to take their medication or it was given to them, safely.

People were helped to look after their health and attend appointments with various health and well-being professionals. They were encouraged to be as independent as they were able to be, as safely as possible. People were given the opportunity to participate in activities of their choice. They were treated with dignity and respect at all times.

At our inspection of 2 May 2014, we told the provider to improve the way they assessed and monitored the quality of service provision. This action had been completed.

The provider and the registered manager checked the quality of care they were providing by using a variety of methods. These including the manager regularly looking at all aspects of the running of the home and a senior manager visiting the home every month. People who used the service and other interested parties were formally asked for their views every year. Improvements and developments were made as a result of the quality checks.

The staff team were well supported by the registered manager to ensure they were able to offer good care to people. The home worked co-operatively with other community services to make sure people received any other assistance they needed. People and staff told us the registered manager was very approachable. Everyone felt valued and involved in the running of the home and were confident to talk to the manager about anything.

Summary of findings

At our inspection of 2 May 2014. We asked the provider to improve record keeping. This action had been completed.

Records relating to the care of people and the running of the home were generally accurate, up-to-date and well kept.

Summary of findings

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.

The staff team made sure that people were protected from any form of abuse or poor care.

Any health and safety or personal risks were identified and plans were put in place to make sure people were kept as safe as possible.

Good

Is the service effective?
The service was effective.

Staff knew how to help people make as many choices and decisions for themselves as they were able to.

People were helped to manage any behaviour that they found difficult.

Staff supported people to keep as healthy as possible.

Good

Is the service caring?
The service was caring.

People were treated as individuals and their needs were understood by the staff team.

Staff treated people with dignity and respect at all times.

People's choices were respected and they were supported to meet their personal goals.

Good

Is the service responsive?
The service was responsive.

People were involved in planning and reviewing their care.

They were given opportunities to do a lot of different activities.

People were supported in the way they preferred.

Good

Is the service well-led?
The service was well led.

The home was well-managed and people received good quality care.

People could approach the manager and staff to discuss any problems.

The home worked with other services to ensure people's needs were met.

Good

Abacus House residential care

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 checked 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 13 November 2014.

The inspection was completed by one inspector.

Before the inspection we looked at all the information we have collected about the service. The home had not sent us any notifications and there were no safeguarding issues.

We looked at four care plans, daily notes and other documentation relating to people who use the service such as medication records. In addition we looked at auditing tools and reports, health and safety documentation and a sample of staff records.

We spoke with six of the seven people who live in the home, two staff members, a visiting professional and the registered manager. We looked at the information held about four people who live in the home and observed the care they were offered during our visit (pathway tracked). We looked at the service review report provided by Swindon Borough Council, which was completed on 2 October 2014.

Good

Is the service safe?

Our findings

At our inspection of 2 May 2014 the provider was not meeting the requirements of Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 cleanliness and infection control. The registered person had not ensured that appropriate standards of cleanliness and hygiene had been maintained at the premises. The provider sent us an action plan on 27June 2014 describing how they were going to make improvements to meet the requirements by 5 July 2014. At this inspection the provider had met the requirements of the regulation.

People who lived in the home told us that they now worked much harder, with staff, to keep the house cleaner. They invited us to look around and one person invited us to their bedroom. Six people did not wish us to enter their bedrooms but four people gave permission for us to look from the doorway. Bedrooms were clean and as tidy as individuals were comfortable with.

The shared areas of the home were clean and hygienic. People said they were proud of their home. One person said: ''it has always been clean but we think it's sparkling now''. The kitchen had been refurbished in some areas. There were new worktops and a new sink had been provided. An environmental health officer visited the home on 30 May 2014, as requested by CQC, and reported that the standards of cleanliness in the kitchen were satisfactory.

The home had daily and weekly cleaning schedules. A senior staff member checked they had been completed satisfactorily and recorded their findings. Senior staff spot checked and recorded the standard of cleanliness of people's bedrooms and throughout the shared areas. Infection control audits were completed six monthly and all staff had received refresher trainer on 7 July 2014.

