Care Quality Commission

Southampton City Council

Holcroft House

Inspection report

Holcroft Road
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Date of inspection visit: 3, 8 and 9 September 2015
Date of publication: 09/11/2015

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

The inspection took place on 3, 8 and 9 September 2015 and was unannounced.

The home provides accommodation and care for up to 34 people. There were 29 people living at the home when we visited, all of whom were living with a diagnosis of dementia. The home has three units: Woodpecker, Robin and Kingfisher but people can walk around as they wish and spend time in any part of the home. The three units form a square with a secure garden in the middle. There had been a flood at the home the week before our inspection but appropriate action had been taken and people were able to remain in their home with no evacuation being necessary.

There was a registered manager in place, who had recently returned to manage the home after a significant amount of time working at another of the provider's homes. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

Summary of findings

persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the home is run.

The provider had policies and procedures in place designed to protect people from abuse and staff had completed training with regard to safeguarding adults. Risks were managed so that people were protected and their freedom supported and respected.

People were cared for by suitable staff because the provider followed robust recruitment procedures and ensured satisfactory pre-employment checks were completed. There were enough staff with the right skill mix on duty to meet people's needs. The staff team included care staff, care co-ordinators, cleaners, cooks, administrators and management.

People were happy with the service offered at Holcroft House and had positive interactions with the staff. Staff received training in a range of subjects which meant they could meet people's needs.

Where people lacked the mental capacity to make decisions the home was guided by the principles of the Mental Capacity Act 2005 to ensure any decisions were made in the person's best interests. People moved around the home freely, choosing where they wanted to spend time and who with.

People were supported to eat and drink as independently as possible. Lunchtime was relaxed and some people were chatting with each other. Daily activities were planned both indoors and outdoors. People had access to healthcare services when necessary and received their medicines safely and as prescribed. Staff cared about people they supported and met their needs.

The provider had a complaints procedure which was displayed in the hall and people had a copy in their bedroom. There was a positive and open culture at Holcroft House, where people and staff could talk openly, which resulted in improvements to the service. The home was well-led with a range of regular audits being completed.

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?
The service is safe.

The registered manager and staff had received training in safeguarding adults and were aware of how to use safeguarding procedures.

People had risk assessments in place to ensure every day risks were identified and minimised where possible.

Staff had been recruited following satisfactory pre-employment checks. There were enough staff to meet people's needs.

People received their medicines as prescribed.

Good

Is the service effective?
The service is effective.

People received care and support from staff who had the appropriate knowledge and skills.

Staff sought consent from people before they supported them with personal care. The registered manager and staff understood the Deprivation of Liberty Safeguards and the key requirements of the Mental Capacity Act 2005 and people had been referred as appropriate.

People enjoyed their meals and staff ensured they had enough to eat and drink to meet their needs.

Good

Is the service caring?
The service is caring.

People were supported by staff who were caring in their approach towards them and respected their privacy and dignity.

Staff spoke kindly and knowledgably about people they supported and were concerned for their welfare.

Good

Is the service responsive?
The service is responsive.

People's needs were assessed and personalised care plans were in place to enable staff to support them as individuals and meet their needs.

People enjoyed a range of activities, both indoors and outside.

People's views of the home were sought and there was a complaints procedure in place.

Good

Is the service well-led?
The service is well led.

The culture of the home was open and transparent.

Good

Summary of findings

There was a system of audit in place to ensure the quality of the care provided. The registered manager was supported in their management role by the provider.

Learning from incidents or investigations was used to improve practice.

Holcroft House

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 3, 8 and 9 September 2015 and was unannounced. The inspection was carried out by an Adult Social Care Inspector.

Before the inspection, we reviewed the information we held about the service. This included notifications about important events which the home is required to send us by law and our previous inspection report. 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.

During this inspection we looked around the premises, spent time talking with people and observed people having their lunch and socialising in the dining room. We spoke with five people, two visitors, four care staff, three visiting healthcare professionals and the registered manager. We looked at three care plans, three staff recruitment records and audits regarding the management of the service.

We last inspected Holcroft House on 1 August 2013 where no concerns were identified.

Good

Is the service safe?

Our findings

People said they felt safe living at Holcroft House. People commented "They lock the door when the visitors have gone" and "Staff know what they are doing". A visitor said "staff keep her clean, she gets night care, they do everything for her. She is in a safe place now."

Staff had completed training with regard to safeguarding adults and gave examples of the different types of abuse and what they would do if they suspected or witnessed abuse. The registered manager also gave us an example regarding how they protected two people living in the home who could interact negatively during meals. Staff ensured the two people did not sit near each other during meal times which meant they could enjoy their food in a more harmonious environment. The provider had policies and procedures in place designed to protect people from abuse. The policies had recently been reviewed and updated and the registered manager said this had included clearer forms to complete for different parts of the process.

