

Community Integrated Care Holmdale

Inspection report

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Date of inspection visit: 27th February and 12th March 2015
Date of publication: 25/06/2015

Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

This inspection took place on 27 February and 12 March 2015 and was unannounced.

Holmdale can support up to five adults with a learning disability and physical disability. Holmdale is owned and managed by Community Integrated Care, which is a non-profit making organisation. The service is located in Runcorn near to local amenities. The building is purpose built and can accommodate people with mobility needs as they have various specialised equipment including ceiling track hoists. Staff are on duty 24 hours a day.

Holmdale has a registered manager. 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 last inspection on 3 September 2014 we found that Holmdale was not meeting the regulations inspected. We found breaches for Regulation 22

Summary of findings

regarding not having enough staff in place, Regulation 10 not having an adequate system to monitor the quality of the service and Regulation 20 not having appropriately recorded records. We received a detailed action plan from the provider stating what actions they had taken to meet the regulations and show compliance. We found improvements to the management of the home and compliance in the management of staffing levels, records and monitoring of the quality of the service.

There were five people at the home on the day of our visit. We spoke with people living at Holmdale and relatives/representatives who acted on their family member's behalf. They were happy with the care provided and the staff providing support. We observe a friendly rapport between people being supported and the staff. The atmosphere was relaxing and calm.

Everyone in the service looked happy and comfortable with the staff.

Staff knew the people they were supporting very well. Care plans were in place detailing how people wished to be supported. Relatives/representatives and people receiving support were involved in making decisions about their care. Staff were knowledgeable about risks and how to protect each person in keeping them safe and comfortable.

Most of the staff were up to date with training necessary for their role and felt well supported with their training needs. They had the skills and knowledge required to support young adults with their health and care needs.

Staffing levels were provided in accordance with the commissioned hours funded and agreed with the registered provider. Everyone was happy with the staffing levels provided.

We found the home was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS) and staff followed the Mental Capacity Act 2005 for people who lacked capacity to make decisions for themselves.

Staff supported people to attend healthcare appointments and liaised with their GP and other healthcare professionals as required to meet people's needs.

Medicines were securely stored in a locked cupboard and were safely managed.

The registered manager was accessible and approachable. Staff, people who lived at Holmdale and their relatives felt able to speak with the manager and provide feedback about the home. The registered manager worked at the home each week in a 'hands on' capacity. The area manager regularly visited the service to review the quality of the service provided.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service requires improvement.

The management of medications was safely managed. However, improvements were needed in the disposal of stores of medicines no longer needed.

Improvements were needed in the storage and management of staff recruitment checks.

Staff were knowledgeable and confident in regard to the homes 'safeguarding' policy. They were trained to recognise any type of abuse and committed in protecting the people they supported.

Risks were safely managed. Moving and handling assessments for the use of hoists and how to safely manoeuvre people who needed specialist equipment such as ceiling track hoists were detailed. They included information about how to manage and reduce risks to ensure people's safety.

Staffing levels were provided in accordance with the commissioned hours funded and agreed with the registered provider. There were appropriate procedures for the management of staffing to meet the needs of people living at Holmdale.

Requires improvement



Is the service effective?

The service requires improvement.

Staff had the skills and knowledge to meet people's needs. However staff training records and induction records needed improving to show how staff were supported with up to date training to meet their needs.

People were supported to eat and drink according to their plan of care and according to individual choices and specific health needs.

The home had policies in place that ensured they met the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). Staff were aware of the requirements under the MCA 2005.

Requires improvement



Is the service caring?

The service was caring.

People living at Holmdale were supported by staff who understood their different forms of communication involving non-verbal signs and behaviours. We observed staff respectfully communicating with people and assisting them with all aspects of their support and choices throughout the day.

Relatives/representatives confirmed that choices with regard to daily living activities were always provided in a caring and sensitive manner.

Good



Summary of findings

Staff were respectful of people's privacy and dignity. They had a good understanding of the people they were supporting and their diverse needs and choices.

Is the service responsive?

The service was responsive.

Staff were knowledgeable about each person's needs and provided individual care and support. Staff were interacting positively with people in order to ensure that they received the care and support they needed.

Appropriate support plans were in place outlining people's support and diverse needs. The care files were reviewed regularly so staff knew what changes if any had been made.

The home had a complaints policy describing how complaints would be managed to ensure that complaints would be addressed within the timescales detailed within the policy.

Good



Is the service well-led?

The service was well led.

Staff were supported by their registered manager. There was open communication within the staff team and staff felt comfortable discussing any issues within the home.