Staff in the home completed various health and safety checks to ensure equipment and the environment were safely maintained. These included weekly fire alarm tests, fire extinguisher and water temperature checks. Electrical and fire equipment was tested at the correct intervals by external contractors. The home is a three storey house and had a sprinkler system, as required by the fire authority, which operated in the event of fire. Health and safety risk assessments were in place. However, a small water boiler used by people to make their coffee and tea did not have a written risk assessment. The registered manager described the assessment they had made and the decision they had reached that it was safer than a kettle but had not recorded this process.

People told us they felt safe in the home. People said: ''It feels nice and safe here'', ''staff make me feel safe'' and ''I feel very safe in the home''. Two people told us that if they didn't feel safe they would make sure that: ''people know about it''. They told us they would talk to social workers, family or friends if they needed to.

Training records showed that all staff had received safeguarding training; staff confirmed that they had completed this training. The home made the local authority's latest safeguarding procedures available to all staff. The staff had a clear understanding of their responsibilities with regard to protecting the people in their care. They were knowledgeable about the signs of abuse and what would constitute a safeguarding concern. They described how they would deal with a safeguarding issue, including reporting issues outside of the organisation, if necessary. The home had a whistleblowing policy and staff told us that they would not hesitate to use it, if necessary.

People's care plans included a summary risk assessment and management plan. This identified necessary risk assessments for the individual. Risk assessments incorporated risk management guidelines. These gave staff detailed information about how to support people in a way that minimised risk for the individual. Identified areas of risk depended on the individual and included areas such as daily living skills, hot weather protection and mobility. Particularly detailed ones were produced for special activities such as going into the community (attending Wembley Stadium), holidays and behaviour that may be harmful or distressing to the person or others.

Detailed incident and accident records were kept. These included a full description of the incident or accident and the actions taken. The staff team completed a detailed review of the records after every event. The provider's positive behaviour management training team reviewed any incidents caused by unsafe behaviour. Staff discussed all such incidents with individuals and wrote any necessary action plans with their involvement. Action plans were clearly cross referenced to care plans and risk assessments

Good

Is the service safe?

and any necessary actions added to those documents. The registered manager kept a record of all accidents and incidents so that she was able to identify any trends or repetitions and deal with any underlying causes.

People had received the correct amount of medicine at the right times. The service used a monitored dosage system (MDS) to assist them to administer medicines safely. MDS meant that the pharmacy prepared each dose of medicine and sealed it into packs. The medication administration records we looked at were accurate. All staff completed medication administration training and their competence was assessed every year by the registered manager or a senior staff member.

People were enabled to manage their own medicines safely, if appropriate. The self –medication procedure was thoroughly risk assessed and detailed guidelines were written. The individual's understanding of their condition and the medicine they needed to take was clearly recorded. The person's competence to self-administer was re-assessed every three months to ensure they were still safe and able to do this.

There were detailed guidelines in place for people who had medicines prescribed to be taken as and when required (PRN). The GP signed the guidelines. Staff were able to describe clearly when PRN medicine would be given for pain and to help people to manage their behaviours. This type of medicine was used infrequently. Body maps were used to instruct staff where to apply creams and lotions.

The pharmacist had reviewed medication procedures in the home on 11 December 2013. The report made some recommendations for improvement which had been completed.

People told us that there were always staff around to help them if they needed it. One person said: ''there's always someone to talk to and they're always there for you''. Other people nodded agreement to this statement. There were a minimum of two staff, more generally three during daytime hours and one waking night staff. Additionally the home had an on-call facility. The registered manager was able to increase staffing according to the needs of the people who lived in the home. For example, a waking night member of staff had recently been introduced because of the needs of people. There were enough staff to meet he needs of the people who lived in the home. We saw that disciplinary action was taken, as necessary for example as a result of a medication error.

People were supported by staff who had been recruited safely. There was a robust recruitment procedure which included the taking up of references, police checks and checked people's identity prior to appointment. Application forms were completed and interviews held. Records of interview questions and responses were kept. One application form did not have a full work history recorded. The registered manager told us that she had explored the 'gaps' in the work history during interview but had not recorded the discussion. This had no effect on the safety or suitability of the staff member. The registered manager collected this information after the inspection.

