Holmleigh Care Homes Limited

Care at Home

Inspection report

Room 41, The Studio Block
Cheltenham Film Studios, Arle Court, Hatherley Road
Cheltenham
GL51 6PN
Tel: 01242 242061
Website: www.holmleigh-care.co.uk

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Ratings

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

Overall summary

This inspection took place on 8, 12, 13, 14 and 21 October 2015 and was announced. Care at Home is a domiciliary care service which provides personal care and support to people with physical needs as well as people who have mental health problems, sensory impairments and learning disabilities. The care and support is provided to people who live in their own homes and also to people who live in shared accommodation known as supportive living. The level and amount of support people need is determined by their own personal needs.

A registered manager was in place as required by their conditions of registration. 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.

People who received personal care in their own homes were well cared for and told us they felt safe amongst

Summary of findings

staff. Most people had been involved in planning for their care. However people's care records did not always reflect their needs and risks. The details of the lawful consent to receive care were not always evident when people could not make a decision about their care and support for themselves.

People's care records were task orientated. They provided staff with guidance on how they should be supported but did not always focus people's needs, choices and preferences. Adequate guidance for staff to manage people's health and well-being risks when supporting people in their own homes were not always in place.

People were positive about the care they received and complimented staff. Staff encouraged them to make choices and retain their independence in daily living skills. However some people felt staff did not always arrive on time for their visit or stay for the agreed amount of time. Most relatives were positive about the care their loved ones received from the service. They told us staff acted on any concerns or issues raised with them.

People who lived in shared accommodation and received personal care complimented staff about the care they received. Relatives also praised the approach of staff and told us they could always speak to staff if they had any concerns. The rights of people who were unable to make important decisions about their health and well-being were protected.

People told us staff were kind and caring. They were supported to make choices about their lives such as helping to plan, shop and prepare meals. People were being encouraged to become independent and gain confidence in their abilities. Staff were knowledgeable about their needs, wishes and preferences. Appropriate referrals were made to specialist services and health care professionals if people's needs changed.

All staff who supported people with their personal care were well mainly well trained to carry out their role. New staff told us they were provided with adequate support and training. All staff were confident in recognising and reporting any signs of abuse and were comfortable that any concerns raised to senior staff would be dealt with immediately. Any shortfalls in staff knowledge and skill base were being addressed.

Most people and their relatives were confident that any issues or concerns about their care would be addressed immediately. Recent restructuring of the management of the service gave the registered manager and senior staff new responsibilities. The registered manager was planning to make improvements to the service and gain a better understanding of the diversity of the service being provided. The service was being regularly monitored and audited to ensure people received good care.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

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?

Requires improvement

The service was not always safe.

Individual risks of people who lived in their own homes were not always being assessed, managed or recorded. Not all people felt staff arrived on time or stayed for the agreed amount of time.

People's medicines were mainly managed well and they received them safely.

Staff had been checked and trained before they started to support people.

People were cared for by staff who understood how to protect people for avoidable harm and abuse.

Is the service effective?

Good

The service was effective.

People were supported with their personal care by staff who were mainly trained. Any shortfalls in staff training were being managed.

People were supported to make decisions about their care and support. They were encouraged to eat a healthy diet. Where required people were supported with the planning, shopping and preparing their meals.

People were referred appropriately to health care services if their care needs changed.

Is the service caring?

Good

This service was caring.

People and their relatives were positive about the care they received. Staff supported people with their personal care needs in a dignified manner. They were respectful of people's own decisions.

People were encouraged to retain and develop in their levels of independence.

Is the service responsive?

Requires improvement

This service was not always responsive.

The care records of people who received personal care in their own homes did not always reflect people's personal needs, risk or their consent to their care. People told us they were not always introduced staff before they received care or receive care form the same staff.

However, the care records of people who received personal care in shared accommodation were mainly comprehensive and reflected people's needs. Staff were responsive to people's needs.

Complaints were managed in line with their policy.

Summary of findings

Is the service well-led?

Good

This service was well led.

The provider had recently restructured the service which provided personal care and support people to in the community.

The registered manager was proactive in making improvements to the service and understanding the diversity of the service being provided.

Audits were in place to monitor the quality of the service.

