Holmleigh Care Homes Limited

12 Alfred Street Residential Care

Inspection report

12 Alfred Street
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Ratings

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

Overall summary

This inspection took place on 29 April 2015 and was announced. Alfred Street Residential Care home provides accommodation and personal care for up to two people with a learning disability. The home is situated on a quiet residential street. It comprises of a lounge/dining room, kitchen two bedrooms and a bathroom.

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 2008 and associated Regulations about how the service is run.

People had different physical, social and emotional needs. Staff knew them well and were able to adapt their approach and communicate with people using a variety of different types of communication. Staff and the

Summary of findings

registered manager understood their role to protect people from harm and abuse. Systems were in place to protect people from abuse such as daily auditing of people's finances. People's personal risks had been identified and measures were in place to manage and minimise these risks. People's care records reflected their health and well-being needs as well as their social and recreational needs.

Staff understood the importance of providing choice to people and acting in their best interests if they did not have the capacity to make specific decisions for themselves. Some people were continuously supported but in the least restrictive way. Staff respected the views of people who had capacity to make their own decisions. Information was provided in different formats to help people understand.

People's care was well documented and focused around their individual needs and support requirements. Their care records gave staff guidance on how to support them and reduce the risk of harm. Pictorial and large print documents and care records were available to help people understand the information about their care and the home. Staff supported people to maintain a healthy diet. They knew people's preferences in food and special diets which were catered for. People were supported to access health care services such as dentists and specialist services. Staff maintained good links with health care professionals to ensure people's health and medical needs were being monitored. Their medicines were ordered, stored and administered in an effective way.

People were supported by staff who had been suitably trained and recruited to carry out their role. New staff were supported until they felt confident to work alone with people. Systems were in place to support staff who worked alone such as on call.

Monitoring systems were in place to ensure the service was operating effectively and safely. Internal and external audits were carried out to continually monitor the service provided.

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?
This service was safe.

Staff were knowledgeable about their role and responsibilities to protect people from harm and abuse. Staff were proactive to support people and reduce individual risks

Staff had been effectively recruited and trained to carry out their role. Staffing levels were suitable to meet the needs of the people who stayed in the home.

People's finances and medicines were managed and stored safely.

Good

Is the service effective?
This service was effective.

Staff were trained to carry out their role and supported people who had complex needs.

Staff understood the importance of providing choice to people and acting in people's best interests if they did not have the capacity to make specific decisions for themselves.

People's health and emotional needs had been assessed and regularly reviewed. They were supported to access health care services when needed.

People's dietary needs and preferences were catered for.

Good

Is the service caring?
The service was caring.

People were relaxed and calm around staff. Relatives said the staff were caring and compassionate.

People's privacy, dignity and decisions were respected and valued by staff. They were encouraged to express their choices and preferences about their daily activities.

Good

Is the service responsive?
This service was responsive.

People received care which was centred around their needs and preferences. Staff monitored people to ensure their needs were being met and to check if they were unhappy about the support they received.

Staff knew people well and were able to offer a choice of activities in the home and the community.

Relatives spoke highly of the staff and were able to raise concerns openly with them.

Good

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

Staff were supported well by the registered manager and provider. There were good links between the provider's managers to share good practices.

Staff demonstrated good care practices and the core values of the organisation.

Good

Summary of findings

Quality assurance systems were in place to monitor the quality of care and safety of the home.

12 Alfred Street Residential Care

Detailed findings

Background to this inspection

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

This inspection took place on 29 April 2015 and was announced. 48 hours' notice of the inspection was given because the service is small and staff are often out in the community supporting people with their activities. We needed to be sure that they would be in.

The inspection was carried out by one inspector. This service was last inspected on 20 May 2013 when it met all the legal requirements and regulations associated with the Health and Social Care Act 2008 relating to the care and welfare of people.

Before the inspection the provider completed a Provider Information Return (PIR). This 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 other information that we held about the provider and previous inspection reports.

We looked around the home and talked with two members of staff and the registered manager. We only spoke briefly to one person as people were unable to communicate with us due to their complex needs. However, we saw how staff interacted with these people. We looked at the care records of two 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 home including quality assurance reports.

After the inspection we spoke with two relatives by telephone and one health and social care professional.

Good

Is the service safe?

