

Connor Associates Limited

Holywell Home

Inspection report

17 West End Road
Morecambe
Lancashire
LA4 4DJ

Date of inspection visit:
16 February 2017

Date of publication:
21 March 2017

Ratings

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

Summary of findings

Overall summary

The inspection visit at Holywell Home was undertaken on the 16 February 2017 and was announced. We informed the provider 24 hours before our visit we would be coming. This was because the home was small and we wanted to ensure people were available to talk with.

Holywell care home provides accommodation, nursing or personal care for up to six adults with a learning disability. There were five people living at Holywell Home at the time of our inspection.

The home is situated at the West End of Morecambe, close to the promenade and within easy access to local amenities. There is one communal lounge and a combined kitchen and dining room on the lower ground floor. There is no lift therefore the home is not suitable for people who cannot manage stairs.

The registered manager was not present during our inspection visit. We spoke with the registered manager the following day. A registered manager is a person who has registered with the Care Quality Commission to manage the home. 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 home is run.

At the last comprehensive inspection on 08 April 2016, we found the provider was not meeting the requirements of the regulations in respect of safeguarding people from abuse and improper treatment, need for consent, staffing, good governance and the notification of incidents. We carried out a focused inspection to check improvements had been made. At the focused inspection on 29 July 2016, we found the provider was meeting the requirements of the regulations that were inspected. We did not improve the ratings because to do so requires consistent good practice over time.

During this inspection in February 2017, we found staffing levels ensured people were safe. There was an appropriate skill mix of staff to ensure the needs of people who lived at the home were met.

Staff received training related to their role and were knowledgeable about their responsibilities. They had the skills, knowledge and experience required to support people with their care and support needs.

Staff had received safeguarding from abuse training and understood their responsibilities to report any unsafe care or abusive practices related to the safeguarding of vulnerable adults. Staff we spoke with told us they were aware of the safeguarding procedure.

The provider had ensured risks to individuals had been assessed and measures put in place to minimise such risks. A plan was in place in case of emergencies which included detail about how each person should be supported in the event of an evacuation.

The provider had recruitment and selection procedures to minimise the risk of unsuitable employees working with vulnerable people. Checks had been completed prior to any staff commencing work at

Holywell Home. This was confirmed from discussions with staff.

Staff responsible for administering medicines were trained to ensure they were competent and had the required skills. There were appropriate arrangements for storing medicines safely.

People and their representatives told us they were involved in their care and had discussed and consented to their care. We found staff had an understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People who were able to speak with us told us they were happy with the meals available to them. We saw regular snacks and drinks were available between meals to ensure people received adequate nutrition and hydration.

We found people had access to healthcare professionals and their healthcare needs were met. We saw the management team had liaised with healthcare providers and responded promptly when people had experienced health problems.

A complaints procedure was available and people we spoke with said they knew how to complain. People and staff spoken with felt the management team were accessible, supportive and approachable.

Comments we received demonstrated people were satisfied with their care. The management and staff were clear about their roles and responsibilities. They were committed to providing a good standard of care and support to people who lived at the home.

Care plans identified the care and support people required. We found they were informative about care people had received. They had been kept under review and updated when necessary to reflect people's changing needs.

People told us they were happy with the activities organised at Holywell Home. The activities were arranged for individuals and for groups.

The provider had regularly completed a range of audits to maintain people's safety and welfare.

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 had been trained in safeguarding and were knowledgeable about abuse and the ways to recognise and report it.

Risks to people were managed by staff, who were aware of the assessments to reduce potential harm to people.

There were enough staff available to meet people's needs safely. Recruitment procedures the service had were safe.

Medicines were administered and stored in a safe manner.

Is the service effective?

Good ●

The service was effective.

Staff had the appropriate training to meet people's needs.

There were regular meetings between individual staff and the management team to review their role and responsibilities.

The registered manager was aware of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguard (DoLS). They had knowledge of the process to follow.

People were protected against the risks of dehydration and malnutrition.

Is the service caring?

Good ●

The service was caring.

People told us they liked the staff and they were kind. Relatives spoke positively about the care at Holywell Home

Staff had developed positive caring relationships and spoke about those they cared for in a warm, compassionate manner.

People were involved in making decisions about their care and the support they received.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care that was responsive to their needs, likes and dislikes.

The provider supported people to participate in activities to stimulate and maintain people's social health.

People and their relatives told us they knew how to make a complaint. People felt confident the registered manager would deal with any issues raised.

Is the service well-led?

Good ●

The service was well led.

The registered manager had clear lines of responsibility and accountability.

