Sue Ryder

Sue Ryder - Holme Hall

Inspection report

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Ratings

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

Overall summary

The inspection took place on 21 November 2014 and was unannounced.

The last inspection was 4 December 2013 and the service met the areas reviewed at that time.

Sue Ryder - Holme Hall is registered to provide care and support including nursing care to up to 40 people over the age of 18 years old with a range of neurological conditions including Brain Injury, Multiple Sclerosis, Huntington's Disease, Cerebral Palsy, Stroke and Parkinson's Disease. The service is located in Holme on Spalding Moor in the East Riding of Yorkshire.

There was not a registered manager in post as the manager was newly appointed and had yet to complete their registration with CQC. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which apply to care homes. DoLS are part of the Mental Capacity Act (MCA 2005) legislation which is in place for people who are unable to make

Summary of findings

decisions for themselves. The legislation is designed to make sure any decisions are made in the person's best interest. Assessments had been introduced to assist with this.

Staff had received training and systems were in place to support people with any allegations of harm. Additionally people were supported to take risks in their lives.

People were supported by staff who had been recruited through a series of checks. This helped to make sure they were suitable to support vulnerable people.

There were systems in the home to support people with receiving their medication safely.

People were supported by staff who had received training to help meet people's needs. However not all staff had adequate support in their role. Consequently staff were not well supported when helping people to have their needs met.

People were supported to have their dietary needs met and this included a choice of meals and good support from staff. Additionally they received support with the meeting of their health needs both from local GPs and other health professionals.

People were supported by caring staff who were polite and sensitive. Staff respected people's privacy and dignity. People's relatives were involved in their lives and could freely visit them.

People were supported by staff who knew their needs and supported them with leisure activities. People's needs were recorded in care plans although minor improvements were required with this paperwork to help make sure people's latest needs were met.

People were able to raise concerns and these were responded to by the home.

People were consulted about life in the home and their responses were used by management to help improve the home. There was a quality assurance system in the home which included audits of different areas to help make sure people's needs were met. However the records for the review of incidents required improvement.

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 was safe.

People were supported with risks and any allegations of harm. Staff were well recruited in adequate numbers.

People received the correct support with medication.

Good

Is the service effective?
The service was not always effective.

Staff were trained but not always supported effectively by management with the meeting of people's needs.

On the whole people received good support with their health and dietary needs.

Requires Improvement

Is the service caring?
The service was caring.

People received support from caring staff who respected their privacy.

People made choices about their life and their relatives were able to be involved.

Good

Is the service responsive?
The service was not always responsive.

People were supported by staff who knew their needs. People were supported to undertake activities of their choice and to raise a concern.

Care plans required minor improvement to make sure they held up to date information and people's latest needs were fully known.

Good

Is the service well-led?
The service was not always well led.

People felt there was a good culture in the home. People who lived in the home were consulted and involved in the home.

There was a quality assurance system in the home to help make sure people's needs were met. Identified improvements following an incident or accident were not clearly recorded.

Requires Improvement

Sue Ryder - Holme Hall

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 21 November 2014 and was unannounced.

The inspection team comprised on one inspector, a professional advisor and an expert by experience. The professional advisor was a specialist in neurological conditions. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their particular expertise was in neurological conditions.

As part of this inspection we spoke with commissioners of services and reviewed information we held about the service. This included a review of any notifications they had sent to us about incidents in the home. The service also completed a provider information return (PIR) which gave us additional information about the home. The Provider Information Return (PIR) is a form which asks the provider to give some key information about its service, how it is meeting the five questions, and what improvements they plan to make.

We spent time talking with six people who used the service and four visitors. We also spoke with the manager, three care staff, consulted two professional visitors to the home, and reviewed people's personal files along with records and documents in relation to the management of the home. This included a review of three people's care files and three staff files.

Good

Is the service safe?

Our findings

Two people told us they felt safe living in the home, whilst one person said "I've not seen anyone treated badly."

There was information in the home to support staff with the handling of any allegations of harm. This included a policy for the safeguarding of vulnerable adults (SOVA). The complaints policy also held details in relation to allegations of poor care; it did not include details of how to refer this to the appropriate authority. The provider confirmed this detail was recorded in the safeguarding policy. Staff told us and training records confirmed they had completed SOVA training also that they would report any concerns. This meant there were staff in place that were aware of and trained on how to support people should an allegation of harm be raised.

