

Montis Care Limited

Holmside

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 ●

Summary of findings

Overall summary

The inspection took place on 16 February 2019 and was announced.

Holmside 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.

Holmside is registered to provide accommodation for persons who require nursing or personal care. It is registered for up to eight people with learning disabilities. The home is split over two floors with the first floor having access via stairs. On the ground floor there is a lounge, conservatory and a separate dining room. There was level access to the outside patio area at the rear which was undergoing development. There were eight people living at the home at the time of inspection.

Staff had received an induction and continual learning that enabled them to carry out their role effectively. Staff received regular supervision and felt supported, appreciated and confident in their work. People and their relatives had been involved in assessments of care needs and had their choices and wishes respected including access to healthcare when required. The service worked well with professionals such as doctors, dentists and social workers.

People were protected from avoidable harm as staff received training and understood how to recognise signs of abuse. Staff told us who they would report this to both internally and externally. Staffing levels were sufficient to provide safe care and recruitment checks had ensured staff were suitable to work with vulnerable adults. When people were at risk staff had access to assessments and understood the actions needed to minimise avoidable harm. Medicines were administered and managed safely by trained and competent staff.

Staff were clear on their responsibilities with regards to infection prevention and control and this contributed to keeping people safe. Accident and incidents were recorded and analysed. Lessons learnt were shared with staff. People had their eating and drinking needs understood and they were being met. People told us they enjoyed the food and thought the variety and quantity was good.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People, their relatives and professionals described the staff as caring, kind and approachable. People had their dignity, privacy and independence respected.

People had their care needs met by staff who were knowledgeable about how they were able to communicate their needs. Their life histories were detailed and relatives had been consulted. The home had an effective complaints process and people were aware of it and knew how to make a complaint. The home

actively encouraged feedback from people, their relatives and professionals. People's end of life needs were included in their care and support plans. Activities were provided and these included staff, people and their relatives. Individual activities were provided for those that preferred them.

Relatives and professionals had confidence in the service. The home had an open and positive culture that encouraged the involvement of everyone. Leadership was visible within the home. Staff spoke positively about the management team and felt supported. There were effective quality assurance and auditing processes in place and they contributed to service improvements. Action plans were carried out and lessons learnt. The registered manager actively sought to work in partnership with other organisations to improve outcomes for people using the service. The service understood their legal responsibilities for reporting and sharing information with other services.

Further information is in the detailed findings below.

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.

There were sufficient staff available to meet people's care and support needs.

Staff had completed safeguarding adults training and were able to tell us how they would recognise and report abuse.

Medicines were managed safely, securely stored, correctly recorded and only administered by staff that were trained and competent to give medicines.

Lessons were learnt and improvements were made when things went wrong.

Is the service effective?

Good ●

The service was effective.

People's needs and choices were assessed and effective systems were in place to deliver good care.

Staff received training and supervision and they were confident in their role.

People were supported to eat and drink enough and dietary needs were met.

The premises met people's needs and they were able to access different areas of the home freely.

The service worked well with health professionals and people had access to services when they needed them.

Is the service caring?

Good ●

The service was caring.

People were supported by staff that treated them with kindness and respect.

Staff had a good understanding of the people they cared for and supported them to make decisions about their care.

People were encouraged to be independent.

There was a relaxed and friendly atmosphere in the home.

Is the service responsive?

Good ●

The service was responsive.

People were supported by staff who had a person centred approach to deliver the care and support they required.

People were supported to access the community and take part in activities within the home.

A complaints procedure was in place and was effective, people knew how to complain.

Is the service well-led?

Good ●

The service was well led.

The management team promoted inclusion and encouraged an open environment.

The service worked well in partnership with other agencies and professionals.

Quality assurance systems were in place which ensured the management had a good oversight of the service.

Positive feedback was received about the registered managers leadership.

The home was continuously working to learn, develop and improve.

Holmside

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection site visit took place on 16 February 2019 and was announced. We gave the provider 48 hours' notice of the inspection. This was so they could speak to the people living at the home about the inspection and to ensure someone would be in to meet with us. The inspection was carried out by one inspector.

Before the inspection we reviewed all the information we held about the service. This included notifications the home had sent us. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive. We spoke with the local authority quality improvement team.

We used the information the provider sent us in the Provider Information Return. This is information we require providers to send us when requested to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with seven people who used the service and two relatives. We spoke with the registered manager and the senior carer. We received feedback from two health and social care professionals who work with the service.

