Consensus Support Services Limited

Heather Holmes Care Home

Inspection report

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Ratings

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

Overall summary

This unannounced inspection took place on 13 January 2016. The service provides support for people with learning difficulties and autism. At the time of our inspection there were eleven people living at the home.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The quality monitoring systems did not always ensure that care records reflected the care people received, or

Summary of findings

that actions to mitigate risks were carried out. However, where the manager had monitored the quality of the service they responded swiftly to any concerns or areas for improvement.

People felt safe in the house and relatives told us they had no concerns. Staff understood the need to protect people from harm and abuse and knew what action they should take if they had any concerns.

The recruitment practices were thorough and protected people from being cared for by staff that were unsuitable to work at the service. The service had increased its number of permanent staffing levels to meet people's requirements.

Care records contained individual risk assessments to protect people from identified risks and help keep them safe. They provided information to staff about action to be taken to minimise any risks whilst allowing people to be as independent as possible.

People were supported to take their medicines as prescribed. Records showed that medicines were obtained, stored, administered and disposed of safely. People were supported to maintain good health as there was prompt and reliable access to healthcare services when needed.

Where possible people and their family members were involved in decision about their care and support needs. There were formal systems in place to assess people's capacity for decision making under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

Staff had good relationships with the people who lived at the home. The manager worked alongside staff and offered regular support and guidance. Staff were aware of the importance of managing complaints promptly and in line with the provider's policy. People and their relatives were confident that issues would be addressed and that any concerns they had would be listened to.

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 not always safe.

Actions to mitigate identified risks were not always in place or monitored.

Risk assessments were in place and were continually reviewed and managed in a way which enabled people to be as independent as possible and receive safe support.

People felt safe and comfortable in the house and staff were clear on their roles and responsibilities to safeguard them.

Appropriate recruitment practices were in place and staffing levels ensured that people's support needs were met.

There were systems in place to manage medicines in a safe way and people were supported to take their prescribed medicines.

Requires improvement

Is the service effective?
The service was effective

Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People received personalised support. Staff received training which ensured they had the skills and knowledge to support people appropriately and in the way that they preferred.

People were supported by a range of relevant health care professionals to ensure they received the support that they needed in a timely way.

People were supported to maintain a healthy diet.

Good

Is the service caring?
The service was caring.

Where possible people were encouraged to make decisions about how their support was provided and their privacy and dignity were protected and promoted.

There were positive interactions between people living at the home and staff. People were happy with the support they received from staff.

Staff had a good understanding of people's needs and preferences.

Where possible staff promoted people's independence in a supportive and collaborative way.

Good

Is the service responsive?
The service was responsive.

Good

Summary of findings

Assessments were carried out prior to admission to ensure the service was able to meet people's needs. As part of the assessment consideration was given to any equipment or needs that people may have.

People were listened to and their views were sought from family members.

Care and support was delivered in the way that people chose and preferred.

People were supported to engage in activities that reflected their interests and supported their well-being.

People using the service and their relatives knew how to raise a concern or

make a complaint. There was a clearly set out complaints system in place and concerns were responded to appropriately.

Is the service well-led?

Requires improvement

The service was not always well-led.

The quality monitoring systems did not always identify areas of the service that required improvement.

The registered manager worked alongside staff and offered regular support and guidance. They monitored the quality of the service and responded swiftly to any concerns or areas for improvement.

Staff and healthcare professionals were confident in the management of the service. They were supported and encouraged to provide feedback about the service and it was used to drive continuous improvement.

Heather Holmes Care 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.

This inspection took place on 13 January 2016 and was unannounced and was undertaken by one inspector. Before the inspection, the provider completed a Provider Information Return [PIR]. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made judgements in this report.

We also reviewed the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law.

During our inspection we spoke with seven members of care staff including a senior manager and the registered manager. We spoke with three relatives. We also looked at records and charts relating to three people, and three staff recruitment records. We also observed people receiving support from staff.

We also looked at other information related to the running of and the quality of the service. This included quality assurance audits, maintenance schedules, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

Requires improvement

Is the service safe?

Our findings

People were enabled to take risks and staff ensured that they understood what measures needed to be taken to help them remain safe. A range of risks were assessed to minimise the likelihood of people receiving unsafe care. Individual plans of care were reviewed on a regular basis to ensure that risk assessments and care plans were updated regularly or as changes occurred.

However some of the care provided to mitigate the identified risks of pressure ulcers was not always adequate. Two people had been assessed for the risk of developing pressure ulcers and an air mattress was in use to help protect them from acquiring pressure ulcers. However we found that both mattresses were not set at the correct level to ensure that they received benefit from the inflating mattress. Staff were not aware of what the pressure mattress setting should be and therefore there were no checks in place to ensure the mattresses were at the correct setting for each person's weight. Following our inspection the registered manager established the settings for each person and confirmed that they had changed the settings according to their weight. The manager also told us that they had instigated a daily check of the mattresses to ensure that they remained on the right setting.

