The Salvation Army Social Work Trust

Holt House

Inspection report

Headlands Drive
Prestwich
Manchester
M25 9YF
Tel: 0161 773 0220
Website: www.salvationarmy.co.uk

Date of inspection visit: 16 July 2015
Date of publication: 25/08/2015

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

This was an unannounced inspection which took place on 16 July 2015. The service was last inspected on 06 August 2013 when we found it to be meeting all the regulations we reviewed.

Holt House is situated in a quiet residential area of Prestwich. It is close to public transport and the motorway network. The service is registered to provide personal care for up to 32 elderly people. There were 31 people living in the service on the day of our inspection.

The service had a registered manager in place at the time of our inspection. 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.

During our inspection staff told us and records confirmed that all staff had received training in safeguarding and were able to tell us what actions they would take if they had any concerns about the safety of people who used the service.

Summary of findings

The service had a whistleblowing policy in place which gave staff clear steps to follow should they have any concerns.

Risk assessments were in place for people who used the service in regards to their health and well-being, such as moving and handling, falls and nutrition.

We saw that equipment was available throughout the service to support people who had limited or no mobility. We also found care staff were trained in the moving and handling of people.

Robust recruitment processes were in place when employing new staff members. Checks were also undertaken to ensure their suitability to work in the service.

People who used the service, relatives and care staff we spoke with told us they felt there were always enough staff on duty to meet their needs.

The service had a contingency plan in place that instructed staff in how to deal with an emergency situation such as flood or fire. We saw that all the people who used the service had personal emergency evacuation plans in place and a fire risk assessment was available.

We looked at medicines management. We found the service had a policy and procedure in place to guide and inform care staff, only care staff that had been trained to do so could administer medicines and regular competency assessments were undertaken to ensure care staff were competent in the role. We noted temperature checks of medicines being stored in people's bedrooms were not being completed and some signatures were missing from cream charts.

The service had a policy and procedure in place for infection control. Staff told us and records showed that staff had received training on infection control and knew their responsibilities in relation to this. We observed that the service was clean, tidy and free from offensive odours.

People who used the service told us they felt care staff had the knowledge and skills to meet their needs. Staff told us and records confirmed that staff completed an induction when commencing employment and undertook mandatory courses such as first aid, fire safety and moving and handling. Staff also shadowed experienced staff before undertaking duties independently.

A variety of training courses were available to staff such as end of life and dementia which they could access through workbooks, online or DVD's.

Regular supervisions and appraisals were undertaken where staff could discuss their progress and any learning and development needs they had.

Verbal and written handovers were undertaken on each shift, detailing each person who used the service and how they had presented, including any concerns about their well-being. This ensured continuity throughout the staff team.

The registered manager informed us they had not made any applications for depravation of liberty safeguards (DoLS). They informed us the local authority had sent out instructions to providers and they had followed these. Staff told us they had not received training in Mental Capacity Act (2005) or DoLS, however records we looked at confirmed that this was available to them and most staff members had completed this. The service did not have a DoLS policy in place, however the registered manager actioned this promptly and sent us a copy of this the day after our inspection.

The service had consent forms in place for people who used the service in relation to care planning, photographs, access to personal information and medicine administration. We saw that these had been signed by people who used the service.

People who used the service had access to a range of healthcare professionals such as GP's, district nurses, podiatrists and opticians in order to meet their health needs.

People told us they enjoyed the food on offer. We saw plenty of choices available for each meal and the food looked appetising and nutritious. Meal times were a sociable event and visitors were invited to take lunch with their relatives.

Refurbishment work was being undertaken within the service specifically with those people in mind who were living with dementia. We saw people were able to choose

Summary of findings

the colour of their bedroom doors which resembled a front door, memory boxes had been purchased and the registered manager was sourcing suitable signage to use throughout the service.

People who used the service and relatives told us that care staff were caring. We observed interactions from staff that were kind and sensitive. People also told us they felt their privacy and dignity was respected by care staff.

Visitors told us they were always made to feel welcome in the service and were offered refreshments.

We saw that staff had completed training on end of life care and team leaders had undertaken enhanced training on this. The registered manager informed us that located within the service was a one bedroomed flat. The main use for this was during times when a person who used the service was at the end of their life and their relatives wished to be near them.

The service employed an activities co-ordinator. On the day of our inspection we saw a prayer meeting was held in the morning that people could attend if they wished to follow their religion, followed by exercises and bingo and a memory quiz in the afternoon. We saw that people living with dementia were given one to one time with staff to undertake activities such as reading through the newspaper and discussing the news.