There was evidence in people's care plans that they were supported with risks. Risks were identified and managed for example, people's risk with mobility and falls and catheter management. This provided information to staff so that they were aware of and could support people to manage risks and remain safe. One professional, felt the service was safe but that it could improve the systems for supporting people with their mental health or behaviour.

Staff files included recruitment documents which evidenced there was a recruitment process in place. The process included an application form which described the person's skills, qualifications and experience. There was proof of the person's identity and references, again to verify their skills and experience. Disclosure and Barring service (DBS) checks were undertaken on staff. These checks recorded if the person held a criminal conviction that would prevent them from working with vulnerable people. One member of staff confirmed to us the recruitment process they had followed. This included completing an application form, attending for an interview and providing references. This meant staff were recruited through a process of checks to help make sure they had the appropriate skills and qualifications to work with vulnerable people.

As nurses are required to register to practice, managers checked this when a nurse first started to work in the home and again each year. This helped to make sure that the nurses in the home were legally allowed to care for people. A senior manager also told us that the company's insurance covered the nurses for their indemnity insurance for professional practice.

We saw there were duty rotas in place. These identified there were nurses and care staff on duty 24 hours a day. There were two nurses and seven staff on duty on the morning of the inspection with this changing to five care staff in the afternoon. This meant there were more staff on duty to respond to people's needs at busier times of the day.

A member of staff told us they felt there could be more staff as when the home was full they could not spend as much time with people as they would have liked. A relative told us they felt "There were always enough staff" and a visiting professional told us they felt there were enough staff although they may like the provider to consider having more nurses in the home. We observed staff were busy throughout the visit and at times we noted there was a lack of staff support.

There was a comprehensive medication policy available within the home. This provided staff with information for the safe receipt, storage and administration of different medications. It also included information on staff training and what to do if a medication error occurred. This helped to make sure that staff were aware of the correct methods to handle medication safely and meet people's needs.

People had individual medication administration records (MAR) charts which recorded their current medication and when this was received. When it was necessary for handwritten entries these were countersigned by a second person to help reduce the risk of errors occurring. There was not a list of staff signatures with the MAR charts and the provider informed us these were kept with individual care plans.

Information was recorded about the individual which included a photograph, their diagnosis and any allergies. This helped to make sure medication was given to the correct person.

We saw medication was stored securely and systems were in place for the safe disposal of medicines no longer required. This included obtaining a signature from the pharmacist to confirm their return. All medication for disposal, including liquids were stored in one container.

Good

Is the service safe?

The home did not have a system for checking stock levels of medication. This meant there was no check or audit of the levels of medication that may identify any shortfalls or excess of medication.

There was a separate fridge for the safe storage of medication required to be kept cool. Records were kept of the checks of the temperature to make sure the fridge was working correctly. These checks helped to make sure that any concerns with the temperatures were quickly identified and rectified so medication was not compromised.

We looked at medicines described as 'controlled drugs' or CD. We found there were also systems in place for the safe storage and recording of these.

When necessary additional health information was kept with people's medication records. This would assist staff when they needed to review medication or offer any additional medication due to a health condition.

Requires Improvement

Is the service effective?

Our findings

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS are part of the MCA (Mental Capacity Act 2005) legislation which is in place for people who are unable to make decisions for themselves. The legislation is designed to ensure that any decisions are made in people's best interests.

The manager told us that no-one who lived in the home had been subject to an MCA assessment as to their ability to make decisions. However, the service had completed a test which helped them decide if there were any indications that someone may be deprived of their liberty and if additional assessments were required. This was called an 'acid' test and had shown a need for further assessment of some of the people in the home. We found that staff had not always understood these tools correctly and we discussed this with the nurse on duty at the time of the visit. This had the potential for the incorrect assessment of people. **We recommend** the provider reviews the assessments in the home.