Good

Is the service effective?

Our findings

At our inspection of 2 May 2014 the provider was not meeting the requirements of Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010 safeguarding people who use services from abuse. This related to care staff's understanding of the Mental Capacity Act 2005 and specifically Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act 2005 legislation provides a legal framework that sets out how to act to support people who do not have capacity to make a specific decision. DoLS provide a lawful way to deprive someone of their liberty, provided it is in their own best interests or is necessary to keep them from harm. The provider sent us an action plan on 27June 2014 describing how they were going to make improvements to meet the requirements by 5 July 2014. At this inspection the provider had met the requirements of this regulation.

Most people were able to leave and return to the home when they wished, without supervision. However the front door of the home was kept locked as a safety measure for others. The registered manager had made appropriate DoLS referrals to the local authority in June 2014 and was awaiting a response. The local authority had advised that there would be a delay in dealing with the referrals.

The local authorities' Mental Capacity Act manager and best interests assessor was visiting the home on the day of the inspection. They told us that the home liaised with the local authority with regard to people's mental capacity and was prompt in making DoLS referrals. They said that care staff were clear about the use of mental capacity assessments and deprivation of liberty or other restrictions. Staff had attended Mental Health Act and DoLS training provided by the local authority.

People's plans of care recorded, as necessary, in which areas they lacked capacity. If people were assessed as lacking capacity for certain areas of their life best interests meetings were held. An example was an individual who needed medical treatment that was unable to make an informed decision about. Independent Mental Capacity advocates (IMCA) were involved with people, as necessary. For example when an individual was choosing where to live.

At our inspection of 2 May 2014 the provider was not meeting the requirements of Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment. The provider sent us an action plan on 27June 2014 describing how they were going to make improvements to meet the requirements by 5 July 2014. At this inspection the provider had met the requirements of this regulation.

People told us they were encouraged to make choices and decisions for themselves. Two people described how they had made choices about their future and how staff were supporting them to achieve their goals. They told us they could make decisions about all aspects of their daily lives such as what to eat, what time to go to bed and get up and what activities to participate in.

Plans of care instructed staff how to help people with decision making and making as many choices as possible. Consent to care plans, risk assessment and behaviour management plans were recorded. Those who lacked capacity in some areas were still given as many opportunities to make decisions and choices as they were able to. Consent forms were in place for some issues such as consent to enter my room when I am not present and consent to medication administration.

People were helped to manage behaviours that were distressing or harmful to themselves or others. One person told us that the staff were very good at: ''helping me when I get angry''. Specific risk assessments were developed with individuals to support them to manage their own behaviours as far as possible. Behaviour management plans were produced in a 13 step format which minimised the risks to the individual and to others. These instructed staff how to support someone if they were losing control of their behaviour. The plans recorded that people had been involved in producing them and agreed with their content. All staff were trained in positive behaviour management techniques. This was a system of trying to prevent people's behaviour becoming harmful or distressing. The home did not use physical restraint.

People were involved in planning menus and made individual choices about what to eat at mealtimes. We saw people asking for a sandwich as an alternative to the evening meal. Plans of care noted any dietary requirements and people were referred to dieticians or other nutritional specialists, as necessary. Two people discussed their diets with us. They told us that staff were supporting them to

Good

Is the service effective?

follow their doctor's advice with regard to healthy eating. People with special nutritional needs had specific risk assessments. They were supported to understand which food to eat to keep them as healthy as possible.

People were helped to make appointments with GPs and other professionals to meet their healthcare needs. Each person had a 'my health' booklet. Records of people's health needs, appointments, referrals, follow up visits and the outcomes of all treatments were included in the booklet. Detailed notes enabled people to easily track how health needs had been dealt with. A 'my health in hospital' booklet was available for people to take with them should a hospital admission become necessary. These showed hospital staff how to treat and care for them. Both documents were produced in easy read formats, as appropriate to the individual. They used photographs, symbols and pictures to give people the best chance of understanding their content.