The service had plans in place to convert a store room into a sweet shop. The registered manager showed us the plans and told us this would be run by two of the people who used the service and would incorporate adaptations for people living with dementia.

We saw that all the people who used the service had spirituality care plans in place. These informed care staff if they were religious and how they would like their needs to be met.

None of the people we spoke with had ever needed to make a complaint. However we were told if they did they would speak with the care staff or registered manager. The service had a complaints policy in place.

The service completed pre-admission assessments prior to people moving into Holt House to ensure that the service could meet their needs. Care plans we looked at were person centred and looked at what the person wanted to achieve, when and the help and the level of support required.

The registered manager was responsive to feedback and proud of the care she and her staff delivered at Holt House. Staff we spoke with told us that the management team were approachable and always thanked them at the end of their shift.

Quality assurance systems in place were sufficiently robust to identify areas for improvement.

Policies and procedures were in place that were accessible for staff and provided guidance to support them in their roles. These had been reviewed on a regular basis.

We saw that regular meetings were held with people who used the service and surveys were given out to people, relatives, advocates and staff members to gain feedback on the service provided. Regular staff meetings were also held to gain the views of staff.

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?

Good

The service was safe.

Staff we spoke with told us they had received training on safeguarding and were able to tell us how they would identify signs of abuse.

Risk assessments had been completed for health related issues such as moving and handling, falls and nutrition.

We found robust recruitment processes were followed by the registered manager when recruiting new staff.

Is the service effective?

Good

The service was effective.

People who used the service told us they thought the staff members had the skills needed to support them.

Staff we spoke with told us they had received training in addition to mandatory courses in various areas. Training records we looked at showed that care staff had undertaken training in various areas such as, food hygiene, dignity in care, consent and decision making and medicines.

People who used the service had access to a range of healthcare professionals in order for their health care needs to be met.

Is the service caring?

Good

The service was caring.

People who used the service told us they were well cared for. Comments we received included, “All the staff are wonderful”.

We found the atmosphere in the service was warm and friendly. We saw that staff had time to sit and talk to people who used the service and respond to people in a timely manner.

The registered manager informed us that managers and care staff had completed training in end of life care.

Is the service responsive?

Good

The service was responsive.

The service had a wide range of varied activities available to all the people who used the service. People living with dementia were given one to one time to undertake activities.

None of the people we spoke with had ever made a complaint. However they told us they would speak to the staff members or registered manager if they needed to complain.

Records we looked at showed that prior to moving into Holt House the service assessed people’s needs to ensure that these could be met by the service.

Summary of findings

Is the service well-led?

Good

The service was well-led.

We asked relatives about the culture within the service. Comments we received included “The manager and the staff treat people as if this was their own home”.

We looked at the quality assurance systems in place within the service and found that these were sufficiently robust to identify areas for improvement.

Records we looked at showed that people who used the service were given surveys to complete on an annual basis.

Holt 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 inspection took place on 16 July 2015 and was unannounced.

The inspection team consisted of two adult social care inspectors and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before our inspection we reviewed the information we held about the service including notifications the provider had made to us. This helped to inform us what areas we would focus on as part of our inspection. We had requested the service to complete a provider information return (PIR); this is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. We received this prior to our inspection and used the information to help with planning. .

We contacted the local authority safeguarding team, the local commissioning team and the local Healthwatch organisation to obtain views about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The local commissioning team and local authority safeguarding team informed us they had no concerns. We did not receive a response from Healthwatch.

During the inspection we carried out observations in all public areas of the home and undertook a Short Observational Framework for Inspection (SOFI) during the breakfast meal period. A SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with six people who used the service and two relatives. We also spoke with ten staff members and the registered manager.

We looked at the care records for four people who used the service and the personnel files for four staff members. We also looked at a range of records relating to how the service was managed These included training records, quality assurance systems and policies and procedures.

Good

Is the service safe?

Our findings

People who used the service told us they felt safe. Comments we received included, "I feel very safe, the staff are all calm, lovely people always ready to help" and "Everyone is friendly that is what makes me feel safe". One relative we spoke with told us they felt the service was "Absolutely safe".

Staff we spoke with told us they had received training on safeguarding and were able to tell us how they would identify signs of abuse and told us they felt confident in reporting any concerns of abuse with a senior care staff or the registered manager. Records we looked at confirmed care staff had received training in safeguarding as part of their mandatory training requirements.

