

Holmleigh Care Homes Limited

Care at Home

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service

Care at Home is a domiciliary care service which provides personal care and support to people with physical needs as well as people who have mental health needs, sensory impairments and learning disabilities. The care and support are provided to people who live in their own homes and also to people who live in supported living accommodation. The level and amount of support people receive is determined by their own personal needs.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People's independence was respected and promoted and the support provided to people focused on them having opportunities to maintain existing relationships.

People received a consistent level of care from a team of regular care workers. There were enough staff employed to meet people's needs.

Staff communicated with people effectively to ascertain and respect their wishes. People could decide how and when their care was provided. Safe recruitment practices were followed to protect people from unsuitable staff.

People were supported to access other health services when needed. People's care plans provided staff with information about people's preferences and ways in which staff could support people emotionally and with the activities they enjoyed.

People were protected from abuse and harassment and received appropriate support to take their medicines safely as and when required.

The provider had arranged training for staff that met the needs of people using the service. Staff competency was assessed which helped to ensure they were safe to work with people.

The provider had ensured there was effective oversight and governance of the service. The managers of the service worked alongside staff and any concerns in relation to the quality of support were identified and acted upon promptly.

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

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

Rating at last inspection

The last rating for this service was Good (published 13 December 2016).

Why we inspected

This was a planned inspection based on the previous rating.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well led.

Details are in our Well led findings below.

Care at Home

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was completed by two inspectors.

Service and service type

Care at Home is a domiciliary care agency. It provides personal care to people living in their own houses and flats. Care at Home also provides care and support to people living in 12 supported living households, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service did not have a manager registered with the Care Quality Commission. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or service manager would be in the office to support the inspection.

Inspection activity started on 10 June 2019 and ended on 13 June 2019. We visited the office location on 10 June and 13 June 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key

information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with eight people who used the service and five relatives about their experience of the care provided. We spoke with 11 members of staff including four service managers, two senior care workers and five care workers.

We reviewed a range of records. This included 14 people's care records and multiple medication records. We also spoke with two healthcare professionals who were working with the service. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. Staff supported people to take extra steps to remain safe in their own homes, such as prompting them to regularly change their key-safe numbers. One person said, "Without a shadow of a doubt, I feel safe when they (care staff) come in to my home and support me."
- Staff were knowledgeable about their responsibilities to report any suspicions of abuse and whistle blow if they had any concerns about the quality of care. They told us they would report any concerns to the managers and contact external agencies if their concerns were not addressed. The provider's safeguarding and whistleblowing policies were reinforced during staff meetings. One staff member said "We are always talking about safeguarding. It has made us very vigilant." Another staff member told us, "I know how to whistle blow, no matter how insignificant it seemed I would always report it."
- The service managers reported and shared appropriate information with the provider and relevant agencies to safeguard people.

Assessing risk, safety monitoring and management

- The service managers carried out a comprehensive assessment of people's support needs and personal risks. Risks relating to people's mobility, nutrition, medicines and health care needs had been identified and assessed. Control measures such as support requirements to help reduce people's risks of falling were put in place and known by staff.
- Where people needed specialist support such as catheter care, staff had received training to support people. The domiciliary care manager was implementing additional guidance to assist staff in recognising the changing needs of people and the actions they should take when people become unwell.
- People had individual risk assessments that recorded risks in relation to behaviours that could challenge and epilepsy management. Measures to limit risk had been followed by staff.
- Where the service was supporting people with behaviours that might challenge, there were individualised behaviour support plans with clear guidance for staff in place. A member of staff told us "Staff are consistent in supporting people and we are a small staff team that get on well."

Staffing and recruitment

- People were protected from those who may not be suitable to work with them. Required pre-employment checks were completed before staff started work at the service. All staff had completed a Disclosure and Barring service (DBS) disclosure form. A DBS is a criminal record check that employers undertake to make safer recruitment decisions.
- A comprehensive induction was completed by all new staff, to ensure they understood the systems and processes to be followed to maintain people's safety. All new staff worked a probationary period and their performance was monitored to ensure the provider's expected standards were met.