People were supported by staff who were properly trained and supervised. Records showed that staff were trained in the areas relevant to the care of the individuals who live in the home. A visiting professional told us that the manager had made sure staff were receiving a specific training course to meet the needs of a newly admitted person. Training was delivered by a variety of methods which included e–learning and external courses. External specialists attend team meetings to train people in particular aspects of care, such as dementia care. Supervision records showed and staff confirmed that they received supervision a minimum of three monthly. These acted as on going appraisals and included staff's continuing training and development plan. Staff told us they felt: ''very well supported''.

Good

Is the service caring?

Our findings

People told us staff were: ‘‘kind and care about us’’. Throughout our visit staff treated people with patience and respect. Staff were very discreet when discussing personal issues with people. Examples included: ‘‘would you like to take your medication’’ in a very low voice so that others could not overhear. Staff also asked, after a person continually tried to discuss personal issues in a shared area: ‘‘shall we chat about that in private’’. People were animated and interested in what was happening in the home. This was encouraged by the positive way staff responded to people and the use of ‘banter’ and humour. People were encouraged to communicate with each other and staff tried to ensure everyone was involved in conversations. Staff explained to those who were less able to communicate verbally what others comments or opinions meant.

People’s individuality was respected and people were assisted to express their particular preferences, as safely as possible. For example people were not discouraged from expressing their preferred gender identity. However they were encouraged and advised to express themselves where it was safe and appropriate. Staff were trained in and fully understood diversity and equality. People’s preferences and life choices were clearly noted on their plans. Staff were provided with detailed information to enable them to support people to follow their preferred lifestyles. Staff were knowledgeable about the needs of people and had developed good relationships with them.

Throughout our visit people were treated with dignity and respect. People were listened to and their views were respected. People told us that staff did not enter their rooms without knocking and they always asked the individual if they needed help before they ‘interfered’. Staff received dignity and respect training which was refreshed every three years. Staff described how they maintained people’s privacy and dignity. They gave examples such as supporting people to dress and act appropriately in the community and respecting people’s views on how they should be assisted with their chosen lifestyle. The staff of the home ensured people’s need for privacy was considered when meeting their accommodation needs.

People were helped to maintain relationships with people who were important to them. Relatives and friends were welcomed to the home and there were no restrictions on times or lengths of visits. People told us that they were having a Christmas celebration and could invite their family and friends. Support was provided for people to visit their family if relatives were unable to visit them. One person had been helped to regain contact with a family member who they had not been in touch with for a number of years. Another was being assisted to find out where family members had been buried so they could visit their grave. People talked about contact with their families and how important it was to them.

People told us that they were involved in their review meetings. They said that they were supported to plan their futures. They knew what programmes they needed to follow to attain their goals. For two people this was independent living. One person said: ‘‘it is hard work to try to become independent but staff help me, I don’t always like it but it will be worth it in the end’’. People were helped to be as independent as possible, as safely as possible by the use of a robust risk assessment system.

Good

Is the service responsive?

Our findings

People told us that they were involved in planning their own care and could tell any staff member if they wanted anything on their plan changed. Each person had individualised plans which described how they were to be involved in their care planning and how they should be supported to make as many choices for themselves as possible. Care plans included up to seventeen specific areas of the individual's life. They included a description of how the person made their view known, about that particular area and how they could be supported to do so. People's views were noted at reviews and on plans of care.

Individuals were allocated a key worker. The key worker took responsibility for overseeing people's care and developing a special relationship with them. People told us they had some choice of which member of staff became their key worker. They were not able to choose staff members if it was not appropriate. These reasons included staff's gender and experience. The Everyone knew who their key worker was and was happy with them. Care plans were reviewed a minimum of six monthly. People were invited to attend along with family members or friends (according to the wishes of the individual). The key worker attended the review with the person, if possible.

People told us they had lots to do and staff helped them to do activities that they chose. Each person had their own activity plan which took account of their ability, preferences and interests. For example some people did most of their activities unaccompanied in the community and others attended formal day services. Some people had an activity plan which was totally flexible. This was to meet the needs of individuals with behaviours that cause themselves or others harm, on a daily basis. Staff made sure that they took every opportunity to involve those people in external activities when they could.

