

Holmleigh Care Homes Limited

59 Hatherley Road

Residential Home

Inspection report

59 Hatherley Road
Gloucester
Gloucestershire
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

About the service

59 Hatherley Road is a residential care home providing accommodation and personal care to three people with learning disabilities. The service can support up to three people.

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

The service didn't always consistently apply 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 did not fully reflect the principles and values of Registering the Right Support for the following reasons. Effective systems were not in place to people's risks and changes in their needs were assessed, monitored and comprehensively recorded. Protocols for people's medicines were not always in place to guide staff.

We have made a recommendation about the use of evidence-based screening tools

Systems used to monitor the service had not always been effective in identifying shortfalls in people's care and medicine records when people's care needs had changed. People's care records had not always been updated to reflect their changing needs. This meant staff did not always have the guidance they may need to support people.

We met and spoke to people during our inspection. Not everyone could express their views about the service however we observed staff interactions with people throughout the inspection. Staff explained how they spent their day and known preferences.

We observed staff being caring and respectful towards people and were committed to providing good outcomes for people. Relatives told us they felt the staff were kind and caring and felt their loved ones were safe with the staff supporting them. People's privacy and independence were promoted.

Staff were suitably recruited. Staffing levels were flexible to enable people to access the community with support. People were supported by staff who had been trained and received regular supervision.

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. People had access to a range of activities in the community with the support of staff.

Staff knew people well and were responsive to people's needs. They adapted their approach to support people's communication. People received their prescribed medicines safely and were supported to maintain a clean home.

Systems were in place to deal with concerns and complaints and accidents and incidents. Staff and a relative were positive about the management of the service. Staff told us senior staff and the registered manager were very approachable and always available for advice and support.

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 14 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified one breach in relation to quality assurances systems used to monitor the service and drive improvement.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement 

59 Hatherley Road Residential 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 carried out by one inspector.

Service and service type

59 Hatherley Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager was not available during the inspection, however two staff members supported us with the inspection.

Notice of inspection

This inspection was announced. We gave the service 24 hours' notice of the inspection. This was because the service is small, and people are often out and we wanted to be sure there would be people at home to speak with us.

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 one person who used the service about their experience of the care provided and observed how staff interacted with the other people. We spoke with two members of staff during the inspection.

We reviewed a range of records which included three people's care records and multiple medication records. We looked at files and documents relating to staff development and supervision. A variety of records relating to the management of the service, including quality monitoring systems were also reviewed and toured the building.

After the inspection

We spoke to one relative and one health care professional and continued to seek clarification from the provider to validate evidence found.

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 now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, monitoring and management; using medicines safely

- People's regularly prescribed medicines were managed safely. People received their medicines as prescribed by staff who had been trained and assessed as being competent to safely manage people's medicines.
- However, information about medicines to be administered 'as required' had not always been recorded and the directions of application of one person's prescribed medicinal creams was not clear. This meant staff did not always have the information they needed to administer medicines and creams which may prevent deterioration in people's health or well-being.
- Staff were able to describe the support that people required to manage the risks in relation to their health and welfare. Some risks such as those relating to people's behaviour were clearly documented for staff to help identify known triggers and how people should be supported if they became upset or frustrated.
- However, when risk relating to people's skin and mobility had changed their increased risk had not always been documented and their risk management plans had not been updated. People's care records had not been updated to reflect health care professional recommendations such as their diet and oral hygiene. Risk assessment tools based on national guidance were not in place to help staff identify and monitor their levels of risk based on current best practice for people. This meant that whilst staff demonstrated to us that they knew how to support people safely, they did not always have the guidance in place which would direct them in how to support people with specific risks.

We recommend the provider seek advice and guidance from a reputable source, about the use of nationally recognised evidence-based risk screening tools.

- Emergency plans were in place outlining the support people would need to evacuate the building in an emergency.

Staffing and recruitment

- People were supported by a small staff team who knew them well. Staff frequently lone worked with people but had access to an on call system if they required any additional support.
- There were enough staff available to meet people's needs and respond to their requests for support. We were told that an additional member of staff had been recruited to increase the number of staff available to support people to access community activities during the day.
- As the registered manager was not available, we asked them to provide evidence of safe recruitment practices after the inspection. We were reassured that the registered manager checked all recruitment documents to ensure people were supported by staff of good character.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the home. One person said, "Yeah it's ok here. I feel safe." Their relative also confirmed this view.
- People were kept safe from the potential risk of abuse because staff had received appropriate training and were clear of their responsibilities to report any suspicions of abuse and whistle blow if they had any concerns about quality of care.