- People who received care from the domiciliary care service, reported that staff arrived and stayed for the full allocated amount of time. They reported that they were always informed if staff were unavoidably running late. One person said, "They always arrive on time, give or take a few minutes either way." A relative also confirmed that staff were reliable and said, "That is one of the good things about this agency, I know they will always turn up no matter what." A new system was being used which alerted the office if staff ran late or missed a care visit which was followed up by the office staff. Staff reported that the allocated travel time between visits had improved.

Using medicines safely

- Medicines were stored, administered and disposed of safely. People had received their medicines as prescribed. The registered manager was making improvements to the medication administration records (MAR) to ensure they were always accurately completed to show that people's creams had been applied as prescribed.
- All staff who administered medicines had received training and their competency was checked. Staff had information to guide them in giving 'when required' medicines, in response to people's varying needs. Staff checked people's prescribed medicine stocks daily. This enabled them to identify any medicine errors quickly, to maintain people's wellbeing. Staff told us there were rarely any errors.
- Details of who was responsible for ordering, collecting and administering people's medicines was documented and provider had implemented systems to ensure people received their medicines.

Preventing and controlling infection

- Care workers received regular training in infection prevention and control. They were aware of the importance of effective hand washing and use of personal protective clothing such as gloves and aprons to prevent spread of infection. Staff told us "Throughout the day we clean as we go. The night staff also have a cleaning list."
- Where applicable, people were involved, alongside staff, in maintaining the cleanliness of their homes.
- Staff completed food hygiene training and there had been no recent infection outbreaks at the service.

Learning lessons when things go wrong

- Care staff reported and recorded any accidents or incidents. The reports were reviewed by the service managers and actions were taken to help to reduce the risk of repeat incidents.
- Learning was shared with staff during staff meetings, or one to one meetings with service managers.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were fully assessed which included ongoing involvement of their close relatives and reviews by a range of health and social care professionals.
- People's support, for example in relation to their healthcare needs, relationship needs and behaviours, was planned and delivered in line with professional standards and guidance.
- People's support was monitored through the use of technology. For example, the service had implemented an electronic monitoring system to ensure staff attended to people using the domiciliary care service promptly and for the agreed duration.

Staff support: induction, training, skills and experience

- Care staff told us they felt trained to support people. New staff confirmed that they had received a comprehensive induction, including training and working alongside experienced staff before they started to support people.
- Effective systems were being used to ensure all staff had the skills and knowledge they required to support people. New staff had been given opportunities to undertake the care certificate and additional training such as dementia care and national health and social care qualifications.
- The service managers and training coordinator kept training records up to date and ensured staff received refresher training as needed to remain up to date with current practice. Staff told us the in-house trainer had acted on their feedback and ensured all training was relevant to their area of work. One staff member said, "Training has improved and is now more domiciliary care related."

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

- People had access to a weekly menu, which they helped choose and they were involved in meal preparation and shopping.
- People enjoyed going into town for lunch or coffee. People also purchased their own snacks which they enjoyed.
- People told us they received adequate nutrition and hydration support. One person told us, "Food is OK. We have a takeaway on a Saturday. I can eat when I want to."
- People's dietary requirements and preferences were included in care plans and known by care workers.

Staff working with other agencies to provide consistent, effective, timely care

- Correspondence with community teams demonstrated the provider worked with health and social care professionals, to provide effective care to people.
- A social care professional told us that they were working with the service on a complicated transition of a

young person into the service. They said how supportive the manager and staff had been to ensure the young person's needs were being fully met.

- People's placements within the service and relevant contracts were reviewed regularly. This helped ensure that the service was continuing to meet the needs of people.