We reviewed two people's care files, two medicine administration records, policies, risk assessments, health and safety records, consent to care and quality audits. We looked at two staff files, the recruitment process, complaints, training and supervision records.

We walked around the building and observed care practice and interactions between staff and people who live there. We used the Short Observational Framework for Inspection (SOFI) at meal times. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

People told us they felt safe living at Holmside. Staff told us that people were kept safe because they were a family and knew each other well. Risk assessments, policies, audits, quality assurance and support systems were in place. A person told us, "I definitely feel safe here because there are staff around all the time". A relative told us, "My loved one is safe at Holmside as they are escorted wherever they go". Another relative told us, "They are safe because I know that they're happy".

People received their medicines safely. The service had safe arrangements for the ordering, storage and disposal of medicines. Staff responsible for the administration of medicines were trained and had their competency assessed by the registered manager. Medicine Administration Records (MAR) had a photograph of the person and their allergies. Staff checked people's medicines with their MAR to ensure the correct medicine was given to the correct person at the right time. MAR's were completed correctly and audited. Where people were prescribed medicines that they only needed to take occasionally, guidance was in place for staff to follow to ensure those medicines were administered in a consistent way.

The home had enough staff to meet people's needs. The registered manager told us they did not use agency staff and if there were times when extra staff were needed the existing team always covered each other and they also worked in the home. This was important to the registered manager as people would receive support from staff who knew them well and understood their needs. Staff were working at a relaxed pace throughout the day and were constantly spending time speaking with people. A relative told us, "There is enough staff, I know they have all been there a long time". Professionals who worked with the home told us there was enough staff.

The service had a suitable recruitment procedure. Recruitment checks were in place and demonstrated that staff employed had satisfactory skills and knowledge needed to care for people. Staff files contained appropriate checks, such as references, health screening and a Disclosure and Barring Service (DBS) check. The DBS checks people's criminal record history and their suitability to work with vulnerable people.

Staff were clear on their responsibilities with regards to infection prevention and control and this contributed to keeping people safe. All areas of the home were tidy and visibly clean. A person told us, "Everything is clean and nice and tidy". People were responsible for cleaning their own bedrooms and were supported by staff where needed. The registered manager told us that staff carried out a deep clean of the home weekly. We observed staff wearing and using personal protective equipment throughout the day. All staff had received training in the prevention and control of infection. A relative told us, "Everywhere is clean and tidy whenever I visit".

All staff members prepared and served food from the kitchen and had received food hygiene training. The service had received the highest Food Standards Agency rating of five which meant that conditions and practices relating to food hygiene were 'very good'.

Staff demonstrated a good knowledge of recognising the signs and symptoms of abuse and who they would

report concerns to both internally and externally. A staff member said, "I would look for changes in behaviour. I would just know if there was something wrong. I would report to the registered manager [name] as soon as possible". The registered manager was clear of the home's responsibility to protect people and report concerns. Records showed concerns were referred appropriately. There were posters giving details on how to report safeguarding concerns along with telephone numbers of the local authority safeguarding team in various places in the home.

Accident and incidents were recorded and analysed and reviewed monthly by the registered manager. Actions were taken and lessons were learned and shared amongst the staff through handovers. This helped to reduce the likelihood of reoccurrence. The home had a falls log that was completed following a person having a fall, whether witnessed or unwitnessed. The log recorded visual and physical checks that were made for people for 24 hours following the fall. Records showed this had been completed accurately. We saw care assessments had been updated following a person's fall.

Risk assessments were in place for each person for all aspects of their care and support along with general risk assessments for the home. The risk assessments were reviewed six monthly, or as things changed, and staff had access to them. Risk assessments were detailed, an example was for a risk assessment which looked at a person's medical condition. The assessment considered all aspects of the risk involved and each one had clear instructions for staff to follow to reduce or manage or remove the risk to the person. The registered manager told us they were keen to support positive risk taking and care plans we saw supported people to take risks to live their life the way they wanted to.

The registered manager monitored health and safety within the home and carried out various visual and maintenance checks. All electrical equipment had been tested to ensure its effective operation. Staff and people had received fire training, the registered manager told us that they had practise drills and people living within the home would practice where to gather in the event of a fire alarm sounding. The senior carer was responsible for drills and testing and they did this weekly.

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The home met the requirements of the MCA. People had given their consent for all aspects of their care and support. Staff had not yet received MCA training but this was booked in. A staff member told us, "The guys here make all their own decisions, they know what they want". The registered manager understood their role in complying with the MCA. We observed staff asking consent, offering choices and supporting people to make decisions during the inspection.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). Nobody living at the home was subject to DoLS procedures. The registered manager had a good understanding of the process should this be necessary in the future.

