Consensus Support Services Limited

Heather Holmes Care Home

Inspection report

64 Rushton Road
Desborough
Kettering
Northamptonshire
NN14 2QD

Tel: 01536760418
Website: www.consensussupport.com

Date of inspection visit:
30 November 2016

Date of publication:
28 December 2016

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

This unannounced inspection took place on 30 November 2016. This residential care service is registered to provide accommodation and personal care support for up to 12 people with learning disabilities. At the time of the inspection there were 10 people living at the home.

There was a registered manager in post at the time of our inspection. 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.

People felt safe in the home. Staff understood the need to protect people from harm and abuse and knew what action they should take if they had any concerns. Staffing levels ensured that people received the support they required at the times they needed and recruitment procedures protected people from receiving unsafe care from care staff unsuited to the job.

Care records contained risk assessments and risk management plans to protect people from identified risks and helped to keep them safe. They gave information for staff on the identified risk and informed staff on the measures to take to minimise any risks. People were supported to take their medicines as prescribed and medicines were obtained, stored, administered and disposed of safely.

People received care from staff that were supported to carry out their roles to meet the assessed needs of people living at the home. Staff received training in areas that enabled them to understand and meet the care needs of each person and people were actively involved in decisions about their care and support needs. There were formal systems in place to assess people's capacity for decision making under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). People were supported to maintain good health and had access to healthcare services when they were needed.

People received care from compassionate and supportive staff and people and staff had positive relationships with each other. Staff understood the needs of the people they supported and used the information they had about people to engage them in meaningful conversations. People were supported to make their own choices and when they needed additional support best interest meetings with family involvement took place.

Care plans were written in a person centred manner and focussed on giving people choices and opportunities to receive their care how they liked it to be. They detailed how people wished to be supported and people were fully involved in making decisions about their care. People participated in a range of activities and received the support they needed to help them do this. People were able to choose where they spent their time and what they did. People were able to raise complaints and there was an easy read guide to support people through the process.

People and staff were confident in the management of the home and felt listened to. People were able to provide feedback and this was acted on and improvements were made. The service had audits and quality monitoring systems in place which ensured people received good quality care that enhanced their life. Policies and procedures were in place which reflected the care provided at the home.

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.

People felt safe and comfortable in the home and staff were clear on their roles and responsibilities to safeguard them.

Risk assessments were in place and were continually reviewed and managed in a way which enabled people to safely pursue their independence and receive safe support.

Safe recruitment practices were in place and staffing levels ensured that people's care and support needs were safely met.

There were systems in place to manage medicines in a safe way and people were supported to take their prescribed medicines.

Is the service effective?

Good

The service was effective.

People were actively involved in decisions about their care and support needs and how they spent their day. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People received personalised care and support. Staff received training to
ensure they had the skills and knowledge to support people appropriately and in the way that they preferred.

Peoples physical and mental health needs were kept under regular review.

People were supported to access relevant health and social care professionals to ensure they receive the care, support and treatment that they needed.

Is the service caring?

Good

The service was caring.

People were encouraged to make decisions about how their care

was provided and their privacy and dignity were protected and promoted.

There were positive interactions between people living at the home and staff.

Staff had a good understanding of people's needs and preferences.

Staff promoted peoples independence to ensure people were as involved as possible in the daily running of the home.

Is the service responsive?

Good

This service was responsive.

People were listened to, their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred.

People were supported to engage in activities that reflected their interests and supported their physical and mental well-being.

People using the service and their relatives knew how to raise a concern or make a complaint. There was a complaints system in place and complaints were responded to appropriately.

Is the service well-led?

Good

This service was well-led.

A registered manager was in post and they were active and visible in the home. They worked alongside staff and offered regular support and guidance. They monitored the quality and culture of the service and responded swiftly to any concerns or areas for improvement.

There were systems in place to monitor the quality and safety of the service and actions were completed in a timely manner.

People living in the home, their relatives and staff were confident in the management of the home. They were supported and encouraged to provide feedback about the service and it was used to drive continuous improvement.

Heather Holmes Care 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 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 took place on 30 November 2016. The inspection was unannounced and was undertaken by one inspector.

We reviewed the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law.

During our inspection we spoke with six people who lived at the home, two relatives, five care staff, the team leader and the registered manager.

We looked at care plan documentation relating to five people, and six staff files. We also looked at other information related to the running of and the quality of the service. This included quality assurance audits, maintenance schedules, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

We spent some time observing care to help us understand the experience of people who lived in the home.

Good

Is the service safe?