The staff team completed specific training which provided them with strategies for supporting people with behaviour which challenges others. Training all the staff in the use of recognised techniques ensured staff intervened to support people before incidents could escalate as well as responding in a consistent way.

Risks were managed so that people were protected and their freedom supported and respected. The registered manager explained that a "dynamic assessment" was completed before people moved in and continued after they had moved into Holcroft House. The purpose of this was to "build a picture for the care plan and risk assessments to reduce people's risks regarding their mobility around the home, including their bedroom".

Care co-ordinators completed people's risk assessments and care staff informed them if they noticed changes in people's needs. A care co-ordinator reviewed risk assessments and moving and handling assessments with people so they understood the reason for them. The risk assessments were updated as people's health and abilities changed and varied in different situations.

There was also a generic risk assessment which covered the environment of the home and garden and included aspects such as infection control. A fire risk assessment was in place and reviewed by an external fire safety company. Staff knew what action to take in the event of a fire and personal evacuation plans were in place which detailed people's individual needs.

The registered manager had recently responded to an unforeseen emergency. There had been a flood outside the building which resulted in water pouring into the lower floor of the home. Appropriate action had been taken, which included the need to isolate the electrics, and people were not affected by the flood. Work was continuing to thoroughly clean the area and repair damage.

People were cared for by suitable staff because the provider followed robust recruitment procedures. The recruitment procedure included seeking references and completing checks through the Disclosure and Barring Service (DBS) before employing new staff. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. We found the checks had been undertaken before new staff started work. Recruitment files contained other information such as an application form which showed a full employment history as well as documentation regarding the right to work in the United Kingdom where necessary.

There were enough staff with the right skill mix on duty to meet people's needs. The staff team included care staff, care co-ordinators, cleaners, cooks, administrators and management. Some care hours were covered by agency workers, either because of vacancies or short notice staff absence. The agency tried to find staff who had worked at Holcroft House before, if this was not possible, they would look for staff who had worked in another local authority home. The agency sent a "staff profile" to the home, which included information about the recruitment checks and training the staff member had received. When new agency staff arrived at the home, an "agency induction form" was completed to ensure staff were aware of safety issues, such as where the fire escapes were.

The registered manager said the provider allocated the number of staffing hours. The staffing levels had been set for some time. However, the registered manager had accessed extra staffing when necessary, for example, when someone needed nursing care. The registered manager had also reallocated hours from ancillary to care

Good

Is the service safe?

co-ordinator staff to prioritise care needs. A visitor said the staff the staff were "very good" to their relative if they declined personal care, saying "they can go back…they have the time".

People received their medicines safely and as prescribed. Visitors confirmed this and one said their relative was "sometimes reluctant" to take a particular medicine but staff encouraged them.

Care co-ordinators were responsible for supporting people with their medicines. They had received training and were assessed as being competent. One care co-ordinator told us about the importance of being aware of side effects of medicines. Staff completed assessments to identify what level of support people needed with their medicines. People could store and self-administer their own medicines if the assessment supported this and if they wished to.

The use of people's prescribed medicines was kept under review. One person had been prescribed a medicine to reduce their anxiety and therefore their verbal outbursts. The registered manager said, "It made [the resident] drowsy, it wasn't fair" so after further discussion with the doctor, the medicine was no longer prescribed, which was considered to be in their best interests.

Some people had medicines prescribed as 'when needed' (PRN), such as pain relief. The majority had a PRN care plan in place which described when the medicine was to be offered and how it was to be given. However, three people were prescribed medicines to be given either for digestive ailments or anxiety and there was not a care plan in place for them. Staff were clear about people's individual needs for these medicines and how the same medicine would be given differently for the two people who were prescribed it. The person who was prescribed medicine for anxiety had not needed to take it and staff said they were considering contacting the GP to review the prescription. The registered manager, who had recently returned to manage the home, agreed there should be a PRN plan in place. These had been completed by the second day of our inspection.

Medicines were stored safely and appropriately. Some medicines needed to be stored in a refrigerator and staff ensured the temperature of the fridge was recorded and monitored daily. Systems were in place to ensure medicines were ordered, delivered, stored and returned correctly. A health care professional said the staff contacted them for new prescriptions before the medicine supply ran out so people always had their medicines available to them.

Good

Is the service effective?

Our findings

People were happy with the service offered at Holcroft House. Comments included “We have smiles on our faces, we have fun,” “they treat you fine” and "the staff are A1!”