Our findings

People were cared for by staff who understood their responsibility in protecting them from harm. Staff understood how to recognise signs of abuse and where to report any concerns and poor practices of care. They had been trained and were knowledgeable and understood the provider's safeguarding policies and procedures. An easy read safeguarding policy was available for people.

People were protected from financial abuse because there were appropriate systems in place to help support people manage their money safely. Regular checks were in place to ensure balances were correct and receipts were kept for all purchases. One person signed when they had received or returned any money to the office. People were encouraged and supported to save an amount of money each week for larger purchases and essential expenditures such as taxi fees to and from their health care appointments.

People were cared for by a single member of staff during a 24 hour period. Staff gave us examples of how they ensured that people remain safe and free from harm when supported by a single member of staff. One staff member said, "We are continually watching out for any changes in their behaviour and then we would try and work out what has caused them to change. They would let us know one way or another if they weren't happy here." The registered manager told us, "It is very important that we get the right staff here. They need to know what to do it in an emergency and always put the welfare of people first." A relative told us they are watchful about the staff ratio at the home especially as people's needs are changing. However, this is being addressed as people's support hours are being reviewed by the local authority. Detailed verbal and written handovers occurred between staff shifts to share information about the well-being of people and any concerns. Staff had access to an out of hours on-call system in case of emergencies. A lone working policy was in place to help to protect staff who supported people alone.

The registered manager managed two of the provider's homes and was able to move staff between the homes during any unplanned staff absences or where there was a shortfall in the staffing levels. Staff were being used from the other home while new permanent staff were being recruited. Protocols were similar in both homes so staff were familiar with the systems of the homes such as the management of people's medicines. People had been consulted when the introduction of staff from the other home was suggested. The senior staff member said, "It is working out very well. They (people) are enjoying having new faces around here."

People's personal risks had been identified and were managed well in the home. Measures were in place to manage and minimise these risks. Staff understood people's risks and how people should be managed and supported to reduce the risk of harm. The well-being and independent abilities of one person was being monitored due to the deterioration in their underlying medical condition. Staff were able to explain the risks to this person and how they were managed, however a specific risk assessment was not in place to reflect how this may affect their independence levels. The registered manager and senior carer told us that this would be immediately addressed and a risk assessment would be implemented.

Staff had been through a thorough recruitment and training process. New staff shadowed experienced staff before they were able to support people alone in the home. Previous employment and criminal checks had been carried out prior to staff starting work in the home. References had been requested from the last employer and to check the character of new staff. One new member of staff said, "I can't fault them. They have all been very open and honest. I am enjoying working here so far."

People were supported with their medicines as prescribed for them. Their medicines were ordered, stored and managed by staff who had been trained in administering and managing medicines. People had the choice of where they would like their medicines to be safely stored. Secure facilities had been provided for storage of their medicines. Staff had sought advice regarding the timings of one person's medicines which had originally clashed with a regular health appointment. The medicine had subsequently been changed to meet the needs of the person and fit the administrating of their medicines around the appointment.

Records of when people had taken their medication were accurate. GP advice had been sought to give staff guidance on the management and administration of over the counter medicines for people's minor ailments or medicines which were 'required as needed'. Medicines which were 'required as needed' were recorded and accounted for. The stock levels of medicines were recorded and medicines which were not needed were returned to

Good

Is the service safe?

the pharmacy. The stock levels of all medicines kept in the home were checked at every staff handover. Staff had received refresher training in the management and administering people's medicines safely.

Good

Is the service effective?

Our findings

People were cared for by staff who had been supported and trained in their role. Staff carried out training considered as mandatory by the provider, such as safeguarding people and health and safety training.

Staff had received training and were knowledgeable about how to meet people's diverse needs. The registered manager monitored staff's knowledge and competency levels by observation and through formal staff support meetings. For example, staff were asked to give examples of good and poor care practices. We were told that staff would soon attend end of life training so they could support people with decisions about their care and support towards the end of their life.

New staff were given a period of time to shadow an experienced member of staff and get to know the people in the home. The registered manager and senior carer supported and mentored new staff to ensure they were competent to support people alone. New staff had also attended an induction course and their level of competency was checked before they started to care for people. The provider was aware of the new care certificate which helps them to monitor the competences of staff against expected standards of care and would be implementing it for new staff.

Staff had received regular formal support meetings with their line manager. The knowledge and competencies of staff were examined during their support meetings such as providing examples of good and poor practices. One staff member said, "We get lots of support here. We can always pick up the phone and ask for help if we are not sure about anything." The senior staff member provided additional support and information to more junior staff or staff temporarily supporting people form another home.