People said that they felt safe living at the home. One person said "The staff come with me when I want to go out to the shops, they keep me safe." They also said "I know that I am not allowed to go into the kitchen as I sometimes break things." This meant that arrangements were in place to keep people away from situations that may be unsafe.

People were supported by a staff group that knew how to recognise when people were at risk of harm and what action they would need to take to keep people safe and to report concerns. This was because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. The provider's safeguarding policy set out the responsibility of staff to report abuse and explained the procedures they needed to follow. We spoke with staff and they all demonstrated an understanding of their responsibilities and what to do to raise their concerns with the right person if they suspected or witnessed ill treatment or poor practice. The provider had submitted safeguarding referrals where necessary and this demonstrated their knowledge of the safeguarding process.

Accidents and incidents were documented and discussed at staff meetings. Referrals had been made to healthcare professionals to seek advice when required such as equipment to improve people's mobility and reduce the risk of falls.

There was enough staff to keep people safe and to meet their needs. The manager told us that they had increased the staffing levels to reflect the needs that people had. During our inspection we met two new members of staff that had been recently recruited. .The increase in permanent staff meant that their was less of a reliance on bank or agency staff. Where agency staff were used, the manager used the same agency staff to provide continuity of care as they werefamiliar with the people living at the home. We noted that there was a checklist for agency staff to advise them of safety procedures within the home.

There were appropriate recruitment practices in place. This meant that people were safeguarded against the risk of being cared for by unsuitable staff because staff were checked for criminal convictions and satisfactory employment references were obtained before they started work. The provider's policy stated that if there were any cause for concerns about existing staff it may require staff to re-apply for a new Disclosure and Barring (DBS) check.

People lived in an environment that was safe. There was a system in place to ensure the safety of the premises such as regular fire safety checks were in place. People had emergency evacuation plans detailing what support they would require to leave the home in an emergency. We noted that the most recent fire drill had taken place on 10 January 2016. where staff identified that people's emergency vacuation plans were effective in ensuring people staff knew how to safely evacuate the building. There were no outstanding actions arising from the fire drill.

There were appropriate arrangements in place for the management of medicines. People said that they got their medicine when they needed it. Staff had received training in the safe administration, storage and disposal of medicines and they were knowledgeable about how to safely administer medicines to people. Records showed that medicines were stored at the temperature recommended by the manufacturer. Annual medication competencies were undertaken so that staff's understanding could be refreshed. There were

Requires improvement

Is the service safe?

arrangements in place so that homely remedies such as paracetamol could be given when people requested it. One person said “I ask for a paracetamol when I need it and the staff get it for me.”

Good

Is the service effective?

Our findings

People received support from staff that had received training which enabled them to understand the needs of the people they were supporting. Staff received an induction and mandatory training such as first aid awareness and health and safety. The manager demonstrated that additional training relevant to the needs of people such as epilepsy was also available to staff. There was a plan in place for on-going training so that staff's knowledge could be regularly updated and refreshed. The manager had oversight of the training records that indicated when refresher training was due.

Staff had guidance and support when they needed it. Staff were happy with the level of support and supervision they received from the manager and senior staff. They told us that the manager was approachable. We saw that the manager worked alongside staff on a regular basis. The manager and staff told us this helped provide an opportunity for informal supervision and to maintain an open and accessible relationship.

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 interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff understood their roles and responsibilities in relation to assessing people's capacity to make decisions about their care. They were supported by appropriate polices and guidance and were aware of the need to involve relevant professionals and others in best interest and mental capacity assessments. We spoke with a community based healthcare professional and they told us that they were attending a best interest meeting that week for one of the people living in the home.

We checked that the service was working within the principles of the MCA, and found that conditions on authorisations to deprive a person of their liberty were being met as related assessments and decisions had been properly taken.

People's physical health requirements were met by experienced staff and referrals to specialists had been made to ensure that people received specialist treatment and advice when they needed it. This meant that people were able to receive on-going monitoring of their health.

People were supported to maintain a healthy diet. People's weights were monitored on a monthly basis to ensure that people remained within a healthy range. Where indicated referrals to dietitians had been made when people required their food or drinks modified such as blending or thickening if they had difficulty swallowing. Staff demonstrated that were knowledgeable about people's dietary requirements including those who did not wish to eat meat. Food was home cooked and looked appetising.

Good

Is the service caring?

Our findings

Staff supported people in a kind and caring way and involved them as much as possible in day to day choices and arrangements. One member of staff described to us how they ensured that people were given choices of what to wear each day by holding up a selection of tops and skirts for the person to choose from.

Where possible people were encouraged to express their views and to make choices. There was information in people's care plans about what they liked to do for themselves and what was important to them. One person's care records said that they wanted to be more independent and wanted staff to show them what to do so they could learn to do this for themselves. For example staff were able to support some people with cooking their meals.