Care at Home

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 8, 12, 13, 14 and 21 October 2015 and was announced. 48 hours' notice of the inspection was given because the service is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

The inspection was carried out by one inspector 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. The expert's area of expertise was working with people who receive personal care from services. Before the inspection, the provider completed a provider information return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also examined information that we held about the provider and previous inspection reports.

On 8 and 21 October 2015, we visited the main office for Care at Home and spoke to the registered manager and five staff who provided personal care and support to people to live in their own homes. We looked at the care records of four people and records which related to staffing including their recruitment procedures and the training and development of staff. We inspected the most recent records relating to the management of the service including accident and incident reports. We also followed up on previous concerns about the quality of service provided. After the inspection, we spoke with 11 people or their relatives by telephone about the service they received from Care at Home in their own homes. We also analysed the results of questionnaires which were sent to people who use the service, staff members and health care professionals who are linked to the service.

On 12, 13 and 14 October 2015, we visited three shared accommodation houses known as supported living. We spoke to seven people who lived in these houses and required support with their personal care. We looked at their care records and spoke to four staff who supported people with their personal care. We also spoke to three senior staff who overviewed the support and care people received in shared accommodation.

Requires improvement

Is the service safe?

Our findings

Staff were knowledgeable about people's risks and were able to tell us how they supported people to reduce any risks of harm to their well-being. However, the care records of people who were supported in their own homes did not always reflect these risks and there was limited guidance for staff. For example, it was recorded that one person's diabetes should be managed by their diet; however there was no guidance on how this should be achieved or what actions to take if their health deteriorated as a result of their diabetes. Staff relied on people's daily notes records to gain this information and verbal communication with their senior colleagues.

There were detailed risk assessments in place for people who had complex needs and lived in shared accommodation. People's individual levels of risks had been identified and clear recommendations were provided for staff to help them understand how to reduce these risks. However, guidance on how staff should support people if their risks increased was not always clear. Staff acknowledged that some risks were still in place but staff had respected people's own decisions. They had been informed of the risks they were taking and supported by staff to take risks which may lead to an increase in their independence.

Staffing levels for the different parts of the service were managed by senior staff to ensure that people's needs were met. All staff on duty had access to an on call system which helped them to deal with any emergencies in the evening and at weekends. One staff member said, "There is always a manager or senior carer on duty who would help us if we have any concerns out of hours. They are very good and always assist us".

Some people who required support in their own homes felt the management and organisation of staff did not always meet their needs. We received mixed comments from people about the timings of their visits. An allocated visit time was agreed with the person prior to the start of the service. People's needs and their required staffing levels and timetables were then planned and reviewed by the office team. Staff were responsible for reporting if they were unable to complete their required visits which was monitored by the registered manager. Some people told us staff usually arrived on time and stayed for the agreed amount of time. However, others told us that their visit times were not always on time or carried out by the same staff team. One relative told us, "They (the office) never let me know when they (staff) are going to be late…there is no consistency in who is going to come and my relative gets upset by that". Some people and their relatives who responded to our questionnaires also felt that the staff did not arrive on time or stay for the agreed length of time. Our conversations with staff and staff rotas indicated that the travel time between each visit was not always realistic. The registered manager told us they were always reviewing staff time tables and had planned to reassess the staff rotas to ensure staff could travel between their visits in a timely manner.

However people who received personal care support in shared accommodations were positive about staff. They told us there was always plenty of staff around to support their needs. Although one person felt that as a result of changes in personal care funding, there was no flexibility in the care he required. Where there was unplanned staff shortages, senior staff had assisted or agency had been deployed which ensured there were enough staff to support people.

People's medicines were mainly managed well. People's medicines were ordered and stored in line with their needs and wishes. Arrangements were in place to make sure people received their medicines appropriately and safely. Staff responsible for administering medicines had received training. Their skills and knowledge to manage people's medicines were regularly checked. People were given their medicines on time and appropriately. Senior staff regularly examined people's Medicines Administration Records (MAR charts) to ensure that they had been completed appropriately by staff.

The records for some people who required support with their medicines in their own homes and in shared accommodation was not always consistent especially when supporting people with 'as required' medicines such as pain relief. However, senior staff had planned to share good practices where good protocols and record keeping were found within the service.