Our findings

People felt safe where they lived. One person said "I love living here; I am really happy." It was clear through observation and general interaction that people felt safe and comfortable in the home. The provider had procedures for ensuring that any concerns about people's safety were appropriately reported. All of the staff we spoke with demonstrated an understanding of the type of harm that could occur and the signs they would look for. Staff were clear what they would do if they thought someone was at risk of abuse including who they would report any safeguarding concerns to. Staff said they had not needed to report any concerns but would not hesitate to report abuse if they saw or heard anything that put people at risk. One care staff said "If I thought no-body was listening to my concerns I would report it; we are here to make sure people are safe; no hesitations." Staff had received training on protecting people from abuse and records we saw confirmed this.

People were assessed for their potential risks such as the risks associated with epilepsy. People's needs were regularly reviewed so that risks were identified and acted upon as their needs changed. For example where people's mobility had decreased or increased their risk assessment reflected their changing needs and the change in any mobility equipment they required. People's care plans provided instructions to staff on how they were to mitigate people's risks to ensure people's continued safety. For example, where people were identified as being at risk of accessing the kitchen without support, risk assessments set out how staff could support the person.

We saw that the provider regularly reviewed environmental risks and the registered manager told us that they carried out regular safety checks. We noticed that the environment supported safe movement around the building and that there were no obstructions.

There was enough staff to keep people safe and to meet their needs. People told us that there were members of staff available when they needed them. One person said, "There is always staff, I like my own space but I know staff are downstairs if I need them." Staff felt that there was enough staff available to meet people's needs and to ensure people received good support throughout the day and night. The registered manager told us that they spent their time around the home to help support people whenever they could. We observed that the levels of staffing allowed each person to receive appropriate support from staff.

People's medicines were safely managed. Each person had their own medication stored in a lockable cabinet in their own bedroom; this enabled the staff to administer medication to people in a private environment. Staff had received training in the safe administration, storage and disposal of medicines. Staff had arranged for people to receive liquid medicines where they found swallowing tablets difficult. Staff followed guidelines for medicines that were only given at times when they were needed, for example Paracetamol for when people were in pain. There were regular medicines audits where actions had been taken to improve practice and all staff had undertaken competency assessments to ensure they safe to administer people's medicines.

People were safeguarded against the risk of being cared for by staff that were unsuitable to work in a care

home. The staff recruitment procedures explored gaps in employment histories, obtaining written references and vetting through the government body Disclosure and Barring Service (DBS). Staff we spoke with confirmed that checks were carried out on them before they commenced their employment.

Good

Is the service effective?

Our findings

People received care which was based on best practice, from staff who had the knowledge and skills needed to carry out their roles and responsibilities effectively.
New staff received a thorough induction which included classroom based learning and shadowing experienced members of the staff team. The induction was comprehensive and included key topics on learning disability, managing behaviour that may challenge themselves and others and epilepsy. The induction was focussed on the whole team approach to support people to achieve the best outcomes for them. One staff member told us "I had a really good induction and was given plenty of time to read the residents care plans and get to them before I worked on my own with them. I never felt rushed to start working on my own." The provider was following good practice guidelines for newly recruited staff and all new staff who didn't have a care qualification undertook the Care Certificate.

Training was delivered using face to face workshops; the provider's mandatory training and service specific was refreshed annually. Staff we spoke with were positive about the training they received and confirmed that the training was a combination of online and classroom based training. One care staff said "The training I completed on managing behaviour was brilliant; it taught me how to look for triggers and how to redirect people. It has really helped in my role." Staff were provided with the opportunity to obtain a recognised care qualification through the Qualifications and Credit Framework (QCF). The staff team also benefited from specialised training that was delivered by the Community Team for People with Learning Disabilities.

People's needs were met by staff that received regular supervision and received an annual appraisal. We saw that supervision meetings were available to all staff employed at the home, including permanent and 'bank' members of staff. The meetings were used to assess staff performance and identify on-going support and training needs. One care staff said "I have regular supervision, although I don't need to wait for supervision to talk about anything I can just bring concerns up."

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager was knowledgeable and experienced in the requirements of the MCA and DoLS. Detailed assessments had been conducted to determine people's ability to make specific decisions and where appropriate DoLS applications had been submitted to the local authority. All staff had training in the MCA and DoLS and had a good understanding of service users' rights regarding choice; they carefully considered whether people had the capacity to make specific decisions in their daily lives and where they were unable, decisions were made in their best interests.

People were supported to eat a balanced diet that promoted healthy eating. Meals and mealtimes were arranged so that people had time and space to eat in comfort and at their own speed and liking. People were fully involved in choosing the meals on the menu and the weekly menu was displayed in an easy read format. Some people living in the flat which was tailored for people who wished to develop their independent living skills also purchased their own groceries with support from the care staff.

