

Holmleigh Care Homes Limited

Denmark House

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

Denmark House is a care home which provides accommodation and personal care for up to six people with an autistic spectrum disorder or learning disability. The home specifically supports young men who are autistic and are known to behave in ways others may perceive as challenging. There were six people living in the home at the time of our inspection. The home has six self-contained one bedroom flats, with a communal lounge and dining room and secure back garden.

At the last inspection, the service was rated Good.

This inspection took place 27 September and 4 October 2017 and was unannounced. At this inspection we found the service remained Good.

Staff were skilled in supporting people, whose behaviour could put themselves or others at risk, to live independent meaningful full lives. Staff used personalised strategies to support people to manage their emotions. We found examples of how this approach had enhanced people's wellbeing and resulted in positive engagements with their local community. Staff had considered people's preferences and past histories when putting strategies in place to help them develop at a pace that was comfortable for them. It was evident that people had progressed in the management of their own emotions and behaviours.

People were supported by enough staff to allow them to safely access activities in the community to carry out activities, attend events and maintain frequent contact with their families. Relatives highly praised the caring nature of the staff team. They stated the progress of their family member's was as a result of the commitment and approach of the staff at Denmark House.

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

People's risks had been assessed and were being managed based in their individual needs. Staff were aware of the management of people's physical and emotional risks. They had been trained to support people in the least restrictive way and ensure people were protected from abuse and harm. Staff felt trained and supported to carry out their role. They praised the management and running of the home. Effective recruitment procedures were in place and being followed to ensure people were cared for by staff who were of good character.

Safe management of people's medicines were in place. People enjoyed a balanced diet at home and in the community. Staff helped people to monitor their health and well-being needs and referred them to health care services as needed. People's care records provided staff with the information they needed to support people and manage their risks and needs. Health care professionals were positive about the knowledge and dedication of staff and the managers.

The registered manager and deputy manager were committed in providing effective care for people with complex needs. Systems and policies were in place to monitor the quality of the service provided. Relatives felt comfortable about raising concerns with the senior team.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Denmark 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 27 September and 4 October 2017 and was unannounced. The inspection was carried out by one inspector.

This service was last inspected in June 2015 and was rated as Good. Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information we held about the service and provider as well as previous inspection reports.

We were unable to talk to people due to their complex needs; however we observed how staff interacted with the people who lived in the home. We talked with three staff members, the deputy manager and the registered manager. After the inspection we spoke with six people's relatives by telephone and heard from two health care professionals.

We looked at the care records of three people and records which related to staffing including their recruitment procedures and the training and development of staff. We inspected the most recent records relating to the management of the home including quality assurance reports.

Is the service safe?

Our findings

Relatives told us they felt their family members were safe living at Denmark House. We received comments such as: "(The person's name) is well looked after and safe there" and "Yes, perfectly safe. The carers are brilliant." Staff were clear about their role in safeguarding and protecting people from harm and abuse and where they should report any concerns. Records confirmed staff had received safeguarding training. Systems were in place to safely store and account for people's monies to reduce the risk of financial abuse.

Risks to people were managed in accordance with their needs. People's individual risks associated with their health, emotional well-being and support requirements had been identified and assessed. Management plans were in place, which gave staff guidance on people's level of risks, their support needs and the actions staff should take to help mitigate these risks. For example, care records provided staff with direction on how to support people who were at risk of choking on their food or who may become upset in a noisy environment. Staff had recorded all accidents or incidents where people had exhibited behaviours that had challenged themselves or others. The triggers of people's behaviours, incident events and lesson learnt had all been recorded and analysed by the registered and deputy manager to ensure prompt action was taken. Action had been taken when failings had been found. Each person had a personalised emergency evacuation plan in place. People's evacuation plans were being reviewed to ensure a night-time evacuation could be undertaken safely when less staff were in the home.

There were sufficient numbers of staff to keep people safe. There were enough staff available to allow people to access the community and to be supported with their personal needs. Where there had been unplanned staff shortages, staff had agreed to carry out additional shifts or staff from another of the provider's homes had been made available to ensure people were supported by familiar and trained staff members. Two relatives commented about the turnover of staff but felt that all the staff were knowledgeable about their family member. One relative said, "There is a quick turn over in staff but they are all very good. I can't fault the level of care."

People were protected from being cared for by unsuitable staff because there were robust recruitment processes in place. Records showed that necessary employment, criminal and medical checks had been carried out to ensure people were supported by staff of good character. Staff confirmed they had attended a comprehensive induction course and had shadowed an experienced staff member until they were confident to carry out their role.

