

Connor Associates Limited

Holywell Home

Inspection report

17 West End Road
Morecambe
Lancashire
LA4 4DJ

Date of inspection visit:
27 August 2019

Date of publication:
17 October 2019

Ratings

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

Overall summary

About the service

Holywell Home is a residential care home providing accommodation and personal care for up to six people with a learning disability. At the time of the inspection there were four people living there.

The home is a four-storey terraced property close to all the amenities in the town. The top floor is designated for staff use only. The third and second (street level) floors have bedrooms and communal bathrooms. The basement accommodates one bedroom and the communal kitchen and lounge. There is no lift access to the upper floors therefore the home is not suitable for people who cannot manage stairs.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

The service used positive behaviour support principles to support people in the least restrictive way. No restrictive intervention practices were used.

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

There were enough numbers of suitably qualified staff to meet people's needs. Staff training was ongoing, and they had received sufficient training to safely support and care for people with a learning disability. Staff were regularly supported by the registered manager through staff meetings, supervision and appraisals.

Hazards to people's safety had been identified and managed. Where safeguarding concerns or incidents had

occurred, these had been reported by the registered manager to the appropriate authorities.

When employing people, the registered manager had completed checks to ensure they were suitable to work with vulnerable people. The staff treated people in a kind and caring way. People enjoyed spending time with and laughing and joking with the staff.

People were supported to access activities that were made available to them and pastimes of their choice. People told us about their recent holiday they had been on supported by staff and how they had enjoyed it. People enjoyed the meals provided.

The staff gave people the support they needed to take their medicines. People received their medicines safely and as their doctors had prescribed. The staff supported people to see their doctors as they needed. The service worked with a variety of external agencies and health professionals to provide appropriate care and support to meet people's physical and emotional health needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People and their families had been fully involved in planning and reviewing the care and support provided.

People's rights were protected. People were treated with respect and their dignity and privacy were actively promoted by the staff supporting them. People were fully supported to maintain their independence. The provider planned people's care to meet their needs and take account of their choices. People could see their families and friends as they wished.

People knew how they could raise concerns about the service provided. Auditing and quality monitoring systems were in place that allowed the service to demonstrate effectively the safety and quality of the provision. The provider and registered manager monitored the quality of the service and identified areas which could be improved.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

Rating at last inspection

The last rating for this service was good published (21 March 2017).

Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Holywell Home on our website at www.cqc.org.uk.

Follow up

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

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Holywell Home

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by two inspectors.

Holywell Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the commissioners and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and two relatives. We spoke with three members of staff including the registered manager.

We reviewed a range of records. This included four people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We looked at training data and quality assurance records for the safety of the premises.

Is the service safe?

Our findings

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

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

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safe and protected from abuse. The staff understood their responsibilities around protecting people from abuse. We saw, where necessary, appropriate referrals had been made to the local safeguarding team.
- People we spoke with told us they thought the service was safe. One person told us, "I feel safe." A relative said, "It's [Holywell Home] a happy and safe place."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The staff had identified and managed risks to people's safety. Any potential risks were recorded in the care plans and gave guidance for staff about the actions to take to ensure the safety of the people they were supporting.
- The manager reviewed all incidents to ensure appropriate actions were taken. Risks were reassessed to prevent reoccurrence where possible and where lessons had been learned these were shared throughout the staff team.

Staffing and recruitment

- There were enough staff to meet people's needs. One person said, "There are always staff about if I need them." The staff told us they worked flexibly to ensure there were always enough staff to care for people. The registered manager continually assessed staffing levels to ensure there were enough staff available to support people.
- The registered manager carried out checks on all new staff before they were employed to work with vulnerable people.

Using medicines safely

- The staff gave people their medicines safely and as their doctors had prescribed. Staff who handled medicines had completed training to ensure they had the skills required. The provider had systems to audit medicines to check people had received their medicines as they needed.

Preventing and controlling infection

- The home was clean and maintained. Staff had received training on infection control and understood their responsibilities. Appropriate protective wear to prevent cross infection was readily available throughout the home.
- The registered manager had followed the guidance and recommendations made by the community

infection control nurse.

Is the service effective?

Our findings

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

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

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

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

- Staff assessed, and documented people's needs and preferences in relation to their care and planned their care based on this.
- Staff had regularly reviewed people's care plans and where changes had occurred to their needs the care plans had been updated. Some people were supported by specialist healthcare services. The needs assessments included information provided by the other services which supported staff in meeting people's specific needs.

Staff support: induction, training, skills and experience

- Staff told us they had access to ongoing training and development relevant to their role. This included refresher training and updates in specific skills to meet individual specific needs.
- A relative told us, "The staff are well trained in dealing with [relative's] special needs."
- Staff told us, and records confirmed they received regular supervision and annual appraisals. The staff team met regularly to ensure current information about people's needs was shared.

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

- People were supported by a range of services to support their physical and mental health. People told us the staff supported them, as they needed, to access healthcare services.
- Records showed there was effective working with other health care professionals and support agencies.
- Staff supported people in managing their health and wellbeing needs by making appropriate referrals to external services. One person told us, "[Name] registered manager is helping me to see the physiotherapist."