The service had a safeguarding and protecting adult's policy in place which had been reviewed in March 2015. This gave staff clear examples of the types of abuse and signs that they needed to observe for and report on. The service had reported any safeguarding issues in a timely manner to the local authority and the Care Quality Commission.

We saw the service had a whistleblowing policy in place which gave staff clear steps to follow should they need to whistle blow (report poor practice). Staff we spoke with told us they were aware of the whistleblowing policy and knew what to do if they had any concerns. They told us they would approach the manager or another member of the management team and felt confident to do so.

We examined four care files during our inspection. We saw that risk assessments had been completed for health related issues such as moving and handling, falls and nutrition. The risk assessments were completed to keep people safe and not restrict what they wanted to do. People who used the service or where necessary a family member were involved in any decisions that were made.

We saw risk assessments had been completed for the environment such as fire safety, legionella and property maintenance. This showed the service had considered the health and safety of people using the service.

We saw equipment was available to support people who had limited or no mobility. Mechanical hoists, wheelchairs and walking aids were available to help people with their mobility.. Mechanical hoists were inspected on a regular basis by an external company and deemed appropriate and safe for use.

Records we looked at showed that care staff had received training in moving and handling and people who used the service had moving and handling risk assessments in place. These detailed what equipment staff were required to use and the level of support required to ensure people's safety at all times.

We found robust recruitment processes were followed by the registered manager when recruiting new staff. We saw the provider had a policy and procedure to guide them on the relevant information and checks to be gathered prior to new staff commencing; ensuring their suitability to work at the service.

We examined the files for four staff members. The files contained two written references, at least one of which was from their previous employer and an application form (where any gaps in employment could be investigated). The service undertook a criminal records check called a disclosure and barring service check prior to anyone commencing employment in the service. This check also examined if prospective staff had at any time been regarded as unsuitable to work with vulnerable adults. An annual disclosure form was also completed by all staff members to confirm their information and circumstances had not changed.

People we spoke with told us they felt there was enough staff on duty to meet their needs most of the time. One person told us "There are always staff about. When things are running smoothly it is okay, when they have a bit of an emergency they could do with more staff. Especially in the evenings". All the people we spoke with told us they did not have to wait more than a few minutes for assistance.

One relative told us "There are always carers about; there are always at least three staff and senior management about. Staff are always sat with the residents chatting to them, seeing this level of commitment from staff makes my mind a lot easier".

Staff members we spoke with told us there was enough staff on duty to meet the needs of people who used the service. One staff member told us "We spend quality time with the person we are dealing with". Another staff member

Good

Is the service safe?

told us "If someone who is poorly or on end of life care, I have known members of the day staff come in and stay all night with them so the night staff can care for the other service users".

The registered manager informed us that approximately six people who used the service required two care staff to support them with personal care. On the morning of our inspection there were three care staff and two team leaders, one of whom was providing support to the care staff. In the afternoon staff members changed and four care staff came on duty along with one team leader. There are currently two care staff on duty during the night.

The registered manager informed us they completed a dependency level assessment on a monthly basis, using an online tool which asked a variety of questions in relation to the support each service user required. This informed the registered manager on the amount of staffing required in the service based on people's needs. Rotas we looked at confirmed that sufficient numbers of staff were available to meet the needs of people who used the service.

We looked to see what systems were in place in the event of an emergency. We found the service had a contingency plan in place instructing staff members on how to deal with emergency situations such as gas failure, flood and heating loss. Also included was a list of current service users and next of kin contact numbers should staff members need to make contact with people as well as telephone numbers for gas suppliers, lift engineers and emergency repair workers. This should ensure that staff members were able to deal with emergency situations safely and effectively.

We looked at all the records relating to fire safety. We found that people who used the service had a Personal Emergency Evacuation Plan (PEEP) in place. These detailed how many staff would be required to support the person, any mobility issues and any other special considerations that needed to be taken into account. This should ensure that staff members know how to safely evacuate people who use the service in an emergency situation.

The service had a fire risk assessment in place. A fire emergency plan was also available in communal areas to instruct people what to do if they discovered a fire, escape routes and assembly points. The service also had a business continuity plan for how the service would function in an emergency situation such as fire.