Appropriate arrangements were in place to ensure people's medicines were managed and administered according to their needs. People were given their medicines in time by staff who had been trained and deemed as competent in the safe management of medicines. Prescribed medicines were suitably stored and accounted for to reduce the risk of inappropriate use. A system had been implemented to check the stock balance of liquid medicines. People's medicines administration records had been completed with no gaps or errors. Staff consulted with health care professionals and their GP when people's medicines needed to be reviewed.

Is the service effective?

Our findings

People were being supported by staff who had been trained to carry out their role and to meet people's needs. Relative told us they felt confident in the skills and knowledge of staff. One relative said, "The staff seem very well trained. They don't have an easy job." The registered and deputy manager ensured new staff had received induction training in line with the standards set out by the Care Certificate and other training deemed as mandatory by the provider. Staff training was monitored and records showed they were booked on refresher training as required. Additional and specialist courses were also attended by staff to ensure they had the skills to support people with complex physical and emotional needs such as epilepsy and behaviours which challenge.

Staff told us they felt supported by the managers and senior staff and were encouraged with their professional development. One staff member said, "The managers here are fantastic. Best bosses I have had." The registered manager regular personal support meetings. They told us some senior staff had recently been trained in the management of staff supervision and appraisals. They were in the process of observing and mentoring them so that they could carry out formal supervisions with staff. This would ensure that staff would receive effective and productive professional support. In the interim, staff told us the managers were always available if they needed to discuss any concerns.

Staff were attentive to people's needs and involved them in any decision making. Staff obtained consent before carrying out any tasks for people or provided them with information to help them understand and make a choice for themselves. Staff had a general understanding of the Mental Capacity Act 2005 (MCA) and how this impacted on their role when supporting people who lacked the capacity to make some decisions about their day or care. Staff were aware of the need to support people in their best interest and in the least restrictive manner. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). All the people who lived at Denmark House were continually supervised and had an authorised DoLS application in place which was reflected in their care plans.

People were supported to maintain a healthy and well balanced diet. Staff knew people well and were aware of their meal and food preferences. They recognised the signs that people who were unable to verbally communicate were becoming thirsty or hungry. People were encouraged to make healthy snack choices such as eating fruit. People's specialised diets were catered for and recorded in their care plan. Relatives told us that people were supported to enjoy meals out in the community. Staff had worked with some people to develop some kitchen skills and help to plan and prepare their meals. People's risks associated with the kitchen and using sharp utensils had been assessed and control measures were put into place to ensure the safety of themselves and others.

People had access to healthcare professionals such as GP, speech and language therapist as well as support from the learning disability team. People had health action plans in place which recorded and monitored their health care appointments and professional input. People were supported by staff or their relatives to

attend their appointments.

Is the service caring?

Our findings

Most people were unable to express their views about living the home. Although one person when asked if they enjoyed living at Denmark House said, "Yeah It's alright." We were unable to spend long periods of time with people as some had activities and others became a little anxious due to our presence. However from our short period of observations, we saw positive interactions between staff and people when we walked around the home and when people ate their lunchtime meal. People appeared relaxed and comfortable around staff who knew their individual needs well. We saw staff chatting with people in a friendly and warm way. Staff adapted their communication and approach according to people's communication abilities and skills. Some people used a combination of nationally recognised sign language and their own unique ways of expressing their views.

After our inspection we spoke with six people's relatives by telephone. All the relatives were very pleased with the care their family members received from staff. They told us staff were kind and caring and that they focused on people's individual needs. We received comments such as: "Brilliant, the staff are brilliant" and "They are so good with (person's name)." Relatives told us they were always welcomed at the home and staff helped them to maintain a relationship with their family member. The results of a recent provider survey with relatives also indicated that relatives were happy with the care and support their loved one received.

Staff were compassionate about the people they cared for and provided opportunities for them to progress in the emotional well-being. For example, some people who had moved into the home with behaviours that may have challenged had been initially supported by a high ratio of staff to ensure their safety and the safety of others. Staff were able to explain the steps they had taken to build a rapport and trust with people. They had slowly exposed people to new environments in a controlled and planned manner. Staff told us that people who lived at Denmark House had formed a good relationship between each other and now enjoyed the occasional trip into the community with their housemates.

Where possible people were involved in decisions about their day to day lives and decisions about their care and support. Most people preferred to have structure to their day and staff were aware of the approach they should take if unexpected changes to their day needed to be made to help reduce people's anxieties.

Staff had a good understanding of supporting people with dignity and as an equal. They respected people's privacy and gave them opportunities to spend time by themselves as well valuing their need for privacy when supporting people with their personal hygiene needs.

Is the service responsive?