The home had an induction for all new staff to follow which included external training, shadow shifts practical competency checks within the home in line with the Care Certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training. The registered manager had made connections with the local authority training service and accessed many courses for staff. Staff told us they had received a lot of training and were pleased to attend it.

Staff told us they had regular supervisions. They felt these were positive experiences and that they were a two-way process. Supervision records showed they were completed jointly between the registered manager and staff. Staff told us they felt supported by the registered manager.

People's needs and choices were assessed and care and support was provided to achieve effective outcomes. People had individual care plans for each aspect of their needs, some examples were; personal hygiene, oral care, mobility, eating and drinking, communication and medication. Records showed people were involved in these plans. The registered manager had developed the care plans over the past 12 months.

People were supported to have enough to eat and drink, and we received positive comments about the food, they included: "I love the food here". "My favourite is curry". "Food is good here". The kitchen was available to people 24-hours a day and they were encouraged to use the kitchen throughout the day. People were asked for their input regarding food and drink regularly. Menus were displayed and changed every four weeks. Staff had a good understanding of people's likes and dislikes. People were fully involved in the food within the home. They helped with planning menu's, preparing a shopping list, shopping and putting away

and meal preparation. A staff member told us, "I like them helping me with the meals, usually they like peeling potatoes or just helping out". A person told us, "I cook my own meals myself in the kitchen which I like to do".

We observed the meal time to be a fun and relaxed social occasion with people having various discussions between themselves and with staff. There was lots of laughter of conversations about favourite foods. The dining room had two laid tables with drinks and condiments.

People were supported to receive health care services when they needed. All records seen showed evidence of regular health care appointments and medical or specialist involvement. The registered manager said they worked well with medical professionals and was comfortable seeking their input when needed. Each person had a healthcare appointment record card, this detailed reasons and actions from health appointments. The registered manager had created oral health care plans, these had instructions so that staff could support people with their oral hygiene. There were pictures of mouth, teeth and gums and areas coloured in red were risk areas where the person had to concentrate on brushing. Advice was given by the local dentist. Records showed regular dental and hygienist appointments were attended.

The home was accessed by people across two levels and people were free to use all areas of the home. There were stairs in place for access from the ground to the first floor. The home was developing their outside space to increase the area and redevelop the garden for people to use.

Is the service caring?

Our findings

People, their relatives and professionals thought staff at Holmside were kind and caring. People told us, "I love the registered manager [name]". "They are really nice and they help me". "They [staff] are exceptional". "Staff are amazing". Relative comments included; "Staff are really nice". "They all get along so well". "Staff are kind and caring".

People were treated with dignity and respect. We observed many respectful interactions during the inspection. Staff were supporting people in a variety of ways. Staff were attentive to people when they asked for them. Staff members told us they knew how to show dignity and how to respect people. They said they did this by helping people to live their life, supporting them and just being there.

Staff had equality and diversity training. A staff member told us, "I don't see a disability at all, I just see the person". People's cultural and spiritual needs were respected and recorded in their care plan. People were supported to follow their interests and to express themselves however they chose to. Promoting independence, involving people and using creative person-centred approaches was normal practice for staff.

People told us they were happy with the care they received. Comments from people and their relatives included: "It has given me peace of mind my loved one being at the home". "It's brilliant here". "I am so happy here". "My room is amazing". "This is the best place I have lived". "It feels like my home". Staff were proud to work at Holmside and told us, "It's a family, we all work together". A professional said, "Residents seem happy and settled".

There was a calm and relaxed atmosphere in the home. The registered manager said that people had a structured, busy week they liked to relax at weekends. People could decide how they wanted to spend their day. People could choose when to get up or join others in the lounge areas. We observed staff spending time with people individually and in groups in the lounge and dining areas. We overheard conversations, laughter and banter between people and staff throughout the day. Conversations were about people's interests, games and an upcoming celebration meal which was taking place the next day. A relative told us, "Things have improved a lot in the past year, we are most impressed".

People were encouraged to make decisions about their care. People and their relatives were involved in their care. Records showed input from the person, their family and professionals. There was a system for review in place and records showed this happened six monthly or as things changed. Life histories contained information that was important to people, the registered manager told us it was very important to involve those closest to the people in their care and support. A relative told us, "We are always involved".