People who were able to make decisions for themselves, were involved in the planning of their care and consented to the care and support being provided. The decisions of people who had capacity were respected by staff. 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 at the home. For example, one person had been supported with the decision to have a major operation. Information about the operation was shared with this person using sign language, large print and a hand held computer to help them understand the potential operation. Records of minutes of meetings had also been produced in large print when agreements had been made between this person and staff such as managing their finances.

People's rights were protected by the correct use and understanding of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make certain specific decisions for themselves. The DoLS protect people in care homes from inappropriate or unnecessary restrictions on their freedom. Peoples care plans included an assessment of their mental capacity.

Staff had completed training in the Mental Capacity Act (2005) and DoLS and were clear on how this applied to their practice and people living in the home. The registered manager and staff understood their role and legal responsibilities in assessing people's mental capacity and supporting people in the least restrictive way. Where it was thought that a person was being deprived of their liberty, the registered manager had applied for authorisation to do this. Records showed that this application had been refused by the local authority, as it was not deemed that this person was restricted as staff would enable this person to go out if they wanted to have a trip into the community.

Staff supported people in their routine health appointments such as dentists and the opticians. One person regularly visited the hospital for a routine medical intervention. Staff initially supported this person to go to the hospital but they had now become more independent in managing this weekly routine.

People were supported to maintain a healthy and well balanced diet. Staff knew people well and knew their preferences and choices in their meals. People's dietary needs were catered for. One person who enjoyed 'fast foods', was able to eat this type of food once a week. This had been agreed with them and their family. Cereal bars and fruit were available for people to snack on. Staff supported another person who had been advised to monitor their fluid intake due to their medical condition. Medical staff kept staff at the home informed if the person's fluid intake needed to be adjusted or more heavily monitored. People were encouraged to help towards the planning, shopping and preparation of their meals.

Good

Is the service caring?

Our findings

People were supported by carers who were kind and passionate about supporting people to have a good quality of life. People appeared relaxed and calm around staff members. They greeted staff warmly and enthusiastically when they came on duty. One person told us, "Yes, I like it here. It's okay."

The home was run by a strong team who clearly understood the principles of care which was focused around individual people. Staff told us that the provider would not tolerate any poor practices. They said, "They are hot on it. They would definitely pick us up if we didn't show person centred care and put the residents first." Staff knew people well and were able to tell us about people's unique way of expressing their wishes and views, especially if they were not happy.

People were encouraged to maintain strong links with their families. Some relatives visited people in the home, others visited or stayed overnight with their relatives. The senior carer and staff had a good relationship with people's families. Relatives were positive about the care and support people received. One relative said, "The staff have been brilliant. I know they take good care of him." Another relative said, "The staff are great and know the residents very well."

We observed staff interacting with people throughout our inspection. Staff chatted with people and shared a joke. They gave people time to express their views. Staff adapted their approach so people could understand what was being asked of them. One staff member used sign language with a person to enhance their verbal conversation. People were given choices about how they wanted to spend their day or carry out an activity. We saw staff giving people information about the activity which helped them to make a decision about whether to carry out the activity or not. Their views and decisions were respected.

We were told by family members that they were generally kept up to date with the progress and well-being of their relatives. However one relative felt that the communication from the home had recently deteriorated in relation to a recent review of their relatives care package. This was fed back to the registered manager who told us they were waiting to hear from the local authority about the allocation of support hours provided.

People were treated respectfully and politely. They were asked if we could look around their home and see their bedrooms. The atmosphere was homely and the home had been decorated to the taste of the people living there. Photographs of people were on the walls. Their bedrooms were personalised. Staff had considered people's needs when arranging the furniture. For example the sofa had been moved towards the television for one person. People's dignity and privacy were respected. People were given time to rest in their rooms if they wished. Staff knocked on people's doors and waited before being invited to enter.

Staff were aware of advocate services if a person needed someone to speak to, however all the people who lived in home had the support of their families to help them make decisions or speak on their behalf.

Good

Is the service responsive?

Our findings

People's care was planned and delivered around their individual needs. Their care records were focused on their personal support requirements. Staff knew people well and were responsive to their needs. They were able to adapt their approach to provide the adequate levels of structure and support to allow people to have their freedom without putting people at risk. Staff had alerted the relevant authorities when people needed additional health and social care support. For example one person was being reassessed for additional support hours as their physical needs had changed and they now required additional support throughout the day. Staff encouraged people to aim for goals such as becoming more independent with their personal hygiene or carrying out an activity in the home.