The registered manager and area manager regularly checked the quality of the service provided and ensured people were happy with the service they received. The registered provider also carried out quality checks as part of their quality assurance processes. These audits and unannounced visits provided additional support to ensure standards were maintained.

Good



Holmdale

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 27 February and 12 March 2015 and was unannounced.

The visit was undertaken by one adult social care inspector.

Before our inspections the homes are asked to complete a provider information return [PIR] which allows us to prepare for the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. The provider told us they did not receive this request for completing a (PIR.) Providers are required to notify the Care Quality Commission about events and incidents that occur including unexpected deaths and injuries to people receiving care, this also includes any safeguarding matters. We refer to these as notifications. We used this information to plan what areas we were going to focus on during our inspection. We looked at all notifications received and reviewed any other information we held prior to visiting. We also invited the local authority safeguarding, quality assurance and commissioning functions to provide us with any information they held about Holmdale.

We gained the co-operation of people living at the home and their staff team to allow us to spend time in various areas of their home. During our inspection we observed how staff supported people throughout the day. We used a number of different methods to help us understand the experiences of people living at the home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not verbally talk with us.

We met four people who live at Holmdale, we spoke with two representatives of people being supported via telephone. We spoke with three support staff, the registered manager and the area manager. We received information from three clinical professionals who had worked with people living at Holmdale.

We looked around the home as well as checking records. We looked at the support plans of four people living at the home. We looked at a sample of documentation in relation to how the service was operating, including various quality assurance audits for monitoring the quality of the home. Records reviewed included: menus; staffing rotas, risk assessments; complaints; staff files covering recruitment; training; maintenance records; health and safety checks; supervision of staff; policies and procedures; minutes of meetings and medication records and storage of medicines.

Is the service safe?

Our findings

We met people living at the home and observed the support they received. Staff were knowledgeable and competent in their use of specialised equipment such as hoists to safely support people when they needed their assistance. We noted staff respectfully ensuring each person had access to support and they ensured they were close by people always observing and sensitively supporting each person to be comfortable and safe while sat in the communal areas of the home.

Relatives/representatives were positive about Holmdale and felt their family members were safely supported. They offered various positive comments such as:

“They safely manage everything” and “Our relative needs lots of medications but they manage that with no problems.”

We observed the home to be well maintained and decorated and refurbished to a good standard. Holmdale was modern in design and suitable for young adults. It had been adapted to meet the needs of the people living at the home, with adaptations discreetly positioned such as ceiling track hoists. Staff showed us a quiet room that people used to help them relax and have quiet time to themselves. Staff hoped they would eventually receive more equipment for this room to help enhance the facilities for people to enjoy. The manager advised they did have a budget to supply equipment as needed. They told us they would develop a plan to share with everyone at the home to plan how to develop their home and how to spend their budget.

Staff had received training in safeguarding and in regard to the provider’s ‘safeguarding policy.’

Staff were knowledgeable and committed in recognising signs of potential abuse and the relevant reporting procedures. Staff told us they would report any allegation of abuse and were confident they would be fully supported in regard to reporting any type of allegation. Staff were also familiar with the term ‘whistle blowing’ and they said that they would report any concerns regarding poor practice they had to senior staff. Recent safeguarding records were detailed and showed appropriate procedures in place for safeguarding people. The service had appropriate procedures for ensuring the safety of people living at Holmdale.

Assessments were undertaken for everyone living at the home to assess and identify any risks to each person. The risk assessments we viewed included information about action to be taken to minimise the chance of the risk occurring. For example, each person had restricted mobility and information was provided to staff about how to support people when assisting them when moving around their home and transferring in and out of chairs and their bed. Staff had received moving and handling training and were aware of how to safely use the hoists and equipment at the home. Other risk assessments were in place for people who experienced behaviour that challenged on occasions. Support plans and risk assessments showed clear guidance describing how staff should support the person to help keep them safe and calm. We observed staff respectfully supporting people to help reassure them and to safely deal with their behaviours which resulted in a calming atmosphere.

We looked at a sample of medication records managed by staff who supported people with their medicines. Medicines were safely locked in a separate room and records were appropriately kept

showing safe management of people’s medicines. However we noted there were a number of medicines that were still stored on the premises that were not to be used. The registered manager advised that she would make the appropriate arrangements to have them sent back to the pharmacy and would revise her current medication audits to ensure old stock would be attended to. She advised that she would also ensure that she would have oversight of medication records to check that appropriate audits were being carried out at all times. Staff felt well trained and supported in managing people’s medicines. The home had developed medication audits. These checks were regularly completed by staff. These checks helped show how staff were supported and supervised to safely manage medicines to an appropriate standard.