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

- People were provided with meals and drinks they enjoyed. People were supported to eat a varied and nutritious diet based on their individual preferences. One person told us about their healthy eating choices had helped them to lose weight.
- Staff had completed nutritional assessments to identify people's needs and any risks they may have when eating or drinking.

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

- People were able to bring their own items into their rooms and to personalise their rooms as they wished.

- The provider had identified areas where the environment needed to be improved and had a plan for the required improvements to be made. People told us they had been asked and involved in choosing new décor and furniture for the home.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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.

In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- The staff were knowledgeable about their responsibilities under the MCA and people's rights were protected. The manager had made DoLS applications when required and where relevant independent advocacy could be arranged.
- We saw people and their relatives had been involved, consulted with and had agreed with the level of care and treatment provided. Consent to care and treatment in the care records had been signed by people with the appropriate legal authority to do so.
- The staff knew people well and gave people the time they needed to make decisions about their care. The staff were patient and respectful and supported people to make choices about their daily lives.

Is the service caring?

Our findings

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

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

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- We looked at the arrangements in place to ensure equality and diversity was promoted. We saw care and support was provided for people from a variety of cultural and religious backgrounds which met their diverse needs.
- People told us they were well cared for one person said, "The staff are kind and nice." Another person told us, "I like it here, it's a good place to live." A visiting professional told us, "people living here are happy and settled and the staff are always helpful."
- We saw caring and friendly interactions between staff and people using the service. Staff spoke to people in a friendly and respectful way.

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

- People were included in all decisions about their care and the staff respected the choices people made. We saw people chose where to spend their time and if they wanted to be on their own or with other people.
- Care records showed that care planning was centred on people's individual needs and preferences. Staff reviewed people's needs regularly including consultation with relatives and any professionals involved.

Respecting and promoting people's privacy, dignity and independence

- The staff supported people to maintain their independence. Care records were written in a positive way and included information about the tasks people could carry out themselves as well as detailing the level of support they required. Most people were independently mobile and able to come and go as they pleased.
- The staff took appropriate actions to maintain people's privacy and dignity. People could spend time privately and call on staff as and when they needed to.

Is the service responsive?

Our findings

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

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

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's needs had been assessed and staff supporting them had a good understanding of their personal preferences. This enabled them to provide personalised care tailored to the needs and wishes of the individual.
- Staff communicated with relevant others regularly, involving them in the care and support plans, to express their views and make choices about the care delivered. A relative told us, "They [staff] are regularly in touch and let us know if things change." Another relative told us they had been involved in all the care plan assessments.

Meeting people's communication needs

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

- Staff had identified how people needed information to be provided and people's communication preferences and needs were detailed in their care records
- We saw pictorial information was also used as an alternative to written and /or verbal information. Staff gave people time to understand information and supported them to do so.

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

- People told us their visitors were made welcome in the home and said they could see their friends and families as they wished. Relatives we spoke with told us they could visit when they wanted to and said there were no restrictions on when they could visit.
- Most people could independently arrange and attend their own social activities in the local area or access public transport if they chose to. Staff were available to support people should they need it.
- The provider arranged for everyone who lived at Holywell Home to go on a holiday of their choice every year and staff supported people while they were on the holiday.

Improving care quality in response to complaints or concerns

- The provider had a procedure for receiving and responding to complaints about the service. No one we spoke with raised any concerns or complaints during the inspection. People told us they would speak to the

staff or registered manager if they had any complaints.

- The registered manager used any learning from incidents and shared it with staff during regular meetings.

End of life care and support

- The service did not usually support people at the end of life. However, the home had links with appropriate services which could support people as they reached the end of life.

Is the service well-led?

Our findings

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

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

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service had a positive culture that was person-centred, open, inclusive and empowering. Staff had a well-developed understanding of equality, diversity and human rights.
- People told us the service was well-led. One relative said, "It is the right place for [relative] I would never consider moving them to anywhere else." A visiting professional said the home was well organised and people's needs were met. Staff told us they were happy working in the home and felt people received person-centred care.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The registered manager understood her responsibilities under the duty of candour. She had notified us of significant events which had occurred in the home such as injuries to people who lived there. The notifications showed appropriate actions had been taken in response to incidents, including sharing information with appropriate people when incidents had occurred.
- The registered manager regularly monitored and reviewed any accidents and incidents to identify any patterns that needed to be addressed or lessons to be learned.

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

- The provider used quality assurance systems to ensure safety, quality and improvement were consistently monitored.
- The registered manager was experienced, and staff were knowledgeable about the needs of the people they supported. We found the service was well-organised, with clear lines of responsibility and accountability

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Relatives and relevant others were regularly involved in consultation about the provision of the service and its quality.
- People were asked for their views and the provider made changes in response to their feedback to

improve the service. For example, in choosing new décor and furniture.

Working in partnership with others

- Staff consistently worked in partnership with the wider professional team to ensure people received the care they required if their needs changed. Where specialist services were involved in providing people's support, the advice they had given had been included in people's care plans. A healthcare professional told us the staff always followed any advice they gave.
- Relatives told us they had been involved in regular reviews of people's care needs and received regular information.