The provider organised induction training so staff would have the knowledge to support people. All new staff completed the “Skills for Care” induction course, which includes a range of topics to give staff an insight into the needs of people they are supporting.

People were cared for and supported by well trained staff. The provider offered a comprehensive range of training to care staff and co-ordinators which included core subjects such as moving and handling as well as training around continence awareness, hearing impairment awareness, falls and so on. All staff, including ancillary staff, completed training in dementia awareness and relevant staff completed more detailed training about dementia. Comments from staff included “the training is very good,” “imperative” and “Even though we’ve been working here for years, there is always something new.”

Some staff received regular supervision and annual appraisal. One staff member said they had supervision “probably six weekly, we discuss how things are and any training needs, any health and safety needs.” Another staff member said “The [registered manager] is pro-active in making sure we have supervision.” All staff felt supported by the registered manager and able to raise issues. However, records showed not all staff had received regular supervision and annual appraisal. The registered manager, following her return to the home, had put a plan in place to ensure all staff would be supported in a formal way in future.

Where people lacked the mental capacity to make decisions the home was guided by the principles of the Mental Capacity Act 2005 (MCA) to ensure any decisions were made in the person’s best interests.The Mental Capacity Act 2005 provides a legal framework to assess people’s capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision should be made involving people who know the person well and other professionals, where relevant. Staff had talked to people about their understanding of various subjects, such as why they were living in the home and whether they could go out unaccompanied. This formed the basis of the assessment of their capacity at that point in time. Records confirmed assessments were in place. The registered manager was aware that capacity can vary, even hour by hour. The care co-ordinators had undertaken “in-depth” training in this area to enable them to complete thorough assessments and all staff had received Mental Capacity Act awareness training. Assessments were used to inform decisions made in people’s best interests, such as the use of sensor mats and bed rails in people’s bedrooms.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. We found the registered manager was meeting the requirements of the Deprivation of Liberty Safeguards. An application had been made to the local authority for the majority of people living in the home. Some had been granted and some were waiting for the application to be assessed.

People moved around the home freely, choosing where they wanted to spend time and who with. One person said “I can go to my room or another room, I go round, I tell them where I’m going”. Staff gained consent from people to support them with their personal care. One staff member said, “It depends how you approach people, if you are happy and friendly, ask ‘how are you, is it ok if I help you to get washed and dressed’, they are normally responsive”. If people declined support, staff would go back later and if necessary a second or third staff member would offer them support, as sometimes a different “face” would be accepted.

People were supported to eat and drink as independently as possible. People said the food was “very good.” A visitor said of their relative, “she is so well fed, she never complains. She says I’ve had a nice meal and it does look good.”

Lunchtime was relaxed and some people were chatting with each other. Towards the end of the meal, people sat at one of the tables started singing a song and staff joined in. Menus were displayed on the wall and people could choose where they wanted to sit and what they wanted to eat and drink. People ate their meals independently but we saw support was given if needed. Staff explained that some people sometimes needed encouragement or needed their food cut up. People could eat with a spoon if it meant they

Good

Is the service effective?

could continue to eat independently. We heard a staff member quietly explaining to a person they had given them a smaller meal so they could finish it. This was because the person could be "overwhelmed" by a big meal.

When people moved in to Holcroft House, staff completed a nutritional screening tool and food and fluid charts were completed for at least the first week. This process ensured any nutritional risks were identified as soon as possible and action could be taken to improve people's nutrition. People were weighed monthly or more frequently if they were at a higher risk of losing weight. A staff member said "when people are unwell and don't want to eat and drink as much, we look to enrich what little they do have". Dairy products were added to food or milky drinks were offered. Special dietary requirements were met, such as vegetarian, pureed food or thickened drinks. A healthcare professional said they had spoken with the chef, who was "clued up", about the needs of people with diabetes, as they had undertaken training on the subject. Staff told us the chef provided soft food when needed.

People had access to healthcare services when necessary. One person said "If I don't feel well, I tell them, they come to see what the trouble is". A visitor told us "they keep an eye on her for infections". Another visitor said their relative was developing a problem with their sight and staff had made an appointment with the relevant professional. Staff were aware of people's medical needs. During the staff handover meeting, we heard that a community nurse had been contacted in response to a new health concern, one person had been seen by the GP and was waiting for medicine and an optician had been in contact for another person.

Good

Is the service caring?

Our findings

People felt staff cared about them. One person said "I like it here, they're all friendly." A visitor said staff were "very, very caring, it shows. When I'm with [my relative], I've listened to how they talk to other people, seen how they look after the ladies. They paint their nails, remind them about their hair." Another visitor said the staff "have good rapport and banter with people. Staff are organised and professional but warm and caring as well, a lovely balance". Two healthcare professionals echoed the view, one saying "the staff are very good, very kind, very caring".