Supporting people to live healthier lives, access healthcare services and support

- Care records included details of GP's and other health professionals involved in people's care. One member of staff told us how the local GP visited people in their home when their health was poor. They said this particularly benefitted those with behaviours that might challenge who were visibly more relaxed receiving care and treatment at home rather than having to visit a GP surgery.
- Care records detailed how care workers could support people to manage their health needs. For example, one person using the service had been for a routine health screening check and their care plan included details of how staff could support the person with self-checking to reduce the risk of developing a serious health condition.

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

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

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA

- Staff had a good understanding of the principles of the MCA and ensured people remained in control of their lives and provided them with as much choice and freedom as possible. For example, staff told us they offered people choice by providing them with a choice of meals or clothes.
- Where appropriate capacity assessments had been completed. Staff worked jointly with family members and health care professionals when best interests decisions were made on people's behalf. This included daily choices such as what people wore or what they ate.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff showed kindness and compassion towards people. People enjoyed friendly conversations and were comfortable in the company of staff. One person told us, "Carers are amazing, they do everything I ask of them." Another said, "I am very pleased with the service."
- Staff had researched people's cultural and religious beliefs and practices to ensure they provided support in a manner which was respectful and met people's cultural needs. For example, staff ensured they were knowledgeable about one person's cultural dress and hair style preference so they were able meet their individual personal care needs.
- Staff received training in dignity and respect, equality, diversity and inclusion. During our conversations with them, they demonstrated how they promoted and supported people's right to live their life how they wanted.

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

- People could communicate their needs and were at the centre of decision-making in relation to their care and support. One person told us "I know what is in my care plan."
- People's goals and wishes were identified and respected. For example, one person told us how they had always wanted to plan a holiday to the seaside. With staff support and encouragement the person had made plans to go and had decided which staff they wanted to support them.
- Staff promoted people's choice and independence. For example, a list had been developed of one person's favourite places and shops to visit. The person, who had communication difficulties used the list to communicate to the staff their wish and place to visit.

Respecting and promoting people's privacy, dignity and independence

- People expressed that their dignity and privacy was maintained. One person said, "The girls are very respectful and always cover me with a towel." Staff understood the importance of respecting and promoting people's privacy and dignity. One staff member said, "we always treat people how we would want to be treated in that situation, with respect and care."
- People's individual spaces were clearly respected. Some people chose to lock their rooms, while others were happy to leave their rooms open and accessible.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Outstanding. At this inspection this key question had changed to Good. This meant people's needs were met through good organisation and delivery.

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

- Staff demonstrated a good understanding of people's needs and preferences. They spoke passionately about people's life histories, personalities and interests and records also reflected people's individual wishes.
- Initial assessments were carried out by the manager to assess people's personalised care requirements. This information was added to care plans and information on people's backgrounds, interests and things which were important to them helped staff better understand people's support requirements. One staff member said, "We spend time getting to know our clients. Trust isn't a given, it needs to be built up."
- Staff individualised people's support and modified their approach to supporting people. For example, staff told us they were working with one person who was very resistant to accepting care and how they invested time in understanding the person's culture and personal support requirements, they built up a positive rapport with the person which meant that the person had become more accepting of receiving care.

Meeting people's communication needs

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

- People's care records clearly detailed their preferred form of communication and ways in which staff should communicate with them.
- People were supported to understand information in ways that were personal to them. For example, one person was provided with a guide to their tenancy agreement in an easy to read format. In another example, staff had developed a clear and colourful guide for one person who had difficulty understanding how to use their new remote control for the television. This support has enabled the person to independently use their remote control.

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

- Staff had an understanding of people's social and cultural diversity, values and beliefs and how these might influence decisions on how they wanted to receive care and support. One member of staff told us "we have invested our time to get to know people's culture and religion".
- People had access to activities that were individual to them. One person told us "I go out with my family on a Saturday and I also go out for lunch and to the cinema." Staff supported another person to visit the shops and gave them the time and space to talk to shop keepers as they enjoyed this aspect of the activity.