The staff team were knowledgeable about people's food preferences and dietary needs, they were aware of good practice in relation to food hygiene and this was promoted by signage around the kitchen. People were referred to the Speech and Language Therapy Team if they had difficulties with swallowing food and if required referrals were made to the NHS Dietician. People who had difficulty swallowing food [dysphagia] had clear guidance in place on how they required to be supported with their food and what texture of food was appropriate for their needs. People had access to specialist cutlery and crockery to meet their assessed needs. For example plate guards and lidded beakers.

People's healthcare needs were carefully monitored and detailed care planning ensured staff had information on how care should be delivered effectively. Care Records showed that people had access to community nurses, psychiatrists, dentists and GP's and were referred to specialist services when required. People received a full annual health check-up and had health action plans in place. Each person had a 'hospital passport' in place which was used to guide other professionals on how a person would like to be cared for and any risks involved with supporting the person. For example; one hospital passport advised that the person would benefit from an object to hold if they are in a health care setting otherwise there was a risk that they would touch medical equipment. Care files contained detailed information on visits to health professionals and outcomes of these visits including any follow up appointments.

Good

Is the service caring?

Our findings

People were happy with the care and support they received. They told us they liked the staff and said staff were 'the best'. One person said "I like all the staff they are very kind."

People were treated with kindness, compassion and respect. The staff in the home took time to speak with the people they were supporting. We saw many positive interactions and people enjoyed the interaction with staff in the home. One person told us "The staff help me with lots of things and they helped me move my bedroom from upstairs to downstairs; I like it much better downstairs." Observations showed staff had a caring attitude towards people and a commitment to providing a good standard of care. Staff spoke with people in a friendly way, referring to people by their names, involving them in conversations and acknowledged everyone when they were in the same room or passing.

People were involved in personalising their own bedroom and living areas so that they had items around them that they treasured and had meaning to them. One person showed us their bedroom and it was decorated to the person's own choice with themed pictures on the wall and photographs of family members and other items that had meaning to them. Staff used their knowledge of people to support them to have their bedroom how they wanted which reflected their interests. The home had a 'family tree' displayed in the hallway with pictures of the people who lived there and all staff were clear in their views of this was someone else's home and they [staff] were guests.

People were encouraged to express their views and to make their own choices. There was information in people's care plans about what they liked to do for themselves. This included how they wanted to spend their time or if they had preferences about how to receive their care, for example by male or female members of staff. Staff had a good knowledge of people's preferences and these were respected and accommodated by the staff team. One care staff said "It is so important that we know people really well; I think it makes all the difference."

Staff understood the need to respect people's confidentiality and understood not to discuss issues in public or disclose information to people who did not need to know. Any information that needed to be passed on about people was placed in a confidential document or discussed at staff handovers which were conducted in private.

We observed the service had a good, visible, culture which focused on providing people with care which was personalised to the individual. Staff were motivated and caring. Staff respected people's privacy and dignity and demonstrated their understanding of what privacy and dignity meant in relation to supporting people with their personal care. For example; closing curtains when undertaking personal care and checking that people were comfortable with the process. The service had a dignity champion whose role it was to challenge any poor practice. This role also included being a 'buddy' for new employee's to ensure promoting people's privacy and dignity was embedded from the start of their employment.

Each person had an identified key worker, a named member of staff. They were responsible for ensuring

information in the person's care plan was current and up to date and they spent time with them individually. One person said "I have a keyworker and we talk about my plans and what sort of things I want to buy; sometimes I buy my favourite magazine with my key worker."

There was information on advocacy services which was available for people and their relatives to view. No one currently living at the home used an independent advocate but staff were knowledgeable about how to refer people to advocacy services and what advocacy services could offer people.

Visitors, such as relatives and people's friends, were encouraged and made welcome. The registered manager told us that people's families could visit when they wanted and they could speak with them in the lounge area or their bedrooms. People confirmed to us that people could visit them whenever they chose and people also went on overnight stays with their relatives. One relative said "I've always been made so welcome when I visit the home; honestly they [all staff in the home] go above and beyond and always have."

Good

Is the service responsive?

Our findings

People's care and support needs were assessed before they came to live at the home to determine if the service could meet their needs. People and their relatives were encouraged to visit the home to gain an insight into whether the home was right for them. During the admissions process the registered manager visited people in their homes or other care setting and gathered as much information and knowledge about people as possible. Staff encouraged people's relatives, advocates and care professionals to be involved to understand people's preferences and strengths. This ensured as smooth transition as possible once the person decided they would like to move into the home.

People's care and treatment was planned and delivered in line with people's individual preferences and choices and was written in an easy read format. Information about people's past history, where they lived when they were younger and what interested them was detailed in their care plans. This information enabled care staff to personalise the care they provided to each individual, particularly for those people who were less able to say how they preferred to receive the care they needed.