People who used the service told us their care was delivered in a safe manner. One person said, "I have no worries at all when they (staff) are in the house". All the people who responded to our questionnaire told us they felt safe from abuse or harm from the staff that supported them. Staff were knowledgeable about recognising the

Requires improvement

Is the service safe?

signs of abuse. They had received training in protecting people and how to report abuse and harm. They were confident that any concerns about people's safety would be addressed immediately by their line managers. Where allegations of abuse or harm had occurred, senior staff had reported these concerns to the Care Quality Commission as well as appropriate safeguarding agencies. The service had carried out internal investigation and put actions into place to help mitigate any further risks of abuse or harm. The provider's company policy and procedures on safeguarding people was present and accessible to staff.

People were protected from those who may be unsuitable to care for them because appropriate checks had been carried out to ensure staff were fully checked before they started to work with people who used the service. Staff recruitment records showed that adequate checks of staff identity and their criminal histories had been carried out. However, where the registered manager had only been provided with limited information about the staff member from previous employers or where there were gaps in their employment histories, there was inconsistent records that this is had been further explored to ensure the new staff member were suitable or of good character.

Good

Is the service effective?

Our findings

Staff were positive about the support and training they received. They had all completed a comprehensive induction course. New staff had started to receive the new care certificate training which allows the registered manager and senior staff to monitor the competences of staff against expected standards of care. New staff were given support and of period time to shadow more experienced staff before they became part of the team. They told us they had received excellent support and training at the start of their employment. This was confirmed by the responses of the questionnaires completed by staff. Senior staff had ensured staff had received training to help support people with more complex needs such as Huntingdon's disease and positive behaviour support. Records showed staff were trained and systems were in place to monitor their training needs. All staff had completed further training related to their role which was deemed as mandatory by the provider.

Staff who supported people in shared accommodation felt they had been given the skills they needed to support people with complex needs. One staff member said, "The training we get is excellent. They are happy to give us extra training if we feel we need it". Staff received regular support meetings from their line manager and felt that any concerns raised would be immediately addressed. Relatives of people who lived in shared accommodation told us staff were knowledgeable in their role. One relative said, "The staff are amazing. They are caring and certainly know what they are doing. I know if they are unsure about anything they will do their best to get the right information."

The registered manager had identified that new staff needed further support and guidance when supporting people alone in their own homes. Whilst staff who supported people in their own homes were knowledgeable and had received training deemed as mandatory by the provider; they had not all received training to meet people's more diverse and specific needs such as supporting people with diabetes or epilepsy. This shortfall in staff knowledge was also raised by some relatives. This was discussed with the registered manager at our inspection who told us they were aware of this and they had started to make contact with specialised external trainers to address staff training in specific areas.

All senior staff and the registered manager had a 'hands on approach' with people who used the service and were actively involved in the delivery of people's care. This allowed them to have an understanding of people's needs and support staff in any concerns associated with their care. They also carried out regular unannounced spot checks and competency assessments with staff to ensure they were delivering care which met the needs of people.

People and their relatives who required support in their own homes were initially visited by a senior member to discuss the provision of care and support and their desired visit times. Staff told us they always sought people's consent before they provided care and support. They gave us examples of how they would encourage people to make decisions about their day such as what they would like to wear or eat. Staff also gained consent about how they should enter people's homes at the start of each visit. However, records of the details of the lawful decision making process was not always evident when people could not make specific decision about their care for themselves.

People who were supported in shared accommodation with their personal care were fully involved in decisions regarding the care and support they required and the decision to move into shared accommodation. One relative told us, "The staff spent a lot of time with us discussing whether that type of accommodation was best for her. They listened to all our concerns and made the transition very smooth". We heard staff encouraging people to make decisions and choices about their daily activities and supported people to be as independent as possible. The service had gained consent from people to provide them with personal care and support to them as in line with legislation and guidance.

People and relatives confirmed that they had been fully involved in the planning of their care and had consented to the care and support being provided. Where people lacked capacity to understand, other significant people such as social workers and some families had been involved in helping them to understand the care and support they should expect from staff who supported people in shared accommodation.

All staff had a clear understanding of the Mental Capacity Act 2005 (MCA) and how to support people who did not have the capacity to make decisions about their care. MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people

Good

Is the service effective?

were assessed as not having the capacity to make a decision, a best interest decision was made involving people who know the person well and other professionals. For example, we saw documents of one person that showed that relevant people had been consulted to make a best interests decision about their care. Staff were aware that people could be represented by an advocate who would support people to make decisions about their care.