- Staff supported people to follow their individual interests. For example, staff had produced a football league table and score card for one person who enjoyed football so they could note down the football results. A member of staff told us "I treat each person as an individual and meet their needs. Different people have different needs and want to do different activities."

Improving care quality in response to complaints or concerns

- The service had a clear complaints procedure that was available in different formats. People told us they knew how to make a complaint or who to talk to if they were not happy. One person told us, "I can talk to staff and I can talk to [name of staff member]."
- The service managers investigated and acted promptly when people raised concerns. For example, it was identified that one person was not always consistently happy when younger staff supported them. The manager responded to this concern and changed the staff team who were supporting them.

End of life care and support

- For the supported living service people's end of life needs had been discussed and documented. For example, care plans included information about whether people wanted to be buried or cremated and how they would like their ashes scattered.
- Within the domiciliary care service, no-one was being supported with end of life care at the time of our inspection. Staff told us that they would liaise with the person's relatives, GP and palliative health care professionals to ensure that people who wished to remain in their own homes were as comfortable and pain free as possible.
- Staff in both services were trained in end of life care and understood how to meet the needs of people and their families in relation to emotional support and the practical assistance they might need at the end of the person's life. Staff previously engaged in end of life care were supported by the managers and each other with empathy and understanding.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider and service managers had a clear vision for the service they wished to provide. This vision was communicated to staff at induction and through their annual refresher training.
- Staff spoke positively about the culture in the service. Staff comments included, "I have a really good relationship with my management team." and "I enjoy Interacting with different people. They are wonderful to work with. We have a good staff team here and I would recommend this company as an organisation to work for."
- People told us they were happy and well supported. One person said, "Staff are friendly and they give me good advice." Another person told us, "I think it's a good place to live."

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

- The managers understood their duty of candour responsibilities were to be open and honest with people and their family when something had gone wrong. The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify people (or other relevant persons) of 'certain notifiable safety incidents' and provide reasonable support to that person.
- Policies and procedures were in place to ensure that appropriate people and any relevant agencies such as the local authority were informed when something had gone wrong.

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

- Although Care at Home did not have a manager registered with the CQC, the provider told us they would be applying to register a manager within the next few weeks. In the meantime, the managers told us that they kept the provider fully informed with all aspects of their areas of individual responsibility. Managers also told us they had regular meetings to promote effective communication within the service. They said, "We have management meetings every few weeks. We have individual service meetings and senior managers' meetings."
- The domiciliary care managers carried out monthly spot checks and observations of staff to ensure they delivered people's care on time, respectfully and in accordance to people's care plan. A new system of receiving feedback from people after their care had been delivered was being implemented, so managers could have 'real time' feedback and immediately act on any concerns.

- The supported living managers undertook regular audits of each supported living scheme. These looked at all aspects of each service, for example people's care plans and internal audits. Where improvements were needed, the managers had put an action plan in place to ensure they made the necessary improvements.

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

- Staff said communication from the office had improved with weekly memos and regular contact from the managers. Managers led by example, and continually looked at ways to improve the service.
- One of the supported living managers told us how there was a set staff rota but if the person using the service wanted to do something, the rota could be changed at short notice to accommodate this. A staff member told us, "Staff are flexible to support the needs of the clients even if this changes the day before."

Continuous learning and improving care; Working in partnership with others

- A social care professional told us "The service has been forthcoming with sharing information. Collaborative working has resulted in the best for [name of person]. I have no concerns with Care at Home at all. The Manager has been on hand and involved throughout."
- Care records included information in relation to external professionals involvement with people. One person's care plan included the use of a social story when visiting the nurse for a medical appointment. A social story is a series of pictures explaining what is going to happen and supports people with additional communication needs to understand what is going to happen and why it is important they attend.
- Where dissatisfaction with the service had been reported or concerns had been raised about the performance of staff, senior support workers and service managers had been forthcoming in discussing the problems with people, their representatives and professionals.
- Action was taken to ensure improvements were implemented and established. This had included, using reflective supervisions with staff when expected performance had not been met.