There was also evidence that the MCA was not fully understood in relation to adults who have capacity. Or those who could achieve capacity if they had effective support to do so e.g. a person who had full mental capacity also had an 'Assessment of capacity in relation to Personal Finance, Mail, and Voting. One member of staff told us they had completed MCA training. Two members of staff had not completed this. The lack of training and inconsistencies in practice did not make sure that people's needs were fully protected and met.

One staff member told us how they had completed an induction when they first started to work in the home. This would help the staff member to familiarise themselves with the home and the needs of the people living in the home.

Staff files included details of the training they had undertaken. This included moving and handling, catheter care, monitoring blood oxygen and first aid training. The staff training matrix identified that the majority of staff had completed training in a variety of courses. Staff also confirmed this training; one staff member told us how they were provided with sufficient training for their role. This meant the staff team had been provided with training to equip them with skills to meet people's needs.

One staff member told us how they attended supervision formally once a year but had informal supervision regularly with their line manager, another member of staff said they had received supervision. However, a third member of staff told us they had not received supervision in the last year. This meant not all staff received the same level of support when assessing their skills and needs. Not getting the right support had the potential to impact staffs ability when supporting people with the meeting of their needs.

People living in the home told us "I am never hungry as I always ask for something if I'm hungry or thirsty", "Yes I like the meals", "I always tell the staff the food is rubbish but it's not really – I suppose they have to cater for everyone here".

One person told us they felt able to make choices from the menu and "I am really looking forward to lunch today as it's fish and chips" and "The food is improving; now the kitchen staff come around and ask you what you want, you used to get what you were given."

People's nutritional risks were assessed and this information was held in their care files. When necessary people received support from the dietician. Their weight was reviewed regularly to help make sure any changes were noted and acted upon to make sure their needs were met.

Staff told us about people's specialist diets. This included people who required a vegetarian diet or a diet for people who suffered with diabetes. The home was able to cater for a variety of dietary needs. Although we observed one person did not receive their main meal on time and a carer brought them their pudding before their main meal. When the carer became aware of this they responded appropriately.

We saw there was a menu in place in the home and in addition there was a menu for snacks. People had choices of a range of snacks which also included cheese or ice lollies. People who came to stay for respite (short stays) received a menu through the post for the week(s) they were staying so they could advise of any preferences before arrival. We were told "I get the menu through the post with a 'lovey dovey' note from staff".

We observed the lunch time meal and saw this was a quiet and relaxed experience for people. People were given the appropriate support with the eating of their meal. This included for example, any specialist cutlery so they could remain independent with the eating of their meal.

Requires Improvement

Is the service effective?

People's records included referrals to other specialists for example, a speech and language therapist and dentist. Additionally there were records of hospital appointments. However one of the people living in the home said "The home could use a physiotherapist, I only get acute physio if my chest is bad". Another person who lived in the home told us "There are good GP's here they come every week. " A member of staff told us how the GP visited every Wednesday to review people's needs which included their medication. One professional told us they felt "The service is effective in the management of people's physical health and its complications."

Peoples care plans included printed articles which provided information on specific health conditions. Care plans were regularly reviewed although there was no specific information to record if the printed articles had been reviewed to ensure this information remained up to date.

People's files also included 'Hospital Passports'. These documents are used to convey essential information to other agencies, for example, hospitals. They would be used should someone be admitted there from the home and would assist the hospital staff in quickly knowing the person's needs.

One of the staff confirmed to us that daily checks of equipment to support people with medical emergencies were undertaken. These would help to ensure this equipment was in working order should it be required. We also noted that hoists had been recently checked and there was a record for when they were scheduled to be re-checked. This meant that there were systems in place to help make sure suitable equipment was available to support people.

One person had arrived at the home earlier than expected. They had been shown to their room but then left there. Staff had become busy with other tasks but had not ensured the person's needs were fully met before leaving. This person had required support with their health needs and this had not been undertaken. However, once staff were made aware of this they responded quickly and appropriately to the person.

Good

Is the service caring?

Our findings

A relative told us “The staff are very welcoming....she has a good relationship with the staff” (speaking about their relative) and “My relative is cared for safely, when they transferred them from chair to bed they were so gentle they were still asleep during the transfer”, “ I needed attention after a fall on arriving and the staff here care for us both I was well looked after too” and “I can sometimes be over anxious about my relative but can literally go to anyone here and despite me ‘wittering’ on they will always give me time, they do take care of both of us.”