Care plans described what people liked to do and how staff could help them to do it. Some people completed transport programmes to enable them to use public transport safely to enhance their independence. The home used a weekly activity sheet for each person to document their completed activities, behaviours during the activities and choices. These could be reviewed, especially for those people who were less able to describe their feelings. Staff could then make decisions about whether they needed to encourage people to try new activities or continue with existing ones.

People were supported to attend social clubs and other community activities in the evenings. Staff were deployed to ensure people who needed to be accompanied were able to go to 'out of hours' activities if they wished to. Additional staff were also provided, as necessary. People told us that they go out a lot in the summer but often prefer to stay at home on winter evenings.

People told us they knew how to make a complaint and were sure that the manager or other staff would listen to them. One person described how they had made a complaint and said: ''the manager did something about it''. People were supported by staff, family or friends to make complaints if they needed to. The way people could make a complaint was displayed on a pictorial poster in shared areas of the home. The complaints procedure was produced in an easy read version. The home kept a complaints log and recorded the complaint, action taken and outcome of the complaint. The home had recorded two complaints in 2014. These had been dealt with appropriately.

Good

Is the service well-led?

Our findings

At our inspection of 2 May 2014 the provider was not meeting the requirements of Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010. Assessing and monitoring the quality of service provision. The provider sent us an action plan on 27June 2014 describing how they were going to make improvements to meet the requirements by 5 July 2014. At this inspection the provider had met the requirements of this regulation.

People were provided with good quality care. The home had a variety of methods of assessing and monitoring systems to ensure the quality of care they offered was maintained and improved. The quality assurance manager visited the home every month and wrote a report. The report was e-mailed to the home in draft for the manager's comments. The final version of the report included any recommendations. These had to be completed by the next visit the following month. Examples included ensuring care plans were up-dated and completing audits regularly. Any recommendations made were actioned.

People who used the service, their friends and family and other professionals were sent questionnaires every year. Results from the questionnaires contributed to the annual service review and annual development plan. The home held monthly house meetings which were attended by staff and people who lived there. The results of any inspections or quality assurance systems and any other changes to the home were discussed with people and their comments noted.

Improvements made as a consequence of the various quality monitoring systems included re-decoration of areas of the home, a bell on the back gate of the property, the provision of waking night staff and specialised training for person centred and dementia care.

People were supported by staff who were aware of the latest relevant developments and guidance. The organisation had a dedicated compliance manager who provided the homes with the latest guidelines and information for reference and discussion. All policies, procedures and guidance had been up-dated in March 2014 or later. The home had links with the local authority who provided the latest guidance and polices in area such as safeguarding, Mental Capacity Act and dementia care. Staff attended training courses run by the local authority, as appropriate. A visiting professional told us that the home worked co-operatively with a range of community services to achieve the best lifestyle for people who lived there.

At our inspection of 2 May 2014 the provider was not meeting the requirements of Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010. Records. The provider sent us an action plan on 27June 2014 describing how they were going to make improvements to meet the requirements by 5 July 2014. At this inspection the provider had met the requirements of this regulation.

People's needs were accurately reflected in detailed plans of care. Records related to the care of individuals were current and well kept. Records relating to other aspects of the running of the home such as audit records and health and safety maintenance records were accurate and up-to-date.

People and staff told us that the registered manager was well liked and was easily approachable. People said: ''we can talk to her at any time she listens to what we have to say''. Staff told us there had been improvements in the home in the time the manager had been in post. They said training, the environment and staff support was now very good. Staff said that there was an open culture in the home. Staff and the people who lived there told us they felt safe to bring up any issues or ideas and discuss them. People told us they were sure they were listened to. Staff told us that they felt valued and were confident to contribute to developments and improvements in the running of the home.

The registered manager was very clear about her responsibilities and accountabilities. She told us she had the authority to make decisions to make sure that people were safe and comfortable. She gave examples of being able to order emergency repairs and deploy additional staffing, if necessary.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.