The management team had a visible presence throughout the home. People and staff felt the management team were supportive and approachable.

The management team had oversight of and acted to maintain the quality of the service provided.

The provider had worked in partnership with outside agencies to deliver quality care.

Holywell Home

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.

The inspection team consisted of an adult social care inspector.

Prior to this inspection, we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are submitted to the Care Quality Commission and tell us about important events the provider is required to send us. We spoke with the local authority to gain their feedback about the care people received. This helped us to gain a balanced overview of what people experienced accessing the service.

Not everyone shared their experiences of life at the home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We observed how staff interacted with people who lived at the home and how people were supported during mealtimes, tasks and activities.

We spoke with a range of people about Holywell Home. They included three people who lived at the home and four relatives. We spoke with the registered manager, two members of the management team and three staff. We spoke with two local authority professionals, one by telephone and one who visited on the day of the inspection.

We had a look round the home to make sure it was a safe and comfortable environment and observed how staff helped and communicated with people who lived there. We checked four care documents and four medicines records in relation to people who lived at Holywell Home. We looked at four staff files and reviewed records about staff training and support.

We looked at documentation related to the management and safety of the home. This included health and safety certification, staff rotas, team meeting minutes and findings from monthly audits.

Is the service safe?

Our findings

People we spoke with told us they felt safe living at the home and those who could, told us staff had always been kind to them. Relatives and a local authority professional who visited told us they had no concerns about people's safety. They told us they had not witnessed anything that worried them in terms of how staff treated people. Our own observations supported what people had told us. We did not observe any concerns about people's safety based on how they were treated and supported by staff.

There were procedures at the home to enable staff to raise an alert to minimise the potential risk of abuse or unsafe care. Staff demonstrated a good understanding of safeguarding people from abuse, how to raise an alert and to whom. Documentation we looked at showed staff had received training on the subject. Staff told us, should they suspect or witness abuse or unsafe care, they would inform the registered manager, police or the Care Quality Commission (CQC).

We observed staff going about their duties. We saw the deployment of staff throughout the day was organised. One person who lived at the home had one to one support from 9am to 5pm seven days a week. We saw there was a team of back up staff (that the person approved of) available to support the person should the one to one staff member be unavailable. This showed they had a system to minimise risk and keep the person safe from avoidable harm.

Rotas we looked at showed another person had one to one support each morning to support them with their personal care and manage their ongoing health condition. We spoke with a member of the management team about staffing. They told us care staff had clear roles to keep people safe.

The provider had introduced procedures to maintain the safety of two people who lived at Holywell Home. All exit doors to the building had to be locked; they left the home with supervision. A new member of staff confirmed the safety measures had been emphasised during their induction.

To keep people safe, the provider had introduced procedures to protect one person from avoidable harm. We saw guidelines that clearly showed care staff how to support the person and minimise risk. The procedures emphasised the importance of following the guidelines. However, during our observations, we noted the staff member identified to provide one to one support did not follow these guidelines. We asked the staff member to clarify their role and if they were aware of the guidelines. They confirmed they were aware of the guidelines but had made an independent decision not to follow them at this time. We spoke with a member of the management team regarding the support delivered. They immediately informed the staff member to recommence supporting the person as identified in their care plan. We spoke with the registered manager the following day who told us they had started a disciplinary investigation into the incident. We later saw minutes of an information gathering meeting between the provider and staff member. This showed that risks associated with people's care were identified and the provider had procedures to prevent avoidable harm. It also showed the provider had systems to deal with unsuitable support and keep people safe.

A recruitment process ensured staff recruited had the relevant skills to support people who used the service. We found the provider had followed safe practices in relation to the recruitment of new staff. We looked at four staff files and noted they contained relevant information. This included a Disclosure and Barring Service (DBS) check and appropriate references to minimise the risks to people of the unsafe recruitment of potential employees. The DBS check helps employers make safer recruitment decisions and prevents unsuitable people from working with vulnerable people.

During the inspection, we did not observe staff administer medicines. However, we did look at the protocols for the administration and storage of medicines. Medicines were locked in a secured cabinet. We noted the cabinet was securely tethered to the wall. We saw information related to the medicine prescribed and the reason it had been prescribed. Forms were clear, comprehensive and fully completed. We looked at Medicine Administration Record (MAR) forms for four people. We did this to see if documentation was correctly completed and best practice procedures were followed. This showed there was a system that ensured people had received their medication as prescribed.

During the inspection, we had a walk around the home; we found it was clean and tidy. We observed staff took appropriate infection prevention measures, for example, wearing gloves when necessary.