People were given information in a way that they understood. Where people not able to communicate verbally, we noted that 'picture cards' had been introduced to help people to be able to express their feelings such as happy, sad or angry to help staff to understand what they were feeling. We saw that staff ensured that people's need for comfort through familiar objects were met, for example where people liked to hold and touch specific items, staff made sure that these were always available to people.

We observed staff responding to people as individuals knowing exactly how to approach them and what to say to calm people or encourage them. During our inspection one person required assistance from staff due to a fall. We observed that staff calmly sought appropriate medical assistance and reassured the person, made them comfortable and stayed with them until they had been assessed and were ready to stand up.

Where people were unable to express their views and to make choices, we noted that family members had given guidance to staff about what people liked to do and what their preferences were. This information was also recorded in people's care plans to guide staff about what people liked or disliked. Staff were familiar with this guidance, for example they told us that one person like to go out when it was blustery so they could feel the wind on their face.

People's dignity and right to privacy was protected by staff. Some people had keys to their own rooms and they could access areas of the home when they wanted some quiet time or some company. Care records also recorded if people had any preference for the gender of staff that supported them with personal care. For example one person's records showed that they only wanted people they knew to assist them with personal care.

Some of the relatives we spoke with praised the caring nature of the staff. One relative said "[name] loves it there he has never said he doesn't want to go back." Another relative said "The staff are really good; the new manager has made some improvements as well." A community based healthcare professional told us "I have nothing but praise for the helpful and willingness of staff." Relatives also said they felt able to visit at any time and were welcomed by all the staff.

Good

Is the service responsive?

Our findings

People were assessed before they came to live at the home to determine if the service could meet their needs. The assessment included risk assessments and identification of any additional equipment that would be required. For example equipment to aid mobility.

The assessment and care planning process also considered people's past interests and what was important to them along with any goals for the future. We saw that this had been incorporated into individual care plans. One person was being helped to become more independent with cooking and they had access to their own kitchen for this. We observed staff providing people with objects that they enjoyed holding or interacting with. Other people had word search books or were watching their favourite programme on the television.

Care records were reviewed regularly or if people's requirements had changed. Staff recorded in the daily records how they had supported people, however the records did not provide information to measure the effectiveness of the care they had given, such as how people responded to the care. We discussed this with the manager and they gave us an undertaking to ensure that staff recorded more information about the individual within the daily notes.

There were arrangements in place to gather the views of people that lived at the home. For those people that were unable to talk to staff we noted that pictures were used to help people to make some decisions for example about what they wanted to have on the menu. Other people were able to give staff their comments and we noted that these had been acted upon.

People that were able to talk to us said they had no complaints about the service. One person said "This place is really good all the staff have tried to help me, and they support me when I go out." Information on how to raise concerns was displayed. We saw records of complaints that had been raised and found that the manager had provided responses within the timeframes set out in their policy. Complaints had been used to improve the service by the actions that had been taken as a result of complaints. One relative described how the manager had arranged a meeting to resolve the issues they had raised. This meant that the manager acted on any concerns that were raised with them.

Requires improvement

Is the service well-led?

Our findings

Although there were arrangements in place to monitor the quality of the service that people received through regular audits, these audits had not always been effective. We identified that two air mattresses were not set at the correct setting and there was no procedure in place to check the air mattress settings regularly. The manager had rectified these issues soon after our inspection.

We also found the quality monitoring systems had not identified that staff were not reliably recording the amount that people drank. This put people at risk of not receiving enough to drink to maintain their well-being.

Recent audits carried out by senior staff and the manager had improved practice, such as the recent health and safety audit resulted in changes to external lighting, we saw that this had been actioned as a direct result of the audit.

People said that they had confidence in the manager. One person said "[name] is really good; they have sorted a few things out." Staff were confident in the managerial oversight and leadership of the service and found the manager to be approachable and friendly. They said "The manager listens to what staff have to say, they have made some good changes since they have been in post." Monthly staff meetings took place to inform staff of any changes and for staff to contribute their views on how the service was being run.

Staff were clear on their roles and responsibilities and there was a shared commitment to ensuring that people received the support they needed. Staff were provided with up to date guidance and policies and felt supported in their role. Staff were aware of the whistle blowing policy, and they felt confident enough to use this if they needed to raise concerns outside the service.

The manager demonstrated an awareness of their responsibilities for the way in which the home was run on a day-to-day basis and for the quality of care provided to people in the home. People living in the home found the manager and the staff group to be caring and respectful and were confident to raise any suggestions for improvement with them.

The provider had a process in place to gather feedback from people their relatives and friends and we noted that feedback was listened and responded to and action such as the refurbishment to the bathroom had been made as a result of feedback.

Staff were familiar with the philosophy of the service and the part they played in delivering the service to people. One member of staff explained how they ensure they involve people in making whatever choices they can, however small.

Policies and procedures to guide staff were in place and had been updated when required. Staff we spoke with demonstrated a good understanding of the policies which underpinned their job role such as safeguarding vulnerable people, health and safety and confidentiality.