The service also had a 'fire grab box' in place. This contained individual PEEP's, 'at a glance' information relating to each service user (detailing the level of support they would require), service user roll call and contingency plan. This should ensure that in an emergency situation, the emergency services would have sufficient information to assist people safely and effectively.

We saw that fire equipment, fire extinguishers and fire blankets were visually checked on a weekly basis. We also saw weekly inspections were undertaken of means of escape, emergency lighting, and the fire alarm. There was also a record of fire drills that had been undertaken which occurred every eight weeks.

The service had a procedure in place for the reporting of incidents, accidents and dangerous occurrences. We saw that accident and incident forms were in place within the service. We found these were reviewed and advice or actions were documented to show how these had been dealt with.

We looked at the management of medicines within the service. We checked the systems for the receipt, storage, administration and disposal of medicines. We also checked the medicine administration records (MARs) for a number of people who used the service. We found that medicines, including controlled drugs, were stored securely and only authorised, suitably trained care staff had access to them.

We saw the service had a medicines policy and procedure in place. This provided care staff with information on the storage, recording, disposal and ordering of medicines. This also gave staff guidance for those people who used the service that may be self-medicating. The registered manager informed us that only people who had undertaken medicines training were permitted to administer medicines. We saw that competency checks were undertaken to ensure that staff remained competent to administer medicines. Records we looked at showed medicine audits were undertaken within the service. This was completed on a weekly basis by care staff and on a monthly basis by the registered manager.

We found that each person had a cabinet located in their bedroom for the storage of their medicines. The cabinets in each room were securely fastened to the wall and locked. The key to cabinets was held by the team leader on shift

Good

Is the service safe?

who was responsible for administering the medicines during their shift. Staff told us that there was a designated person responsible for the ordering and returning of medicines on a monthly basis.

Medicines stored within the individual cabinets were dispensed in original packaging. All contained labels from the pharmacy. Located within each cabinet was a folder containing a photograph of the person for identification and a medication administration record (MAR). MAR sheets that we looked at had all been signed and there were no gaps and all medication coming in from pharmacy had been signed by two care staff.

The service also had a designated medicines room. Medicines that required storing in a fridge were stored in this room. Regular temperature checks of the fridge were undertaken on a daily basis to ensure correct storage. Regular temperature checks were also completed within the room to ensure medicines were stored at recommended temperatures.

We checked to see that controlled drugs were safely managed. We looked at the record of controlled drugs held in the service. We found records relating to the administration of controlled drugs (medicines which are controlled under the Misuse of Drugs legislation) were signed by two care staff to confirm these drugs had been administered as prescribed; the practice of dual signatures is intended to protect people who use the service and staff from the risks associated with the misuse of certain medicines. When we checked the stock of controlled drugs for people who used the service we found these corresponded with the records.

We saw that creams that were to be applied were undertaken by care staff and they were responsible for signing the cream sheet when they had done this. However, when we looked at these we found that not all had been signed for. This meant that the cream had either not been applied or care staff had not signed to confirm it had been applied.

The service had an infection control file and policy in place. Within the file was guidance for staff on the management of an outbreak of infections and good hand hygiene. We found the service had a daily log sheet in place for staff to record those people who had an infection and precautions they needed to take. Regular infection controls audits were also undertaken.

We were told there was a designated lead person who was responsible for infection prevention and control management. Staff told us and records showed that they had completed training in infection control and knew their responsibilities in relation to this. We also saw that staff members had hand sanitiser on their person.

We observed the service to be clean and tidy and free from offensive odours. All the bathrooms we looked in contained sufficient quantities of personal protective equipment (PPE), including disposable gloves and aprons. We observed staff wearing these when undertaking personal care. We also saw that bathrooms and toilets contained hand wash and paper towels.

The service had achieved a five star food hygiene rating from environmental health. This meant they had very good systems in place around food safety. The service had a laundry department. We found that this contained industrial washing machines and dryers to accommodate the amount of laundering required. We saw that different coloured bags were used to separate soiled laundry and washing machines had a sluice facility. We saw that all hazardous chemicals the service used for cleaning were stored in the basement area and was in a locked room and therefore not accessible to people who used the service.

Good

Is the service effective?

Our findings

People who used the service told us they thought the staff members had the skills needed to support them.

Staff we spoke with told us there was a key worker system in place within the service and they were responsible for three people who used the service. Their key worker responsibilities included observations, reading care plans, logging nutritional intake, bathing, progress and general well-being of the person. Staff were encouraged to spend one to one time with the people they were key worker to and discuss things that were important to them. This should ensure that care staff knew people well and were responsive to their needs.