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. Care plans were in place and reviewed regularly. Plans were personalised, detailed and relevant to the person. This meant people were receiving the care that was important to them and met their individual needs. Each person had a diary and this was completed by people and staff each evening detailing events that day. Staff coming in to work checked these diaries each time. This meant that staff were always informed about people's days and this improved their responsiveness to changes in needs. An example was that a person had a bad day and staff knew to be aware of this when speaking to the person and were better prepared to support them. The registered manager told us they update the care plans continually by speaking to people, their relatives and staff. A professional told us, "The registered manager and senior carer have worked with the person, their next of kin and advocates to book in reviews for all residents". They told us there had been improvements over the past twelve months and said, "The care plans we viewed were much more detailed and really reflect the individual's choice, views and wishes".

People and their relatives told us that there were a lot of activities for people. The home had a variety of activities for people to enjoy and in addition to this staff supported people to make their own arrangements for their social activities. The home encouraged friends to visit and included them in activities within the home. The activity plan was displayed on the notice board and each week on a Tuesday the home had a volunteer activity co-ordinator who would hold special events such as movie nights, parties and other activities. People attended work, day services and clubs throughout the week. The registered manager told us everyone had an active life. One person was proud to show us a certificate where they had been named 'Employee of the Day' at work. People told us they were busy throughout the week and liked to relax at the weekends. People chose how to spend their time. A person told us, "I wanted to go to my class for another day and they [staff] helped me to do this".

People knew how to make a complaint and the service had a policy and procedure in place. Everyone we spoke with felt comfortable to speak to staff or the registered manager about any concerns. Records showed that complaints had been dealt with within the agreed timescales and to the complainant's satisfaction. A person told us, "I would speak to the registered manager [name] if I was unhappy or maybe the senior carer [name]". Another person said, "I would speak to the registered manager [name]". A relative told us, "I would speak to the registered manager [name]. I have no problems raising concerns about my loved one".

The service met the requirements of the Accessible Information Standard (AIS). This is a law which requires providers make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. The service had considered ways to make sure people had access to the information they needed in a way they could understand, to comply with the AIS. Each person had a specific communication care plan. The home used pictures to aid understanding when displaying notices and announcements. People's preferred communication methods were shared with others as required.

Nobody living at Holmside was being supported with end of life care. However, the registered manager told

us that they have supported people with bereavement and staff have an awareness of that this support may sometimes be needed.

Is the service well-led?

Our findings

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager had a clear vision for developing the service. The registered manager told us that some people had lived at the home for many years. It was important for people to be involved in everything. The registered manager had created an open working culture and was visible to all and told us, "I am very lucky with my staff team".

Staff, relatives and people's feedback on the management of the home was positive. Staff felt supported. The comments included; "I love the registered manager [name]". "The registered manager [name] has a lot to do with the guys here, they are really involved". "I like the registered manager [name]". "The registered manager knows what they are doing, they have proved themselves. We are most impressed". "I really like the registered manager [name] and the team".

The service sought people's feedback and involvement through meetings and minutes of those meetings were made available. During our inspection we heard many conversations between staff and people about upcoming events and future plans. The registered manager told us it was an exciting time and they celebrated their anniversary at the home. People, their relatives and staff were going to a meal celebration with the providers the day after our inspection and everyone was excited about it. The registered manager said it was important to mark this occasion.

The registered manager and the provider supported their staff. Staff told us they felt appreciated and were always given a thank you. The registered manager said it was important to them to show appreciation to the team.

The registered manager said they were keen to involve people in their community. The senior carer said that they often go into the community with people. It was important to the home to support access to the community. The registered manager told us that they had purchased new transport so that people could go out easier.

Learning and development was important to the registered manager. They attended regular professional network meetings, learning hubs, training through the local authority and used online guidance and publications to keep updated.

The registered manager understood the requirements of the duty of candour. That is, their duty to be honest and open about any accident or incident that had caused, or placed a person at risk of harm. They confidently told us the circumstances in which they would make notifications and referrals to external agencies and showed us records. The registered manager told us they were supported well by the provider.

Quality assurance systems were in place to monitor the standard of care provided at the service. Audits reviewed different aspects of care and actions were taken to make any improvements that had been identified. Systems were in place for learning and reflection. The registered manager had completed various audits such as medication and care plans. In addition, the registered manager reviewed and developed better ways of working with regards monitoring.

The service had good working partnerships with health and social care professionals. They told us that the registered manager and team have worked in partnership with them to meet the needs of people living at Holmside.