The registered manager produced staffing rotas that demonstrated how she provided sufficient numbers of staff available to keep people safe. The registered manager also worked alongside her staff team when she considered the need to provide additional support. Staff were happy with the staffing levels and felt they had enough staff to appropriately support people. They told us that approximately four days a week they had four care staff on duty and were able to organise a number of activities

Is the service safe?

outside the home. One relative/representative told us they had no problems with the staffing levels but they said they would like to see more staff on duty. The registered manager advised they were developing evidence to show how staffing levels were calculated and monitored to ensure they met everyone's needs. We found no issues affecting staffing levels and the care provided during this inspection.

We identified that the home had previously employed a part time house keeper but they had not recruited anyone to this post since the housekeeper left over 12 months ago. The additional housekeeper duties had been added to support staff workloads. Further review of staffing levels should cover domestic and housekeeping duties so that the staff team has appropriate staff in place for clearly defined roles and duties at the home.

We looked at a sample of staff files including newly recruited staff to check that effective recruitment procedures had been completed. Most of the records showed evidence the registered provider had checked personal identification of staff, appropriate references were in place and criminal record checks were obtained prior to

being employed and allowed to work at the home. Personnel files were organised and well managed. There were suitable recruitment procedures in place and the required checks were undertaken prior to staff starting work and prevented unsuitable people from working for Holmdale. However we found one care file of a member of staff who had transferred from another care home within the company to work at Holmdale. The registered manager did not have their staff personnel file with evidence of the recruitment checks that had been carried out as their file was still stored at another care home. The registered manager was confident the staff file was in place and had appropriate checks but they advised they would ensure they had evidence of recruitment for all staff files following our inspection.

We recommend that medication audits cover all aspects of the management of medications to help provide consistent safe practice in the disposal of out dated stock.

We recommend the review of staffing levels to include domestic and housekeeping duties so that the staff team had appropriate staff in place for clearly defined roles and duties at the home.

Is the service effective?

Our findings

Relatives told us they liked the staff. Relatives offered various positive comments including:

“The staff bend over backwards.”

We carried out a Short Observational Framework for Inspection (SOFI) around meal times and found interactions between staff and people living at the home were very positive. We observed people who live at Holmdale sat in the kitchen with staff. Staff respectfully included them in their conversations describing how they were preparing the meals and in what they were doing. Later staff provided one to one support to each person in a way that was personalised to the needs for each individual. Staff offered various choices with meals and drinks and helped provide a relaxing atmosphere within the dining room. We noted that people being supported were happy with the staff support and they were enjoying their meal. Staff told us that they often supported people to carry out their shopping for meals. Care plans identified specific diets such as ‘soft and pureed diets’ and what support each person needed with their meals and fluids.

People’s weights were monitored as part of their overall plan of care. This was done to ensure that people were not losing weight inappropriately. Care files included nutritional assessment tools which had been regularly updated and assisted staff in providing appropriate support to each person.

People’s care records included specific details in regard to how their health was monitored and supported to stay healthy. Health records called ‘Health passports’ provided relevant contact details of various health care professionals such as the GP, hospital consultants, the community matron and the Speech and Language Therapist. These details ensured staff could contact them if they had concerns about a person’s health when needed and could transfer this document between health professionals to help continuity. We saw from care records that staff had called the necessary health professional such as the GP when they had concerns about a person’s health which helped them to support their healthcare needs.

We received very positive comments from two health care professionals who provide support to people living at the home. They told us;

“As a residential home for people with learning disabilities I’ve always found it a good house, warm and friendly. They often put referrals through the ‘community learning disability team’ whenever they have any concerns and always appear to follow our recommendations” and “Staff contact me in a timely manner regarding clients health problems and ensure referrals are made when needed.”

Policies and procedures had been developed by the registered to provide guidance for staff on how to safeguard the care and welfare of the people staying at the home. This included guidance on the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS). This is a legal requirement that is set out in an Act of Parliament called The Mental Capacity Act (MCA 2005). This was introduced to help ensure that the rights of people who had difficulty in making their own decisions were protected. The aim is to make sure that people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom. The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes.

Some of the staff team had received training in the Mental Capacity Act (MCA) 2005 and had a good awareness of how to protect people’s rights. The registered manager had appropriately completed capacity assessments. Some people had ‘best interests’ meetings arranged on their behalf and these records showed how their rights had been protected and decisions had been made in their best interest.

We received positive comments from health care professionals especially in regard to end of life care and support around DNCRP (Do not resuscitate orders.) They commented that,

“Holmdale have provided end of life care for clients and preferred priorities of care with DNARs in place to enable end of life care at home when the time comes, staff provide excellent care to the clients with complex care needs.”