Staff told us and records we looked at showed staff completed an induction when they commenced employment. The induction covered mandatory training such as first aid, fire safety, moving and handling, infection control and safeguarding. Staff were also required to complete workbooks within one month of commencing their induction and we saw these were located in individual personnel files. We were told that staff 'shadowed' care staff when they commenced employment and were not expected to work independently until such time they felt confident to do so and were assessed as being competent.

We looked at how staff were supported to develop their knowledge and skills, particularly in relation to the specific needs of people staying at Holt House. We spoke with the service users, registered manager, care staff and examined training records.

Staff we spoke with told us they had received training in addition to mandatory courses in various areas. Training records we looked at showed that care staff had undertaken training in various areas such as, food hygiene, dignity in care, consent and decision making and medicines. Training was available to staff online, which included live sessions and could be accessed by staff both in the workplace, at home and also on DVD's. One care staff we spoke with told us they were completing their Diploma Level two in Health and Social Care.

The registered manager informed us that all team leaders who worked in the service had completed the Diploma level three in Health and Social Care and had also undertaken enhanced training in other areas such as nutrition and dementia. This showed the provider was committed to enhancing the knowledge and skills of people who worked in the service.

Staff we spoke with told us they received regular supervisions and appraisals. Records we looked at showed systems were in place to ensure staff received regular supervision and appraisal. Supervision meetings helped staff to discuss their progress at work and also discuss any learning and development needs they may have. Staff completed a supervision contract to show that they agreed to the frequency of supervisions and their commitment to actively engaging in them.

During our inspection we saw that verbal handovers were undertaken at the commencement of each shift. We observed the handover on the morning of our inspection and found that staff gave a detailed handover of each person about any care or support they had given. The service also had handover book in place which contained all information discussed in verbal handovers and signed and dated by the care staff member completing them. This ensured continuity throughout the staff team and all necessary information was made available to care staff.

We asked the manager to tell us what they understood about the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA is essentially a person centred safeguard to protect the human rights of people. It provides a legal framework to empower and protect people who may lack capacity to make certain decisions for themselves. DoLS are part of the MCA. They aim to make sure that people in care homes are looked after in a way that does not inappropriately restrict their freedom. The safeguards should ensure that a person is only deprived of their liberty where this has been legally authorised.

The registered manager showed a good understanding of the importance of determining if a person had the capacity to consent to their care and treatment. The Care Quality Commission is required by law to monitor the operation of the DoLS and to report on what we find. Records we looked at showed that capacity assessments had been undertaken for those people who the service considered lacked capacity to make certain decisions.

The registered manager informed us that they had not made any DoLS applications. This was due to instructions

received from the local authority in November 2014 advising registered managers to supply the names of those people they believed may require a DoLS application. However, should they have cases which they felt were urgent or a new admission to the service that met the DoLS criteria, the local authority advised the service to make DoLS applications. The registered manager had therefore followed the advice of the local authority.

Some of the staff we spoke with told us they had not received training in Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). However, records we looked at showed this training was available and most staff had completed this. The service did not have a policy and procedure in place in relation to MCA and DoLS at the time of our inspection. However, the registered manager dealt with this immediately and we were sent a copy of one they had developed the day after our inspection. This was put in place within the service immediately to guide and inform care staff.

The service had a consent form in place for people who used the service. This was to gain consent in relation to care planning, photographs, necessary procedures to be carried out to save life, access to personal information (including GP, hospital, Care Quality Commission and named relatives), for night staff to be permitted to enter their bedroom or not at night to undertake checks and medicine administration.

People who used the service had access to a range of healthcare professionals in order for their health care needs to be met. Records we looked at showed that visiting professionals included GP's, district nurses, podiatrist and opticians.

All the people we spoke with told us they enjoyed the food and that there was always plenty of choice. Four of the people we spoke with told us that food and drinks of their choice was offered to them 24 hours per day. One person told us "We get a drink of choice when we wake in the morning and a word of comfort".

We saw that during breakfast time people were given the choice of cereals, toast or a cooked breakfast and drinks were offered on a regular basis. People could have their breakfast in the main dining room or in the communal areas on each floor.

The registered manager informed us that main meals were not cooked in the service. The service used an external company for all the main meals to ensure that they were nutritious and balanced. The use of this type of service ensured that a clear audit trail was available for all food offered and taken by people who used the service. A team leader had been nominated as the lead for nutrition; this involved taking responsibility for all the paperwork relating to nutrition, ensuring this was completed.