Staff spoke kindly and knowledgably about people they supported. We observed and heard interactions which showed staff cared about the people they were supporting. For example, during the staff handover meeting, the staff team were told a person was in hospital and a staff member expressed concern as to what was wrong with the person. Another person's lack of fluid intake was also discussed and a staff member said "I'll try some warm milk." We saw people appeared clean and well presented. One person had their hair styled with plaits which a staff member had done for them and we heard another person complimenting them on their hairstyle.

We heard staff talking with a person who was visiting for the day with a view to staying at the home for a short stay. The staff member sounded friendly and reassuring, asking questions about what the person liked to eat and so on. We heard them say "I'll read it back to you, so you know what I'm writing". They were patient when responding to questions and listened to what the person was saying. The staff member offered the person lunch, whilst acknowledging they knew they did not like spicy food and telling them what was on the menu besides the curry. The staff member gave her name and said she would see the person before they left to see if they had had a "lovely" day.

People expressed their views and made decisions about their care. We heard staff asking people where they would like to sit during lunch and what they would like to drink. One person was wearing their coat and staff asked if they would like to take it off. They said they did not want to and staff respected their decision. We heard another person call across the dining room, asking for their medicine. The staff member confirmed they wanted it at that time and took it over to them. People were asked if they wanted staff to check on them during the night and records showed their decision. Information about advocacy services was available on the notice board and the registered manager told us about a situation where an advocate had attended a best interests meeting earlier in the year.

People's dignity was respected. A visitor said "I have never come across anything I wouldn't like to see, they are discreet about asking her about going to the toilet. When [relative] says no, there is no fuss. I don't hear [staff] talking about other people." They also said "They are very respectful of residents and each other".

Two named staff were designated as Dignity Champions. The role of a dignity champion is to challenge poor care practice, act as a role model and educate and inform staff working with them. Staff knew how to protect people's dignity when supporting them with personal care. One staff member said "anywhere anyone can reach to do their own personal care, I will encourage that so their dignity is kept to wash themselves" and another said "I let them feel the flannel, even if they can't use it." People's dignity was further protected by the use of orange coloured toilet doors which were designed with people living with dementia in mind. They were more likely to recognise where the toilet was and be able to find their way independently.

The registered manager was in the process of fitting brass door knockers to people's bedroom doors, as if they were a front door to a person's property. We heard staff knocking the doors and waiting for an answer before they went in, which respected their privacy.

Good

Is the service responsive?

Our findings

People received care and support which responded to their needs in individual ways. A visitor said their relative had "blossomed with her capabilities, is interacting with us more, she is enjoying having company." When the visitor took them out, staff ensured they were ready on time. We saw examples of staff considering how best to meet a person's needs and preferences. For example, a person who liked fruit but could not eat hard fruit was given a fruit smoothie.

People's needs were assessed before they moved into the home, where possible. A visitor said their relative's needs had been assessed after they moved in but this was due to an emergency respite situation. The assessments were used to form individual care plans, which were reviewed and updated monthly or sooner if necessary. Care plans were up to date with people's changing needs and showed what extra care and support was needed. Staff knew people's life history and information such as where they had lived and what music they liked. Staff told us how they used this information to form the basis of a conversation with people. One staff member gave an example of how they used their knowledge about people, "some like you to sing to them while you're getting them ready. I asked one [person] if she would like to tidy one side of her room. She did, she was proud and told everyone".

Staff understood the needs of people with dementia. They tried different strategies to support people. For example, one person liked to carry a doll around the home. One staff member found the person responded well with their personal care if staff asked what the doll liked. This strategy was used by the staff team which meant they were able to find out more about her likes and dislikes. This had a positive impact on the person's wellbeing. Another staff member told us how they approached people to go to dinner by sitting next to them, introducing the subject as a general conversation and then saying "shall we go to dinner together now?" This approach worked for other aspects, such as supporting people with personal care.

People were supported to engage in activities and interests. One of the care co-ordinators had responsibility for organising activities and daily activities were planned for mornings and afternoons. Activities included singing, quizzes, crafts, games, manicures and chair exercises. One staff member said they sat with people, used tactile objects and smells to facilitate conversation which meant they got "to know people". Recently bingo had been scheduled twice a week in response to some people having moved in who liked bingo. Sometimes the staff held a 'cinema evening' where people chose a film and ate cinema style snacks. On occasion an entertainer visited the home. Once a month, staff organised a cream tea with the best china and relatives were invited. A monthly newsletter was produced which gave information about any trips which had been arranged. One person told us how much they had enjoyed a trip to a steam train railway the previous day. This was a popular trip which had also taken place earlier in the year so that more people had the opportunity to go. The registered manager said staff tried to find out what activities people may enjoy as they "wouldn't want to upset them" by trying to engage them in activities they were not interested in. People could stay in their rooms if they wished, they did not have to join in if they did not want to. A health care professional said "people seem happy…there are always activities going on."