Staff explained they had access to a variety of training that was offered each year which covered a wide range of subjects such as food hygiene; Mental Capacity Act and National Vocational Training and diplomas in care. The registered manager sent us a list of training recorded at the home that had been provided for staff including Management of Actual or Potential Aggression; Non Violent Crisis Intervention Refresher ; Safeguarding of Vulnerable

Is the service effective?

Adults; Safeguarding Adults at Risk for Managers; Emergency First Aid at Work; Medication Administration and Health & Safety Awareness. Some of the dates for training were out of date and had not been recorded and updated on the overall staff training charts used by the registered manager.

The training records for individual staff members were in the process of being updated and we noted some certificates and evidence of training from staff files had not been updated onto the homes overall training records. However staff spoken with confirmed they had received the required training to develop their skills and knowledge in how to appropriately support people. Some staff said they would like to attend training on dementia and felt that this would help them be more knowledgeable in this condition. They were very positive regarding how their training needs were managed.

Staff told us that their induction also included an introduction to the job they would be doing and as part of it they shadowed existing staff members for up to three weeks to get to know each person living at the home. (Shadowing is where a new staff member worked alongside

either a senior or experienced staff member). However the training records needed developing to show improved accuracy in the details of the induction training that staff were supported with. The registered manager advised that staff would be supervised and assessed in their competencies in the use of specialist equipment such as hoists and supporting people with medication before being assessed as carrying out this work unsupervised. The registered manager acknowledged that the recording for induction for new staff needed improving and needed to include the arrangements provided for shadowing of senior staff and assessing staffs competencies.

Staff had received recent supervision from their manager. These records were detailed and gave staff an opportunity to discuss their responsibilities, the support needed for people living at the home and to help staff identify any further training they required. Staff spoken with said they felt well supported by the registered manager and enjoyed working at Holmdale.

We recommend that a review of training records includes the training and development of all staff inclusive of their on-going training needs.

Is the service caring?

Our findings

People who lived at Holmdale looked comfortable and happy with the staff providing their support. We noted that staff were knowledgeable in regard to communicating and recognising how each person voiced their needs and choices. People being supported looked to their staff team for support and received it as soon as they made their needs known. Staff told us they were able to assist each person in making choices each day as they ensured they were always close by, sometimes providing one to one support to enable people to express their needs at any time. Staff showed very caring and sensitive skills in supporting each person. We observed really good practices from staff who were polite and respectful of people's privacy and maintained their dignity throughout our visits. Staff were clear regarding how important it was to get to know how each person communicated how they felt and how they expressed what they wanted. Nobody was rushed and staff were observed taking their time and encouraging a relaxed atmosphere throughout both days when we inspected the home.

Relatives/representatives were positive and told us:

"I love it, I think it's a lovely place, nothing I don't like" and "No problems, the staff are caring."

We received positive comments from a local advocate who told us:

"We were contacted by the manager of Holmdale in 2014 and asked to speak to the residents regarding their care plans. We visited the home on several occasions, read the care plan that had been written for each resident and then spoke with the residents and their key workers to ensure that the care plans reflected activities which were identified as important to the residents. This was the case for each resident; we found the staff knowledgeable about the resident's needs, wishes and feelings."

Relatives/representatives told us they were involved in developing their family member's support plan and what support they required from the home and how this was to be carried out. Relatives were positive about the care and support received from staff and offered various positive comments such as:

"We have regular reviews; we get regular timetables and always know what's planned and what's going on."

During our inspection we saw there was good communication and understanding between the members of staff and the people who were receiving care and support from them. The staff we met understood the meaning of person centred care and treated each person as an individual, respecting their home at all times. They described how they worked with people who used non-verbal ways to communication, some through their behaviours and mannerisms. They felt that taking the time to get to know each person helped them to better understand communications and requests from people being supported.

Support plans contained detailed records advising staff how to communicate with each person. The plans were individual to each person and described different signs to help staff to understand what each person was expressing to them. Staff told us the communication plans were called 'Communication passports' and that they were clear enough to help them to understand what the person was communicating to them.

The registered provider had developed their own tailored training on dignity called, 'DAVE' which had been provided for most of the staff at the service. This training had been developed to embed good practice within services to ensure staff were clear and up to date about how to respect and support people with good values in dignity with care. Some of the staff had been provided with this training however we noted training records had not been updated to include this training and some staff had not received it.

Is the service responsive?

Our findings

Relatives/representatives were happy with the activities that staff assisted them in accessing.