Menus were on display near the dining room and showed a choice of two main dishes, salads, a desert and a selection of fruit for the lunchtime meal service. We observed staff informing those people who could not read what was on offer an hour before the lunch service. We also saw that people who had forgotten what they had ordered were able to choose again. We observed that one person who used the service was setting the tables in preparation for lunch, with minimal support from a care staff member.

We observed that the lunchtime period was a sociable affair with people chatting. Staff served the main ingredient of the meal and vegetables were then served from silver tureens. The food we saw on offer looked appetising. A selection of beverages was offered to people throughout the lunchtime period.

We saw that plate guards and adapted cutlery was readily available for those people who required them and that people were given time to eat at their own pace. Staff members asked people if they had enjoyed their lunch and asked if they wanted more. One care staff was supporting a person to eat their lunch. We observed they asked the person if what was on the plate was what they had ordered before supporting them. We saw that the staff member took their time and offered the person fluid throughout, remaining with them until such time as the person stated they had finished.

A visitor arrived at the service during the lunchtime period. We saw the staff inviting the visitor to take lunch with their relative. We also saw that people who used the service could have their lunch in their bedroom or another communal room if they wished.

We observed throughout the day staff asking people who used the service if they wanted cups of tea or coffee not just at designated times. We saw that jugs of water were provided in people's bedrooms.

All the care files we looked at contained care plans in relation to eating and drinking. Risk assessments were also in place detailing if people required special diets, what

Good

Is the service effective?

kitchen staff needed to be aware of, allergies and the risk of choking. The service also weighed people on a regular basis and weights were recorded. Alongside this each person had a dietary sheet in place. This detailed people's favourite food, likes and dislikes, beverage preferences and if they required adapted cutlery. The cook confirmed they had copies of these. This showed the service was person centred in their approach to people's nutritional needs.

The building was well designed to meet the needs of people who used the service, for example ramps were in place throughout for those people who required a wheelchair. On the day of our inspection we saw that refurbishment work was being carried out specifically with those people in mind who were living with dementia or mental health issues. New bedroom doors were being fitted to resemble a front door in different colours which people had chosen themselves, memory boxes had been purchased and were awaiting fitting and the service was in the processes of finding suitable signage. The registered manager was enlisting the help of outside agencies in an effort to provide good dementia appropriate adaptations and resources.

We saw that a room in the basement of the service was filled with old equipment including hoists, mattresses, wheelchairs and walking frames. We spoke with the maintenance person and the registered manager regarding this and were informed that they were in the process of hiring a skip in order to clear this room.

Good

Is the service caring?

Our findings

People who used the service told us they were well cared for. Comments we received included “All the staff are wonderful”, “The staff are fantastic, nothing is too much trouble” and “The staff are lovely, they are very patient. I can’t walk very quickly and they keep telling me to take my time there is no hurry. I think that is very kind when they have so much to do”.

Relatives we spoke with told us that staff were caring. Comments we received included “The staff are on the ball, they are always looking how they can help people” and “All the staff are very patient and very good. When [relative] came in here she was incontinent, here they take her to the toilet regularly and her incontinence has improved immensely”.

We observed care staff interact with people who used the service in a kind and sensitive manner. One care staff we observed was sensitive to the needs of someone who had become anxious. The care staff reassured the person and gave them information that eased their anxieties. We also saw two staff members using a hoist to assist someone out of their chair and constantly reassured the person throughout the process.

All the people we spoke with told us that staff members respected their privacy. One person told us “At first I felt a bit funny about having a shower with someone present, but they pull the curtain round while I get undressed and wait on the other side while I shower and then they pass me a big fluffy towel to wrap myself in”.

We spoke with relatives about the atmosphere of the service. One person told us “There are no visiting times, visitors come and go as they please”. Another relative told us that they were always made to feel welcome and that refreshments were always offered to them. One staff member we spoke with told us “It is a great job, I love it here”.

We found the atmosphere in the service was warm and friendly. We saw that staff had time to sit and talk to people who used the service and respond to people in a timely manner.

The registered manager informed us that all care staff had completed training in end of life and team leaders had completed training in end of life care to level three. This ensured care staff were able to support people during the end of their life in a sensitive and sympathetic manner.