We checked the rooms for window restrictors and found they had operational restrictors fitted. Window restrictors are fitted to limit window openings in order to protect people who could be vulnerable from falling. Records were available confirming gas appliances and electrical facilities complied with statutory requirements and were safe for use.

Is the service effective?

Our findings

People told us they were happy living at the home and they were supported well by staff. One person was very vocal on how much they liked the staff and one staff member in particular. When asked they told us, "I like living here a lot, the staff are good." Another person answered "Yes" when we asked them if staff looked after them. One person's relative told us, "[Relative] is happy at the home, and they know how to look after her." A second relative told us, "Staff are on the ball. They understand [relative]."

We spoke with staff members and looked at the training records. One staff member said, "I have learnt a lot since I came here." A second staff member commented, "I did a lot of shadowing (staff) before working alone." They also told us the registered manager assessed them before working independently. We spoke with the registered manager about this. They told us if they do not believe staff had understood the training and were competent, they sent them back to complete training a second time.

Staff told us the training they received was provided at a good level and relevant to the work undertaken. One staff member told us about the ongoing training provided, "The training is good and very helpful." The senior support worker told us along with the deputy manager they had recently attended communication training at the local hospice. They told us, "We enjoyed it. It showed us how to communicate, how to approach certain subjects to get the information across." This showed staff had support to gain the knowledge and skills to carry out their role effectively.

Staff we spoke with told us they had regular supervision meetings. Supervision was a one-to-one support meeting between individual staff and a member of the management team to review their training needs, role and responsibilities. Regarding supervision a staff member said, "I have supervision every month we discuss the best ways to support people." Staff files we looked at held records that indicated people received supervision regularly. This showed the provider had a framework to support and guide staff.

Staff had a very good knowledge of people's needs and how to support them. Throughout our inspection, we observed staff had the appropriate skills and knowledge to deliver effective care. For example, we observed one person became agitated. A staff member effectively engaged with the person, discussed and calmed the situation. Later in the day, we discussed the incident with the staff member. They described the nature of the person's needs and gave a summary of background information about how they supported them in a variety of circumstances and the reason they were upset. The information that staff relayed to us about people's needs and abilities matched information we read within their care plans and risk assessments.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interest and legally authorised under the MCA 2005. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the home was working within the principles of the MCA 2005.

We looked at care records and found the provider routinely assessed people's capacity. We saw restrictions were in place for two people who lived at the home. We observed staff offered choice to people and checked for their agreement before taking any action. The management team were aware of the need to support people within the principles of the MCA 2005 and had liaised with people and their relatives when submitting applications to deprive people of their liberty. A member of the management team told us on the advice after a local authority audit they were in the process of updating people's MCA information.

The MCA 2005 states that once a standard authorisation under DoLS has been approved the supervisory body must appoint a relevant person's representative (RPR) to represent the person who has been deprived of their liberty. The role of the RPR is to maintain contact with the relevant person, and to represent and support the relevant person in all matters related to the deprivation of liberty safeguards. Including, if appropriate, triggering a review, using an organisation's complaints procedure on the person's behalf or making an application to the Court of Protection.

On the day of our inspection one person's RPR also visited Holywell Home. They told us the provider was working in accordance with the safeguards identified within the DoLS. They also stated the court of protection had been involved with one person from the home and decided at this time it was in their best interest to remain living at Holywell Home.

We discussed the quality of meals with people who lived at the home. On being asked if the food was good one person told us, "Yes it's good." A second person told us staff prepared the meals but they made the drinks. We saw throughout our inspection visit, people had access to the kitchen for drinks and snacks. They made drinks for themselves staff and guests. The kitchen / dining room had two tables. The registered manager told us one person liked to sit away from everyone else if they were eating in the kitchen. There was a weekly menu and food was ordered on a weekly basis. We were told the meals were not fixed and people could inform staff if they wanted something different. People we spoke with confirmed they could choose alternate meals We were told breakfast was staggered and prepared as people got up. After lunchtime one person came and shared with us, they had enjoyed their lunch.

People told us they sometimes chose to go into town independently and have a drink or lunch in a café. One person told us they visited a relative for meals and sometimes the relative visited them for a meal. They told us they enjoyed having a meal with their relative. Staff provided support for one person with their meals whilst guidelines for another person stated 'I use a straw when I drink.' One person had recently lost weight and staff had supported them to their GP to see if there was any underlying reason for this weight loss. Everyone who lived at Holywell Home had their weight recorded monthly as a tool to monitor good health. We saw daily notes documented what each person had eaten that day. This showed the provider had systems to make sure people were guided to eat and drink sufficient to meet their needs.