Relatives told us they had regular contact with the staff and the registered manager. Relatives felt there was good communication with the staff and there were opportunities for them to feedback about the service their family members received.

All of the support plans we looked at were well maintained and had appropriate information to show the assessed needs of each person. Support files contained relevant information regarding each person supported such as: risk assessments; communication passports; living skills; social support; behavioural plans; nutritional needs and information passports with medical information about each person. The plans were reviewed regularly by senior staff so all staff knew what changes if any had been made. Staff used recognised tools for people at risk of: pressure ulcers developing, risk of falls and their nutritional status. Assessment tools were completed on a regular basis by staff to help provide the most appropriate updated guidance and care for each person.

We saw each person had a key worker. Staff told us their keyworker role was to spend time with people, help with shopping and anything important to the people they supported and help them to keep in touch with families. Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service.

We observed people being supported in various ways as was reflected in their care plans. Each person had an individualised plan of support including what people liked to do socially and what they didn't like. Staff supported each person to engage in a variety of activities within the local community.

For example, activities included aromatherapy; planning holidays and trips to shows; the pub; going out for meals; shopping; some people liked using the quiet room; in-house activities such as crafts; music; listening to the television and relaxation. Activities were personalised for each individual and staff were able to provide individual support due to the one to one staffing provided for trips out and the availability of a minibus for people to use. Staff said that when they had four staff on duty they accessed a lot of activities outside the home. Staff had developed an activities time table for one person using various pictures to help describe what event they had planned for each day.

Relatives/representatives had no complaints or concerns. Relatives we spoke with during the inspection told us they did not have any concerns. One relative told us:

"No problems" and "We've not received or made any complaints."

The home had a complaints policy describing how complaints would be managed to ensure that complaints would be addressed within the timescales given in the policy. The home had no recorded complaints.

Is the service well-led?

Our findings

Relatives/representatives were positive in regard to how the home was managed. They felt comfortable ringing the registered manager, the office or speaking to support staff as they felt the staff were friendly and approachable.

Relatives offered various positive comments such as:

“There’s nothing we don’t like” and “It’s a well run and a lovely place.”

The home had a manager who was registered with the Care Quality Commission. The registered manager demonstrated that they had a ‘hands on’ approach to supporting both the people who lived in Holmdale and their staff team. During the inspection we saw the registered manager was active in the day to day running of the home. From our conversations with the registered manager it was clear they knew the needs of the people who lived at the home. Staff were led by a registered manager who provided good standards of care for staff to follow.

All of the staff told us they felt supported and enjoyed their work. They were very positive about the management style of the registered manager. They told us they had no hesitation in approaching them to discuss any issues or suggestions. One staff member told us:

“The manager is very approachable”; “I am very happy here” and “It’s one of the best places I have worked in, I am really pleased I came to work here.”

They told us they felt well supported and they had regular supervisions and team meetings where they had the opportunity to discuss the needs of the people they supported. They all said they could raise any issues and discuss them openly within the staff team and within their team meetings. The minutes showed that staff were kept up to date with the management of the home and had the opportunity to raise any issues.

The registered manager and registered provider carried out a large variety of audits and recorded checks throughout the home to help them monitor the quality of the service, which we reviewed during our visit. Audits covered:

hospital admissions; pressure ulcers; accidents and incidents; risk assessments; medication audits; health and safety checks including weekly environmental checks and external contractor checks and updated certificates of maintenance; in house fire checks; hygiene audits and care file audits.

The home had a large collection of policies and procedures accessible to all staff via the homes computer. They were regularly kept updated and accessible to all staff to ensure appropriate standards were expected from all staff working at the home.

The registered manager and area manager undertook a combination of announced and unannounced spot checks to review the quality of the service provided. The quality checks and processes in place helped the registered manager and registered provider to develop the home and to offer good standards of care and to ensure actions were taken to strive for improvements. The registered provider and registered manager evaluated these audits and created action plans for improvement.

We looked at a sample of notifications that the home had submitted to the Care Quality Commission since registration. A notification is information about important events which the service is required to send us by law in a timely way. This is to ensure that CQC were aware of any incidents that had taken place and what action the home had taken to address them. These records showed that the registered manager was knowledgeable of these requirements and was

transparent in ensuring the Care Quality Commission was kept up to date with any notifiable events including ‘safeguarding notifications.’

Periodic monitoring of the standard of care provided to people funded via the local authority is also undertaken by Halton Borough council’s contract monitoring team. This is an external monitoring process to ensure the service meets its contractual obligations to the council. The report for the last visit showed Improvements noted in the management of the service and that the provider was receptive to their recommendations.