Some people received designated visits to support them with tasks relating to their meal preparation and shopping. Where required, staff supported people to plan, prepare and cook their meals according to their needs and abilities. They were supported to make choices about their diets and plan for healthy meals. Staff were knowledgeable about people's food allergies, special diets and preferred meal choices. People had been referred for nutritional advice when risks in nutritional well-being had been identified.

Some people required assistance with their meal planning or to shop at the supermarkets. Some people told us they preferred to shop online whilst others were independent in purchasing food and personal items. People were encouraged to maintain a healthy and well balanced diet. People told us they also enjoyed eating out or having take-aways.

Health care professionals mainly spoke highly of the care and support people received from the service. People were supported to access a variety of health and social care services as required as well as routine health care appointments. Staff had developed a good working relationship with community health care professional to ensure people received additional support and specialised services according their needs. They had made appropriate referrals when people's needs had changed for advice and support such as referrals to the Occupational Therapist or specialised services. We were told that staff responded to professional advice and implemented their recommendations.

Good

Is the service caring?

Our findings

People who used this service were supported with their personal care needs such as their personal hygiene or support with eating and drinking in a dignified manner. All the people we spoke with told us staff were kind and respectful especially when supporting them with intimate aspects of their personal care. They told us they felt comfortable with the staff that cared for them and they were treated with dignity.

People were supported by carers who were kind and passionate about supporting people to have a good quality of life. They told us staff treated them with warmness and kindness. All the people who responded to our questionnaire confirmed that they felt staff were kind and caring towards them. Relatives were positive about the care people received. They complimented the staff.

One relative said, "The staff have been brilliant. They always contact me if needed. We keep in touch by emails and skype". Another relative said, "We are overall very pleased about the care that is provided. I can't fault them". People and their relatives told us they were being well cared for and they felt confident enough to speak to a member of staff if they were worried about their care.

People were at the heart of the service. Staff focused their care on each individual and adopted their approach and support to people's individual needs and preferences. Staff spoke about people in a positive manner, they emphasised the need to ensure people were treated as individuals. Staff told us how they supported people to ensure that the care they provided was centred on the person. For example, one staff member said, "Each day we ask people what they want to do even though some people have more a structure to their day than others. It is up to them how they spend their day". Another member of staff said, "When we knock on their door we know we have to meet their personal care needs but where possible we try and have some social time with them".

People were treated equally and respectfully. Their decisions and choices were respected. One staff member said "You treat everyone as equal; you give the same standard of care to everyone". Where people required support with their communication to make their wishes known staff could describe how they supported people to express their wishes. For example, a staff member said, "It's about knowing our clients and finding out if they wear hearing aids or glasses and encouraging them to use them".

People's independence was promoted. We met several people who lived in shared accommodation and had developed their abilities and skills to be more independent with the aim to eventually live in their own accommodation. Another person had been supported to become more independent with an alternative method of assistance and support. A number of people had been supported to build up their confidence in becoming more independent and moving out of shared accommodation.

People agreed in advance how staff should access their home. This included whether they wanted staff to knock at their door or had allowed them to let themselves in by using a key safe. People told us staff were respectful of their homes and belongings. Staff understood their responsibilities and professional conduct when supporting people with personal care in their homes.

Requires improvement

Is the service responsive?

Our findings

The needs and risks of people who received personal care in their own home were not adequately recorded. People's care records were mainly focused around the tasks and activities which needed to be completed during each visit. The records provided staff with directions on how to achieve these tasks but did not focus on the person's personal preferences, emotional and social well-being or goals. Information had been gathered about people's backgrounds and interests but this had not been embedded in people's care records.

People told us they had been encouraged to be independent by staff, however this was not always reflected in their care records. Whilst some risk assessments had been completed for some people, the level of detail and guidance for staff was limited. Some care plans did not provide adequate information on how to support people who may have risks associated with their health and care. For example, one person's care plan stated they had diabetes which should be managed by a suitable diet however there was no information to guide staff on how to support this person with their diet. Another person's care plan told staff they could become agitated if they became upset. There was not guidance on how staff should support this person.

Records showed that some people may have lacked mental capacity about the specific care and support they required in their own homes. However there was limited evidence that people's capacity to make decisions about aspects of the care and support had been assessed.