People's healthcare needs were carefully monitored and discussed with the person and their relatives as part of the care planning process. Relatives we spoke with confirmed they were invited to attend appointments or were informed about appointments taking place and outcome. Care records seen confirmed visits from GPs and other healthcare professionals such as the learning disability team, district nurse, diabetic nurse psychologists and psychiatrists. This confirmed good communication protocols were in place for people to receive effective support with their healthcare needs.

Is the service caring?

Our findings

Our observations of the care that staff delivered and how they supported people showed staff and people enjoyed positive and caring relationships. One person told us, "I like living here a lot, helping the staff and seeing my friends." One relative said, "It would upset [family member] if she had to live somewhere else." About their family member a second relative commented, "They couldn't get any better care than here." There was a calm atmosphere within the home and people were happy and content in the presence of staff.

One relative said about the staff, "They are very understanding and caring." A second relative commented, "They have got very caring staff that are more like friends." A member of staff commented, "I enjoy my job. We laugh and joke together. We turn the bad to happy, we are like a family."

Each person who lived at Holywell Home had a keyworker who was a member of staff. This staff member was linked to a person living at the home. Their role was to oversee the care that was provided and to meet regularly with the person to gain their views on the support delivered. People knew who their keyworker was and they could go to them and express their opinions. We saw records of keyworker meetings that allowed people with capacity to be involved in their own care planning. For example, we saw information related to health choice and control being discussed. One person had called a meeting to state they did not like the staff member who supported them. We saw, after discussion, the staff member was replaced. The rotas we reviewed supported this.

Throughout our inspection, we overheard jokes and laughter between people who lived at the home and staff. One person had taken on a keyworker role for a member of staff that included offering advice on weight management. The staff member accepted this in good humour, which promoted a positive relationship between the two of them.

Relatives we spoke with said they were made to feel welcome. They commented they were offered drinks on arrival and there was no restriction on when they could visit. One family member told us, "We have never been told we could not visit." This showed the provider had developed strong caring relationships with relatives of people they supported.

Care records we checked were personalised around the individual's requirements. They held valuable personal information that promoted people's individuality. The documentation guided staff on topics of conversation and how to promote positive relationships. For example, one person liked many compliments. Another person liked music and visiting charity shops but disliked staff shouting. One person liked to spend time alone in their room and staff should only enter when invited. We noted every person who was able, had the option to lock their bedroom doors. This allowed privacy and time away from co-tenants and staff, when they wanted it. Staff were aware when people wanted time alone and respected their decision. We observed when staff knocked on bedroom doors; and they waited for people to respond. This showed staff respected people's right to privacy.

One person was very keen to show us their bedroom during the inspection. They had recently purchased

new furniture and had the room decorated. The room was full of their personal items and reflected their likes and dislikes. They told us they had amassed more personal items, which had to be stored elsewhere within the home due to limited space and was pleased they did not have to dispose of them. Rooms were clean and tidy which demonstrated staff respected people's belongings. This showed the provider had listened and guided staff to interact with people in a caring manner.

We asked the provider about the use of advocates when supporting people. We were told people had had advocates in the past and staff had worked alongside them to support the person. For example, one person had required hospital treatment. We saw records that indicated an advocate had been involved prior to the treatment taking place. This showed the provider had ensured people had support to express themselves.

Is the service responsive?

Our findings

People were supported by Holywell Home staff that were experienced, trained and responded to changes in people's needs. Staff had a good understanding of people's individual needs. They had formed positive, person-centred relationships with people. One relative told us, "They know [relative's] moods and how to treat her." They further commented, "We just want the best for [relative]. They are much better here, [registered manager] understands her."

During our inspection, we looked at four care plans. The plans we looked at enabled us to identify how staff supported people with their daily routines and personal care needs. We saw there were resident's contracts and signed consent to care forms. We noted headings included, 'what do you need to know to support me'. Information included, 'I am sensitive about my weight and conscious about my epilepsy'. We noted guidance on how to support people if they are anxious and or display behaviours that challenge. For example, guidelines prompted staff to respond calmly and be aware of body language.

We noted people had risk management plans and documentation to record any negative behaviour, what happened before and after the behaviour occurred. In the lounge, we saw leaflets related to a degenerative illness one person was living with. There were instructions for staff to read the information. This showed the provider ensured documentation held information to promote the delivery of personalised care.