Our findings

People who lived at Denmark House had complex emotional needs and could display behaviours that may challenge others or put themselves or others at risk. People's care plan's reflected their support needs and preferences. They provided staff with the information they needed to support people and understand situations which may trigger their behaviours and anxieties as well as information about their health and well-being. People were provided with support and care which had been tailored to their needs. Over a period of time, people had developed trust in the staff to expose them to new environments. For example, one person who had moved into the home often became anxious in noisy and busy areas. With a high ratio of staff, the person was supported to access quieter areas of the town using the company vehicle. Staff provided the person with constant support and encouragement to focus on the activity in hand. They gradually noticed an improvement in the person's emotions and behaviours and slowly introduced activities closer to the home.

Staff had also considered people's well-being and had taken positive risks to help people live an inclusive life. For example, we were told that one person had not been in a shop for many years due to their unpredictable emotions. With support from staff and lots of positive encouragement the person now enjoys daily trips to the shops and purchase items with staff guidance and other day and evening activities. Their relative said, "I can take him out anywhere now. He has come on leaps and bounds. I can't praise the staff enough. He is as good as gold now."

During our last inspection in June 2015, we met a person who had just moved into Denmark House after several breakdowns in their previous placements. At the time they required constant support and supervision from staff as they often became agitated and upset with others and damaged personal items and their environment. With support and dedication from staff they now enjoyed living in a self-contained flat within Denmark House and had personalised their flat with a television, DVD players and kitchen items. Their relative said, "Never would I have believed how well he is doing. It is all down to the hard work of staff." They went on to say "I don't think there is another place like it."

Staff were aware that one person who had moved into the home was unable to verbalise their feelings and choices and had not been given many opportunities to try activities away from the home in their previous placement. Staff had purchased a digital note pad and used the person's interests as a positive engagement and management tool. They took slow steps using the digital note pad to encourage the person to leave the home. The person has now subsequently progressed from enjoying short drives into the community to walks in the country, meals out and attending discos. Calming strategies had also been considered for this person such as having a bath if the person becomes over excited or agitated which may trigger their medical condition. Their relative said, "The staff have worked wonders with him. He is so happy at Denmark House and more importantly he is happy to go back there."

Each person had their own flat within the house which allowed them to have their own personal space within the home. For some people, their bedrooms and environment had been adapted to meet their sensory needs and the management of their risks such as minimal decoration and strengthened fittings and

furniture. Staff worked with relatives and put plans in place to ensure people remained in contact with their families. They had worked with one person to attend a family wedding. Their relatives told us, "This was an amazing achievement. Something we would have never dreamt of before."

The provider had a complaints procedure which was made available to people and their families. Relatives told us they had had no reason to make a formal complaint but were confident that any complaints would be taken seriously and immediately addressed. The results of a recent customer satisfaction survey with relatives and health care professionals indicated that they were pleased with the service being provided at Denmark House.

Is the service well-led?

Our findings

There was a registered manager at the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was responsible for two of the provider's homes and split their time according to the needs and demands of the homes. An experienced deputy manager was also in post to support the registered manager and overview the day to day running of the home. The registered manager was also supported by the provider and other registered managers within the organisation.

People were at the heart of the service provided at Denmark House. The managers and staff solely focused on people's individual support needs and enriching people's lives. They considered different strategies and opportunities to allow people to reach their potential and live an inclusive life in the home and community. There was a positive culture amongst staff who were dedicated on providing good quality of care and overcoming barriers which had formed around people's previous experiences. Staff told us they felt supported and their views and suggestions about the management of people's well-being were always considered. Staff told us they felt a huge sense of achievement when people had experienced a new activity or event. One staff member said, "It's a great feeling when the service users achieve something, even if it is such a small thing. We work really well as team here. I have been impressed on how much some of the service users have come on since living here."

The registered and deputy manager worked in partnership with other health care organisations to understand people's underlying needs and implement best care practices to allow people to become a valued member of the home and community. They showed that by giving people sufficient support and encouragement that they could manage their own emotional well-being and reduce behaviours that may challenge which had a positive impact on their quality of life.

Staff and relatives told us they had confidence in the management and provider of the home. Relatives told us that the registered manager was good role model for the less experienced staff members. One relative said, "The home is well run. The manager has a nonsense approach about her, which I like."

The registered manager sought the views of relatives, staff and visiting health care professionals and was responsive to their feedback via surveys and regular meetings. Relatives told us their day to day concerns were always acted on and discussed with them. Most relatives were pleased with the communication from the staff about their loved ones progress, whilst two relatives felt that communication from the home could improve. They told us they felt the staff could be more proactive in contacting them when decisions were being made about their family member.

Regular checks were carried out to ensure the premises and equipment being used were safe and fit for purpose such as fire safety and company vehicle checks. A representative from the provider and the registered manager monitored the quality of the service provided by carrying out regular checks such as

health and safety checks and infection control audits.