The registered manager informed us that located within the service was a one bedroomed flat. The main use for this was during times when a person who used the service was at the end of their life and their relatives wished to be near them. Relatives could stay in the room for a small fee, breakfast was included in the fee and there was the option to pay for main meals within the service during the day. This showed the services’ commitment to people and their families at the end of their life.

Good

Is the service responsive?

Our findings

During our inspection we spoke with the activities co-ordinator who showed us a copy of their weekly programme of activities. Each morning there was a prayer meeting for those people wishing to attend. On the day of our inspection we observed a daily exercise programme where people threw a large ball to each other, followed by people waving sticks in the air with streamers attached to them whilst singing songs. In the afternoon we observed a bingo session and a memory quiz. We also saw that every Saturday the service had a movie afternoon with popcorn and ice cream and every other Friday there was a coffee morning.

A two weekly activity plan was displayed on the front door of the service so that relatives and friends could choose to attend. The registered manager told us they had recently held a barbeque where families and friends were invited to attend. The service had also arranged for an ice cream van to come for the afternoon. We saw external trips had been undertaken to places such as Hollingworth Lake, canal trips and Chester zoo. A notice board in the corridor displayed photographs of people undertaking activities. A hairdresser attended the service once per week and there was a specific room equipped for people to attend their appointment.

We noted a memo in the office instructing staff to undertake activities with people who were living with dementia on a daily basis. Instructions included activities being undertaken in small groups. We observed a carer sitting with a person who used the service helping them to read the daily newspaper and having discussions about what was in the news.

The activities co-ordinator also showed us a diary which detailed activities for those people who used the service that were less able. These people were offered the opportunity to access the local park or other activities on a one to one basis with staff members.

The registered manager showed us plans that were in progress for transformation of a store room into a sweet shop for people to use. We were also informed that this would be managed by two people who used the service. The registered manager was in the process of incorporating dementia friendly items within the shop, such as specially made wallpaper.

All activities that had been undertaken were documented on an internal evaluation form, including what the activity was, how many people had been involved, interactions and engagement. We also saw that each person who used the service had their own activity plan. This detailed what the person liked to do on a daily, weekly and monthly basis.

All the people who used the service had a spirituality care plan in place. This informed care staff if they were religious and how they would like their needs to be met. The service had a daily prayer meeting in the main lounge and twice weekly a lay person provided holy communion. Although the service was a Christian provider they also welcomed and supported people from other faiths, ensuring their needs were met.

None of the people we spoke with had ever made a complaint. However they told us they would speak to the staff members or registered manager if they needed to complain. One staff member we spoke with told us if someone complained to them they would “Reassure the person that it will be dealt with, report it to someone senior and then later check they were happy with the action taken”.

We saw the complaints policy and procedure was available for people who used the service, relatives and visitors to look at. We also noted that a copy of the complaints procedure was available in large print for those people who required it.

The service also had a complaints file in place. This contained a complaints register which detailed the date, name of complainant, action and date of response. A copy of the complaints policy and procedure detailed how staff should respond to complaints, if misconduct was witnessed and contact details for the local ombudsman, Age Uk, Care Quality Commission (CQC) and the local authority. Complaints forms and records of investigations were also available in this file.

One relative told us two staff members had visited their relative and the family in a rehabilitation centre where they discussed the persons’ needs in great detail. They also told us that when their relative was moving into Holt House the same two staff members were there to greet and welcome them, “Now how good is that”?

Records we looked at showed that prior to moving into Holt House the service assessed people’s needs to ensure that these could be met by the service. These were very

Good

Is the service responsive?

detailed and included information regarding the person's health, mobility, skin condition, washing and dressing, eating and drinking, emotional well-being, mental health, communication, vision, hearing, activities, sleep pattern and medicines.

Although the people we spoke with could not remember being involved in the writing and reviewing of their care plans, all of them told us they were happy that staff knew what care they needed and did not feel they needed to be involved in care plans.

We saw each person who used the service had care plans in place covering areas such as mobility, eating and drinking, emotional well-being and communication. Those people who used the service who also had a health condition had an information sheet in place for care staff to read which gave them specific guidance. Care plans were person centred and looked at what the person wanted to achieve and the level of support required. Clear instructions were in place for staff on how to support the person.

We saw that care plans were reviewed on a regular basis and were re-written when any changes had occurred to the person's needs or well-being. Six monthly reviews were also held where family members were invited to attend (if the person consented) with their relative to obtain their views. Changes and actions were documented.