One of the people living in the home said “Yes the staff are kind, they are kind to me and to the others.”

A professional told us “The staff there are very, very caring.” And in relation to one person said “I have never known anyone so well cared for.” They also told us how staff were caring during therapy sessions and “Held the persons hand.” Another professional said “The service is caring and often takes a holistic approach to patient care.”

Several interactions were observed where the staff supported people in a kind and caring manner. We heard staff chatting with people and they were relaxed, friendly and supportive.

One of the senior staff told us the reason for the service being outstanding. They said “We have a heart and we are flexible. Our activities department creates a reason to live. Something to get up for in a morning.”

A senior member of staff told us about the Pets as Therapy (PAT) dog service which visited. A ‘PAT’ dog is a therapeutic service sometimes used within care settings. Dogs visit the service and spend time with people. Additionally people were allowed to bring their own pets into the home. This meant people did not have to give up their pets when moving into the home and relationships could be maintained.

People told us how they made choices each day. They said “No one tells you what to do there’s no pressure, if you want to stay in your bed or room all day then you can,” “If I want to join in then I can and I can even bring my own pet if I want to,” “It’s like a hotel I don’t have to wait for anything they order my medication, collect it and I just have to swallow it”. Another person said “If I want to go there (to the home) I will get there, there is no 9am to 5pm for these people” and “I haven’t seen my care plan” because “I’m not interested in seeing it”. “My care plan is tailor made to my needs and I am able to discuss this with staff.”

Additionally relatives told us how they were consulted they said “We are always consulted on relatives care and kept informed whatever time of day or night. We have received phone calls, one at 3am to say our relative was going into hospital”.

People living in the home told us their privacy was respected they said “People always knock before entering my room and they take time to listen to me” and another that ”I always gets mail unopened and can use a lounge for private conversations with visitors or phone calls.” Staff told us they helped people maintain their privacy by always closing doors and covering people up when completing personal care. They said they respected people’s dignity by allowing them to maintain their independence.

We saw there was a policy held in the home for privacy and dignity which provided information for staff on maintaining privacy for people. We observed there were lists of when people required a bath on the office wall. **We recommend** the provider considers how they store this type of information in order to protect people's privacy.

Good

Is the service responsive?

Our findings

A visitor thought that their relative was well looked after in the home and said that “I’ve been bringing her here for a number of years now and would recommend it to others". Visitors also told us how they had “Had training to do feeding tubes and I am allowed to do things for my relative wherever possible and when I’ve had training”, “We didn’t want to come into a home, but we can do things here that we couldn’t at home with support from staff ” and “My relative enjoys a whole body massage arranged by staff and this is so good for them they enjoy sensory activities and you can see them relax.”

A professional told us how staff supported them when they initially assessed a person’s needs. They told us the staff were aware of the person’s needs and in particular their methods of communication. Although another professional felt the staff in the service needed to improve how it responded to people’s mental health needs.

People living in the home “I haven’t seen a care plan” because “I’m not interested in seeing it” and my care plan is tailored to my needs and I am able to discuss this with staff.”

Although staff told us they were aware of people’s needs as they read people’s care plans. As people arrived at the home they would take time to look at these and get to know the needs of the person. They were able to describe people’s needs including their personal preferences.

People had individual care plans which included details of their needs. This included risk assessments, assessments of need for example, nutrition and details of their health condition. The care plans also contained information for people with neurological conditions.

Additionally there were some blank sheets in the care plans (e.g. Review records) and it was not clear if they should have been completed or not. This meant there was the potential for important information to be missed. **We recommend that the provider** considers the latest guidance on record keeping.

A visiting relative said ‘I’m invited to write a report after two weeks, but there’s never anything major, the odd blister sometimes’, and also ‘I will talk over any problems, on arrival, with a senior member of staff.'

Some of the people who lived in the home told us they didn’t like the activities and felt they were “childish”. However, they also said they enjoyed IT and were waiting for a new person to start so they could do this. People also told us that activities were not set in stone and “Everyone is included whether they can communicate or not”. One person who could not leave their room told us they were supported by “A youngster who organises a quiz to keep me occupied”.