People's care records gave staff guidance on how to support them with their physical and emotional needs. Additional information helped staff understand their medical illnesses. 'My health information' pictorial files provided staff with information about people's health appointments such as dentists. People were weighed monthly and their fluid and food was monitored to ensure they maintained a healthy and balanced diet and weight. This file was also designed to be taken to hospital with them and would provide hospital staff with important information about a person such as allergies, medical history, current medicines and communication needs. Daily diary notes which were completed at the end of each shift gave staff up to date information about the well-being of each person.

Care records were produced in a format which was suited to the individual. For example one person's care records were in large print and another one had been produced using mainly pictures. People had a 'My dreams file' which documented their dreams. Photographs and small memorabilia in the file showed when their dreams were fulfilled. For example one person's dream was to buy a bigger television. Photographs showed this person unwrapping their new television with their family.

The home was clutter free and equipment such as hand rails had been installed to ensure that people's independence was retained. Additional sensory and visual safety equipment had been installed to alert people to any emergencies in the home such as fire. Plans were in place to upgrade the back garden so it would be more accessible to people.

People's level of independence and support in their daily activities was clearly stated. Their likes and dislikes, interests and personal backgrounds were also recorded. People had planned activities but these were flexible and they were freely able to make choices about their day. For example people chose to go for walks; visit the pub or go into town or carry out activities in the home. One relative said, "I know they go out often as people in the local community tell me they see him out with staff." During our inspection one person went for a walk into town with a member of staff and a new staff member was shadowing and getting to know people.

The registered manager told us they had not recently received any formal complaints and they dealt with day to day concerns immediately. Relatives told us they felt their concerns were listened to and acted on. One relative said, "I would just talk direct to the senior carer if I had any concerns and I know they would be dealt with immediately." Another relative told us that they felt communication from the home could improve. This was fed back to the registered manager who told us they would address this concern. A user led self-advocacy group for adults with learning disabilities had visited the home to hear about the views of people who lived in the home. They provided staff with a report of their findings.

Good

Is the service well-led?

Our findings

A poster in the home stated the provider's philosophy that 'each person is valued in the same way as any other member of the community.' This philosophy was demonstrated by staff, for example we saw staff providing people with choice and the freedom to express their views. There was a strong sense of team work in the home and all activities centred on the people who lived there. They were involved in all decisions about the home and regular meetings in the home with people and staff allowed people to express their feeling. For example, we saw the minutes of meetings which showed that they had been asked their views about staff from the home supporting them and had also been asked to suggest activities.

The registered manager had been responsible for this home for 10 months and was introducing good practices and systems to the home. For example, staff had developed and introduced 'health files' for people which helped to monitor and record their health and well-being and appointments such as dental appointments. The registered manager was developing staff in the homes that she was responsible for, so that staff could easily transfer between each home in an emergency and know the needs of the people who lived there.

The registered manager led by example and visited the home regularly to monitor the quality of care. They said, "If you are passionate about the care provided then this will influence the staff under you. We all have to remember that we are in people's homes." Staff told us the registered manager was always available to support and advise them in their roles. One staff member said, "The manager is very good, always here and helping me to learn new practices."

The senior carer overviewed the day to day running of the home. They had put systems in place to ensure staff were fully informed about each person's preferred routine and they were aware of the responsibility and logistics of running the home as a lone worker. They were very keen to ensure people were safe and enjoying living at the home. The senior carer said, "This is about them. Not me. This is about what they want to do and we need to support that."

The registered manager was supported by the provider and other managers across the organisation. Regular manager's meetings were held to share good practices, new legislation and lessons learnt from any incidents across the organisation. Information form these meetings were cascaded to senior carers and to all staff.

Only one accident had been reported and recorded since our last inspection. The registered manager had reviewed this report and had implemented changes where needed and shared any learning from this incident with staff.

The registered manager had carried out regular audits of the home and the service it provided. For example monthly checks were carried out and recorded on the safety of the home including infection control and safety. Any short falls identified were documented and acted on. The team were working through this action plan. The registered manager also carried out random audits to ensure that the quality of service was being maintained. A provider's representative also visited the home regularly to carry out their own checks about the quality of the service being provided.