All the people who used the service also had a file in their bedroom. These contained 'My life story', a care plan summary and a document titled 'Who I am'. Staff were able to gain a significant amount of information from this information such as things that were important to the person, occupations in their past, hobbies, things that may upset the person and personal care needs.

People who used the service told us they were able to move around the service and the grounds as they wished. They also told us they could get up and go to bed at a time of their choice.

Staff members we spoke with told us they always ensured people who used the service were given choices. One staff member told us they "Ask them what they want or need, empowering them".

Good

Is the service well-led?

Our findings

The service had a manager who registered with the Commission on 1 October 2010. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff we spoke with told us the manager was approachable. One staff member told us "The management are very nice people to work for. If I need time off with my children they always help".

On the day of our inspection we were made very welcome by the registered manager and staff members. The registered manager was responsive to feedback and proud of the care she and her staff delivered at Holt House. We observed the registered manager interacting with visitors, relatives and people who used the service in a friendly and personalised manner. The registered manager was able to speak in great detail about all the people who used the service.

We asked relatives about the culture within the service. Comments we received included "The manager and the staff treat people as if this was their own home" and "Day or night we have always someone to talk to". One staff member we spoke with told us "[Head of care] and [registered manager] are wonderful, [registered manager] is appreciative, she is awesome. They always say thank you at the end of a shift". We were also told that a staff member had made a suggestion to the registered manager and within two weeks their suggestion had been put in place.

The registered manager informed us they had been at Holt House for just over two years and that when they first commenced the culture in the home was task orientated. However they told us they had changed that culture and it was now one of person centred care and this had been a key achievement.

We looked at the quality assurance systems in place within the service and found that these were sufficiently robust to identify areas for improvement. The audits we looked at included medicines, care plans, fire safety, cleaning and mattresses. Records we looked at also showed that the registered manager and/or a team leader completed a weekly 'health and safety walk' to check things such as policies and procedures, first aid, clinical waste, housekeeping, electrical safety and fire safety. Any concerns found were documented and dealt with in a timely fashion.

There were policies and procedures for staff to follow good practice which were reviewed regularly. We looked at several policies and procedures which included medicine administration, safeguarding, infection control, health and safety, whistle blowing, compliments, comments and complaints. These were accessible for staff and provided them with guidance to undertake their role and duties.

We saw that the service had received thank you cards from people who used the service and/or their families. Comments within these included "A big thanks for all your hard work" and "We would like to thank you from the bottom of our hearts for looking after our mum for the last 4 years".

Staff told us and records we looked at showed that regular staff meetings were held. Staff were given the opportunity to voice their opinions, concerns, issues and compliments during these meetings and were encouraged to attend. These meeting also gave staff the opportunity to discuss the needs of people who used the service.

Records we looked at showed that people who used the service were given surveys to complete on an annual basis. We saw that thirty surveys had been given out to people and eight had been returned. The survey covered many areas such as staff knowledge, safeguarding, decision making, privacy and food. Results of the survey were collated and analysed giving the registered manager a clear picture of the response required. We saw that suggestions for improvement were documented and any changes that had occurred as a result.

The service also sent out satisfaction survey to relatives and/or advocates on an annual basis. Records we looked at showed that fourteen responses had been received from the latest survey. Some comments we saw on these surveys included "Care staff provide excellent care", "All staff are extremely excellent" and "We are happy with the care received. Second to none". These records also showed that things had changed as a result of the survey, this included the service employing an activities co-ordinator to improve the activities for people who used the service.

Good

Is the service well-led?

We saw that regular meetings were held with people who used the service. Minutes of these meetings showed that during the latest one in June 2015 discussions were held around tea time meals, holding a Wimbledon afternoon (to include strawberries and cream and tennis games) and a memorial service to be held on the 03 July 2015 in memory of the victims in Tunisia.

We noted a certificate on the wall in the main entrance area stating "Older People's Services - Home of the Year 2015, Highly Commended". We spoke with the registered manager regarding this. The award had been given by the organisation as part of an internal award system. The service had been chosen by a team of people independent from older people's services. The registered manager was very proud of their and their staff's achievement of this award.

We spoke with the registered manager to enquire how the service focussed on improvements. We were told that they were in the process of developing a system that would focus on six areas to improve on. The registered manager would also involve team leaders and staff members at various points throughout the process. Once those six areas had been improved upon another six areas would be identified. This showed commitment from the registered manager to continually improve the service provided.