There was an activity person employed in the home. We saw there were planned activities which included movement to music, reminiscent time, board games and relaxation. A staff member told us that the activities person only worked during the week. They felt that activities should happen throughout the week, including weekends.

We saw activities in the afternoon which were centred around a white board, TV programmes/Toys. We also observed a cookery session. One person was, due to physical needs, given additional support to undertake this. They fedback they were very pleased with this support saying that the staff member had become their arms. We were told how some people living in the home had been supported to see a stage show the previous night. This had been able to happen as staff had volunteered to change shifts. Feedback from the trip had been positive.

We were also advised of plans to engage the local community further for example, engaging the local Rotary club. This would help people with the developing and maintaining of relationships

People’s families could be involved in people’s lives. People living in the home said “My family are local and visit most weekends” and another said “‘My family visit every weekend, and they’re taking me out shopping this weekend”.

A relative said “We furnished and arranged decoration of this room and it’s just how my relative likes it now." We saw that people’s bedrooms were individual and personalised. A senior member of staff told us how they were decorated according to the person’s taste and choices.

We saw there was a complaints procedure held within the home. This included an easy read version to make this information more accessible to people. We noted this also included details on how to complain. The manager confirmed that they had received ten complaints in the last year and these had all been satisfactorily resolved. We

Good

Is the service responsive?

reviewed one complaint which had been investigated by managers. This had included staff interviews and included recommendations and conclusions. This reflected a comprehensive approach to concerns. However, other concern responses did not hold as much information. This meant there was the potential that learning from these incidents may not occur.

Requires Improvement

Is the service well-led?

Our findings

There was not a registered manager in post in the home. However, a manager had commenced working in the home and they told us about their plans to register with CQC. People living in the home said, "We have a new manager and I've been invited to go to meetings in his office, I am looking forward to working as part of the team, if we always work as a team then everything works well." Another person living in the home said "I'm very vocal, and will talk to the management, who do listen'"

One member of staff told us the culture had improved "A lot" and another that "This is the first place I like to work". They said the manager was approachable and they felt listened. However, they also said they would like more time to talk with senior staff.

People who lived in the home told us how they were part of the service user groups for the whole provider and attended meetings around the country to participate in this. A manager told us there were also three monthly quality assurance meetings which relatives were also invited to attend.

People were provided with information and consulted about life in the home through regular meetings. People had also completed surveys regarding their care and support. The notes from the outcome of these were kept which included comments and required actions for improvement. A senior member of staff told us how this information was used at the management team meetings and people were given feedback. This meant people were consulted about their home and their opinions were valued and used to develop the home.

We also saw that one of the managers had a system in place to help make sure all staff were aware of relevant information. We saw this information included staff policies for example, annual leave. Staff signed to confirm when they had read these. There was a staff meeting held every six weeks and a manager told us they tried to hold this every two weeks. Although one member of staff felt they were not consulted enough in the home.

There was a quality assurance audit system in place in the home. This included a programme of audit for the coming year, which included medication, catheter care and falls. We also saw some of the maintenance checks in the home. This included that the temperatures of hot water was checked regularly, there were monthly checks of fire doors and alarms, two monthly checks of lights and six monthly checks of thermostats. Additionally the checks within the home were supported by an audit from the main office of the provider. The manager described this audit as a "Deep dive". These audits and checks helped to make sure the home continued to meet people's needs.

The home used a computerised system for recording of incidents in the home. Again we were told this information was used in quality groups and assisted with the development of the home. We saw that for some incidents there were no records to show the identified actions had been completed. The manager told us the actions had been completed but the paperwork had yet to be updated.

One of the senior staff told us about the service development plans. This included linking with other providers to help make sure people's care needs were met. Additionally they were developing ways of involving their local community more with the service. There were also plans to recruit additional members of their care team, increasing their multi-disciplinary profile e.g. physiotherapy, occupational therapy, speech & language, volunteer co-ordinator. This meant there would be more specialised staff which people could have easy access to.

We were also shown the outcome of a complaint investigation which included recommendations and changes to the service or 'lessons learnt' from this.