The provider had a complaints procedure which was displayed in the hall and people had a copy in their bedroom. People confirmed they could talk to the manager and complain if they wanted to. Comments included, "We don't have no nonsense", "they would not allow anything to get out of hand, if we were unhappy they would sort it out" and "If you don't like something, tell them, they'll do their best". Visitors were also positive when discussing complaints. One said "any concerns, they're very good at listening to me, taking things on board." Another said "nothing is too much trouble, any concerns, they'll look into it".

Staff were aware of the complaints procedure and knew how to respond to the initial complaint before reporting to the manager. A complaints log book was kept which showed complaints were responded to within the timeframe set out by the provider. There was a letter template which included the sentence "I am sorry that you have had cause for complaint." The registered manager said they would try to resolve complaints straight away, but if this was not possible within 24 hours, they referred the complaint to their line manager and the customer care department.

People's views were sought on a daily basis through interactions with staff. People's views were more formally sought through monthly resident's meetings'. These

Good

Is the service responsive?

meetings were used to advise people of upcoming activities and ideas were discussed for future activities and trips out. People and their relatives were also asked for feedback about the service through the use of a questionnaire.

Good

Is the service well-led?

Our findings

The home was well-led. One person summed up their experience of how the home was managed by saying "The home is run marvellous!" Visitors were also positive in their feedback. Comments included, "I can't find any fault in how it's run, they're all professional but not aloof, all helpful" and "[the registered manager] introduced herself, the staff are happy here." A staff member said "I am happy working here. If you can get up and think, oh good, work, then it can't be a bad place. You walk in and it's happy."

Staff spoke positively about the registered manager, saying they were supportive. Staff said the home was managed effectively and that they could go to the manager in confidence. One said "there are good values here, high values. I think we're open, we work as a team, including agency staff". Another said "I'm happy to speak up if there is a problem, if I know it is not in the policies and values. They are approachable and listen to what you have to say."

There was a positive and open culture at Holcroft House, where people and staff could talk openly, which resulted in improvements to the service. A staff member said "we all make errors, we are helped through it, we put our hands up, I will openly say 'that was me'". Another staff member said "we respect each other's views, we can debate without hostility in the team, no grudges, we talk openly to each other." A healthcare professional said "here there is a proper hierarchy, everyone knows who to go to. They welcome us, take on board what we say, they're all very open".

The staff team were clear about their job roles and how they contributed to the day to day running of the home. One staff member considered the values of the home and said "we offer a high service to individuals, we give choices, dignity, provide independence, we are caring and respond to people's needs." A health care professional said they thought the home was "bright and vibrant, a positive atmosphere, clean and homely". The registered manager said the values of the home "start from the top, I act on things, offer support and guidance where I can, if not, I look for support outside."

The home is situated on a housing estate and has been part of the community for over 50 years. To celebrate this staff held a summer fete which had a theme of 'Disney' so children were more likely to visit. People had access to local church personnel if they wished as well as going to local shops or out with their family.

There was an effective system of quality assurance auditing in place. A range of audits were undertaken quarterly, such as the 'dignity audit' which focussed on a walk round the home, checking how people were being supported and whether there were good interactions between staff and the people they were supporting. We saw a recently completed audit and found it was in depth and the results were positive. Other quarterly audits included safeguarding, safety of the environment and infection control. Monthly audits included medication and care plans. Copies of the audits were given to the care co-ordinators with responsibility for the specific area so they could take the required action to make improvements. The registered manager involved other relevant staff in the auditing process to promote their responsibility. For example, the infection control audit involved the infection control care co-ordinator and a housekeeper. There was also a system of peer audit in place where a manager from another service would audit the quality of the service.

Staff were able to discuss ideas to improve the service and one gave us an example of this. They had seen something being done differently in another home and raised the issue for discussion. The registered manager and staff were open to reflection which enabled learning from incidents where things had gone wrong. There had recently been a medication error which had been addressed appropriately and action taken to reduce the risk of this happening again.

The registered manager was supported in her role through monthly supervision provided by her line manager. The provider had a range of departments and a hierarchy of management so the registered manager could seek support with specific areas, such as recruitment and the building.