Preventing and controlling infection

- People lived in a home which was clean as effective infection control and prevention procedures were followed. People were encouraged by staff to contribute towards the cleaning of the home and carrying out household tasks and the laundry.

Learning lessons when things go wrong

- Incidents and accidents were recorded and reported by staff and reviewed by the registered manager.
- Staff told us that any incidents were discussed, and actions were taken to reduce the risk repeated incidents.

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 the same. 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; staff support: induction, training, skills and experience

- The outcome of people's initial assessment and the suitability of the home had been discussed with people, their families and health care professionals to ensure the home could meet their needs.
- People benefited from staff who had the skills and training to support them. New staff attended an induction course and shadowed experienced staff before they worked alone at the home. We were told by a new staff member that they were in the process of completing the care certificate (nationally agreed set of standards). They had plans in place for them to do further training relating to specifically to people's needs such as mental health and autism.
- Staff received individual performance development meetings in line with the providers policy which was monitored through a supervision matrix. Staff told us their managers and seniors were very supportive and approachable and they were given regular opportunities to discuss any issues.

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

- People were involved in making decisions about their meals and planning the menu for the following week. Their independence in relation to the planning and preparation of meals and drinks was encouraged according to their ability as well as making healthy meal choices and trying new meals.
- People's dietary requirements were catered for and alternative meals were provided if requested. They enjoyed a weekly take away meal and trips in to the local town for lunch or a snack.
- Staff had supported people to seek professional nutritional advice when needed such as dietary advice.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support

- People were supported to access health care services. Each person had a health action plan and hospital passport which helped staff to monitor and communicate people's on-going health care needs.
- An annual review with GP who specialised in supporting people with learning disabilities helped monitor people's health needs.
- Hospital discharge summaries were found in their care plans which provided staff with an overview of the persons medical needs while in hospital and any recommendations to be followed at the home.

Adapting service, design, decoration to meet people's needs

- 59 Hatherley Road is a domestic two-storey terraced house set in a residential area on the outskirts of Gloucester city centre. The home was not distinguishable from other residential houses.
- People's bedrooms were very individual and reflected their interests, preferences and decorated to their

choice.

- The home had been adapted to accommodate people's individual needs. For example, since our last inspection, a low-level shower cubicle with shower chair and rails had been installed to replace the bath as people had been identified as struggling to get in and out of the bath. Equipment such as a stairlift and specialised chair enabled people to retain their independence.

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. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's consent was sought before staff supported them. Staff encouraged people to make their own decisions and to meet their personal goals.
- Staff were observed supporting people using the principles of the MCA. People's mental capacity had been assessed and recorded. Staff told us of best interest decisions that had been made with their relatives, legal representatives and health care professionals. However, clear records relating to this decision-making process had not always been fully recorded. People were supported in the least restrictive manner where authorised DoLS were in place.

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 the same. 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

- From our observations, it was evident that staff knew people well and supported them with kindness.
- People living at 59 Hatherley Road had lived at the service for several years and appeared happy and relaxed around staff. They had built strong relationships with staff and enjoyed spending time together. One person said, "It's nice here". One health care professional said, "It's a small homely home which suits the needs of my client."
- Staff spoke to people with respect. They worked in a non-judgemental way and adapted their approach depending on people's emotional and communication needs.
- People's religious and cultural needs were captured in their care plans and people were supported to attend church on Sundays. A list of people's friends and family birth dates were to assist the staff to prompt people to send birthday cards to people who were important to them.
- People's communication needs were recorded including people's unique way of expressing themselves and how staff should communicate with people.