Care plans were reviewed on a regular basis to help ensure they were kept up to date and reflected each individual's current needs. We saw that care plans reflected people's current needs including changes in medication. One member of care staff told us "When I was a new member of staff I found it so helpful having detailed care plans; knowing what causes people to feel agitated and distressed is key to providing good care."

Staff were responsive to people's needs. They spent time with people and responded quickly if people needed any support. Staff were always on hand to speak and interact with people and we observed staff checking people were comfortable and asking them if they wanted any assistance. Staff knew people well and were able to understand people's needs from their body language and from their own communication style.

The risk of people becoming withdrawn and lonely within the home was minimised by encouraging them to join in with the activities that were regularly organised. People living in the home were involved with arts and crafts, DVD nights, baking and 'beauty sessions', computer gaming and listening to music. One person said "I like to listen to my own CD's." People told us that they were looking forward to decorating the house for Christmas and chatted excitedly about how nice it would all look. Care staff made efforts to engage people's interest in what was happening in the wider world and local community by discussing events in the newspapers and the media.

People participated in a range of activities including attending day opportunities for people with learning disabilities, community work placements, visiting garden centres, trips to county parks, farms, swimming, meals out, cake baking and disco's and local clubs. People had a variety of activities that they were involved in and staff were proactive in supporting people to attend events. One person told us about a trip to the seaside that they went on this year.

When people moved into the home they and their representatives were provided with information about what do if they had a complaint. The complaints guide was also available in an easy read format for people who used the service. One person said "If I wasn't happy I would speak to the staff; they would put it right for me." There were arrangements in place to record complaints that had been raised and what action had been taken about resolving the issues of concern.

Good

Is the service well-led?

Our findings

The manager had created an open and transparent culture with the staff team, staff told us they felt confident going to the manager with any concerns or ideas and they felt that the manager would listen and take action. One staff member told us "[The manager] is really good, they listen to our idea's; for example we had an idea to hold a fete in the summer for residents and their families and we were supported to plan it; it was a great day." Another staff member staff "[The manager] is really good, they are such a knowledgeable person to go to with any concerns or queries and I always feel like my opinion matters."

Communication between people, families and staff was encouraged in an open way. The registered manager and the care staff talked positively about people's relatives and how important it was to maintain a good relationship with them. One relative told us "I can't fault any staff, we are always kept up to date." Another relative said "I am always updated with everything; good or bad they never delay in telling me and they are always open and honest and I really appreciate that."

The culture within the home focused upon supporting people to receive the care and support they required to have a happy and comfortable life. All of the staff we spoke with were committed to providing a high standard of personalised care and support and were proud of the job they did. One member of staff told us "I love working here; I make a difference to people's lives and I am really well supported." Staff were focussed on the outcomes for the people who lived at the home. Staff spoke passionately about providing care to people in a person centred way clearly describing the aims of the home in providing an environment that was homely and recognising people as individuals.

People using the service were encouraged and enabled to provide feedback about their experience of care and about how the service could be improved. Meetings took place on a regular basis and people were encouraged to talk about any changes that they wanted to make, plans for the future, staffing and menu's. To assist people with communicating their choices the service used picture cards and objects of reference to gain peoples thoughts and ideas and minutes of the meeting were available in an easy read format.

Staff worked well together and as a team, they were focused on ensuring that each person's needs were met and shared information. Staff clearly enjoyed their work and told us that they received regular support from their manager. One care staff told us "Honestly, I love working here; I'm not just saying that it really is a great place to work." Staff meetings took place on a regular basis and minutes of these meetings were kept. Staff said the meetings enabled them to discuss issues openly and was also used as an information sharing session with the manager and the rest of the staff team. The manager worked alongside staff so were able to observe their practice and monitor their attitudes, values and behaviour.

The service involved people who used the service in the recruitment of new staff; people were supported to ask questions to interviewee's and their views and opinions on the staff being interviewed were used to support the whole process.

The service had developed excellent links with the local community and these relationships were used to

benefit the people living in the home. For example, local shops donated items and gift vouchers to support the summer fete raffle. Another local company was making raised planters for the garden of the home and these were being donated.

Quality assurance audits were completed by the registered manager on a monthly basis and a senior manager also completed audits on a monthly basis to help ensure quality standards were maintained and legislation complied with. Where audits had identified shortfalls action had been carried out to address and resolve them.
Policies and procedures to guide staff were in place and had been updated when required. We spoke with staff that were able to demonstrate a good understanding of policies which underpinned their job role such as safeguarding people, health and safety and confidentiality.