The details of people's risks, mental capacity assessments and care records of people living in their own home were not consistent and did not focus on their personal needs, preferences and goals. **This was a breach of Regulation 17 Health and Social care Act 2008 (Regulated Activities) Regulations 2014.**

However, we found the health, care and emotional well-being of people who received personal care and lived in shared accommodation had been comprehensively assessed and recorded to ensure staff understood their needs and levels of support. People's care records also focused on their achievements and goals. Information gave staff clear guidance on how people should be supported with their daily activities. Records of how to support people who had been identified as at risk were well recorded. For example, guidance was given on how much support they required managing their own money when shopping or getting dressed. People were encouraged to make their own decisions about their day and manage their own risks such as going out into the community independently.

People's personal needs and preferences were not always met. For example, people who required personal visits from staff in their own homes told us they were not always introduced to staff before their care began. This was also confirmed in the questionnaires completed by people. The registered manager told us that the deputy manager always carried out the first visit to evaluate the level of care and support people needed. After this initial visit the person would then receive care from staff from a local team. We received mixed comments about the consistency of staff that people were supported by. Some people told us they happy with the staff who supported them while others said they were not always aware of who would be visiting them each day.

People who lived in shared accommodation were supported by staff to attend day centres and classes and try out new activities. People were encouraged to be independent in their social and recreational activities; however other people only chose to go if they had a member of staff with them.

People and their relatives of people who lived in shared accommodation told us they felt confident in raising any concerns or problems with senior staff or the registered manager. We were told staff were approachable and dealt effectively with any concerns raised. However, other people who received personal care in their own homes and had completed our questionnaire felt the staff did not always respond to their concerns. One relative told us they were not happy with the response from the service when they had complained about the support their mother had received in their own home. This was discussed with the registered manager who told us they had organised a meeting with the family and had provided extra mentoring for the staff member concerned.

Good

Is the service well-led?

Our findings

The registered manager had been in role since January 2015 and had mainly overviewed the part of the service which provided personal care to people in their homes. Recently, the provider has initiated a review of the management structure of all services which were registered with CQC to provide personal care. This included services which provided personal care to people's in their own homes and also in shared accommodation. This has resulted in the registered manager taking a more responsive role to managing all the provider's services which provide personal care to people in Gloucestershire. The registered manager said, "I'm very excited about this new responsibility. I think all the services which provide personal care to people can learn a lot from each other". The registered manager was keen to learn new skills and learn about supporting people in shared accommodation. They told us their plans to visit the shared accommodation owned by the provider and speak with staff and people who lived there. The registered manager was now supported by senior staff who helped to manage individual services in the community. All the senior staff who we spoke with were positive about the changes in the management structure.

The registered manager and senior staff were aware of their role and responsibilities within the organisation. Information we held about the provider showed that the registered manager and senior staff submitted statutory notifications to the Care Quality Commission. Statutory notifications are information the provider is legally required to send us about significant events. We followed up on some of these notifications during our inspection. The registered manager and senior staff were able to tell us how they had managed these events and what actions they had taken to prevent these events reoccurring.

The provider held regular meetings with the registered manager and senior staff members. We were told that the meetings were useful and an opportunity to share good practices and share any concerns. As a result of the new management structure the registered manager would be taking a lead role in chairing these meetings.

Staff told us that the registered manager and senior team members were open and approachable. All staff said they would raise any concerns with the senior team and were confident that they would be dealt with.

People's experience of their care was monitored through their complaints, customer surveys and accidents and incidents. Analysis of these systems led to improvements in the service provided. People and their relatives also had an opportunity to express their views and experiences of the service during their care plan reviews.

The registered manager had systems in place to monitor the care being provided and also carried out regular visits and supported people with their personal care in their homes. She told us, "It is important that I keep in touch with the experiences of our users and staff. It helps me understand the pressures that staff are under". The registered manager was also considering alternative ways to check the service that provide personal care to people in their own homes.

As the result of the new management structure, a senior staff member was now nominated to be responsible for auditing the personal care service being provided in shared accommodation. This staff member said, "I am going to work alongside the registered managers and the other senior staff to ensure that there is good systems to measure the quality of care being provided".

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met: People's care records, risk assessments and consent documents relating to their care and treatment did not reflect their needs. Regulation 17 (2)