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

- We were told that people had been involved in decisions about the decoration and furnishings of the communal areas of the home.
- People were supported to express their views and decisions about their care. Their relatives and health care professionals were consulted and involved in making decisions about people's support requirements and treatment.
- Weekly house meetings were held to support people to have a say about the running of the home, any issues. The meetings also gave people to suggest activities and meal options.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity. For example, one staff member who started their shift asked people individually about their well-being and enquired about how they had been during the week.
- People's privacy was respected. Each person had their own bedroom, and people could enjoy the company of others in the lounge/dining room as they wished. They could freely access the kitchen to make drinks and snacks and we were told they enjoyed sitting in the secure back garden on warmer days.
- Staff were discreet when supporting people with personal care and talking to them about personal issues in the communal areas.
- Staff supported people to retain or increase their independence and develop new skills. We were told that

people were encouraged to take part in house hold chores such as their laundry and cleaning the home as well as helping with food preparations. We observed people folding laundry, making their own breakfast and clearing the table. One person told us they helped staff shop for the home's food groceries.

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 Good. At this inspection this key question has remained the same. 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

- People received care which was responsive to their needs. Staff had formed a good relationship with people and were aware of their needs, risks and personal backgrounds.
- Care plans described people's preference, personal history and general support need and mental capacity. This information directed staff on how best to support people.
- People's safety in the home and around the community had been considered and documented. Key workers met with people regularly to review their care requirements and discuss any changes.

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.

- Staff spoke to people respectfully and were aware of their communication needs such as their preferred vocabulary and unique ways of expressing their views. People's communication needs were outlined within their care records.
- People were supported to understand information provided to them, such as letters or leaflets such as in an easy read format when required to help aid their understanding.

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

- All people had bus passes to enable them to travel in to the local town, places of interest or surrounding areas. People told us they enjoyed trips in to the local town for shopping and attended social clubs.
- People were supported to maintain relationships that were important to them and to remain in contact with their relatives.

Improving care quality in response to complaints or concerns

- There had been no formal complaints since our last inspection.
- Easy read information about how to make a complaint was available to people. Staff explained that they would be aware if people were unhappy. One staff member said, "We know the residents really well. If there was any change in their mood or behaviour, it may be an indicator that they weren't happy. We would sit down and try to get them to explain what was wrong."

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 now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Quality assurance measures were used by the registered manager and key staff to assess the quality of the service; this included monitoring people's care records and the management of their medicines.
- However, these audits had not been effective in identifying gaps in people's care plans. The provider had not identified prior to our inspections that some people's medicine and risk management plans had not been updated or implemented as their mobility and oral care needs had changed. They had not identified that staff did not always have the current guidance they needed to support people.
- Comprehensive risk assessment tools were not in place based on current best practice for people to enable staff to monitor and identify any changes in people's level of risk.
- The provider had not identified prior to our inspection that some improvements were needed to ensure information about how staff should support people to maintain their personal wellbeing and interests and any best interest decisions made on behalf of people were always comprehensively recorded.
- Records relating to the safe management of equipment were not always readily available to enable staff to be assured that people's equipment was operationally safe.

We found no evidence that people had been harmed however, the systems used to monitor the service had not been effective in identifying gaps in people's care records. People's records had not always been updated to reflect their changing needs. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The home was supported by a registered and deputy manager who visited the home weekly to support staff, monitor people and to ensure the quality of care being provided was sustained.
- Staff told us they felt supported by the managers and found them approachable.
- Staff were committed to providing a positive and homely culture in the home. They sat with people to watch television and eat their meals. Staff told us they worked well together to share information and to ensure people received continued care.

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

- Feedback from relatives and health care professionals, told us they felt the staff and the managers were approachable however felt communication from the home was variable and could improve.
- Weekly house meetings gave people opportunities to raise any concerns and make suggestions about the running of the home. The provider had carried out a recent survey with people, relatives and staff to gain an understanding of their experience.
- Staff told us people were known in their local community and attended community events and the local church.

Continuous learning and improving care; 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

- All staff had the skills to deliver the best care to people and demonstrated a willingness to learn and to continually improve the service. Senior staff kept up to date with developments in practice through working with local health professionals.

Working in partnership with others

- Staff supported people to access professionals and health service to ensure the relevant support and equipment was made available.
- The registered manager and staff team worked in partnership with representatives from key organisations such as the GP and community learn disability teams.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The systems used to monitor the service had not been effective in identifying gaps in people's care records.</p> <p>People' records had not always been updated to reflect their changing needs.</p>