We spoke with people about activities. One person told us, "I have a keyworker, she takes me out we go to Lancaster for a coffee." They also told us they like to go to MacDonald's for a meal. One person attended an evening social club each week and attended a luncheon club at the local church. Other people from Holywell Home had attended this previously but had chosen to stop. One person was supported to visit the local corner shop and bookmakers. The community learning disability team was working alongside one person to widen their social experiences. They had sampled indoor cycling and attended a men's club.

Three people who lived at the home could go out by themselves. They also visited local shops and cafes together. We noted staff had supported people to have the skills and confidence to go to the bank independently. We observed staff offered clear guidance on where they were going and how much money they needed to withdraw. One person returned from the bank with a small gift from a bank employee, which they were very pleased about. This showed the provider recognised social activities positively support people's wellbeing and positive relationships were being created in the local community.

One person told us they visited their relative weekly. Staff arranged for a taxi to transport them to their families' home. A second person regularly met family members in the local town for drinks and shopping trips. Another relative routinely visited to go for lunch in the town with their family member. One person was supported to visit their parents' home at weekends or meet them for drinks. On the day we inspected relatives had visited the home and their family member told them they were going out for coffee and asked whether they wanted to join them. This showed the provider helped people to maintain positive relationships.

There was an up to date complaints policy available at the home. This was in a format that was easier for people who lived at the home to understand. People and their relatives stated they would not have any reservations in making a complaint. One person told us, "I would complain to [registered manager]." One relative told us, "I've never had to complain. Nothing to complain about." They further commented, "If staff are out of order, then they are gone." A second relative told us, "[Family member] likes it at Holywell Home. We have nothing to complain about."

Is the service well-led?

Our findings

People who we spoke with, their relatives and staff gave positive feedback on the management team. About a member of the management team, one relative told us, "[Manager] is very good at their job, and very good with [relative]." Staff told us they worked well as a team and had good leadership and direction from their managers. One staff member told us, "[Manager] is good, they listen, very open and very helpful." About another member of the management team they stated, "[Manager] is extremely good and very helpful. She always finds a way to please everyone." A second staff member spoke positively about one of the management team stating, "She is very patient with people and staff."

People, relatives and staff told us the management team were knowledgeable about the care and support needs of everyone living at the home. Everyone we spoke with told us they could speak to the registered manager or another member of management whenever they needed to.

Throughout our inspection, we observed positive interactions between the deputy manager, senior support worker and people who lived at the home. People who lived at the home mentioned the registered manager, who was not present during our inspection, positively several times. This showed the management team had a visible presence in the home and guided staff to deliver quality care.

Staff told us there were regular staff meetings. One staff member said, "We talk about people who live at the home and any other problems like the rotas." A second staff member said, "We have regular team meetings but can also have quick meetings together. We are able to sort things out very well in the meetings." We saw minutes, which confirmed what staff told us. The meetings enabled the registered manager to receive feedback from staff, and gave staff the opportunity to discuss any issues or concerns.

The senior support worker told us regular meetings took place for people who lived at Holywell Home. Topics that had previously been discussed included, holidays, plans at Christmas and people taking cups to their bedroom. This showed the provider gave people the opportunity to develop a person centred service.

The registered manager understood their responsibilities and was proactive in introducing changes within the workplace. This included informing CQC of specific events the provider was required to notify the commission. It also included working with other agencies such as the adult learning disability service and advocacy services to maintain people's welfare.

Audits were completed weekly and monthly. We saw evidence environmental checks had taken place. These included monitoring and cleaning the showerheads, recording fridge temperatures and ensuring soaps and clean towels were available. We saw monthly checks had taken place to ensure window restrictors were operational to keep people safe. Window restrictors are fitted to limit window openings in order to protect people who could be vulnerable from falling.

We spoke with the senior support worker about accidents and incidents. At the time of our inspection, there had been no recent incidents. We asked what would happen if an accident or incident did occur. They were

able to share the Holywell Home policy and procedure. Medical support, should it be required, would be sought and documenting everything on an incident form was discussed. They also commented, should regular incidents occur, they would look for triggers and gave the example of checking if they occurred at certain times of the day.

We saw maintenance and safety certificate checks. Emergency lighting, fire door, extinguishers and fire alarm checks had taken place. There was a structured framework to monitor, document and repair when necessary. A member of the management told us "Who we call would depend on the repair needed. We would call different in-house maintenance people to deal with basic, electrical or building repairs." The home's liability insurance was valid and in date. This ensured the provider delivered care and support in a safe environment.

There was a business continuity plan to demonstrate how the provider planned to operate in emergencies. The intention of this document was to ensure people continued to be supported safely under urgent circumstances, such as the outbreak of a fire.