Holmleigh Care Homes Limited

Care at Home

Inspection report

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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?	Outstanding
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 1, 3, 8 and 9 November 2016 and was announced. Care at Home is a domiciliary care service which provides personal care and support to people with physical needs as well as people who have mental health problems, sensory impairments and learning disabilities. The care and support is provided to people who live in their own homes and also to people who live in supported living accommodation. The level and amount of support people need is determined by their own personal needs.

A registered manager was in place as required by their conditions of registration. 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 and associated Regulations about how the service is run.

People and their relatives were overwhelmingly positive about the caring nature and approach of staff. People told us they were supported by staff who were kind and compassionate. Staff understood their responsibility to protect people from harm and abuse. They had been trained to recognise and report safeguarding concerns. Systems were in place to ensure people were safeguarded from abuse such as financial abuse. The service had worked openly and cooperatively with other agencies when safeguarding concerns had arisen.

People's level of support was varied and tailored to their needs. People's support plans gave staff adequate information about their preferences and how they wished to be supported. People were encouraged and supported to have control of their lives and make decisions about the care. However, the details of people's mental capacity assessment and consent to receive personal care were not always evident for some people who lived in supported living accommodation.

People's risks were assessed and monitored. Staff had considered other ways to ensure people benefited from living a meaningful life and managing their risks. Arrangements were in place to make sure people received their medicines appropriately and safely. People's care records showed relevant health and social care professionals were involved with people's care when required.

People were supported by appropriate numbers of staff who arrived on time. Staff stayed for the designated amount of time to deliver the care and support people required. Systems such as spot checks were in place to monitor the time keeping and the competencies of staff. Effective recruitment systems were in place to ensure people were supported by staff who were of good character and had a reputable employment background.

People were supported to plan and prepare their meals according to their abilities and level of independence. Some people enjoyed eating out or having a take-away.

Systems were in place to monitor and check the training and skills of staff. Staff's abilities and care practices

were regularly observed. Staff had been provided with an appropriate level of training or support to be able to meet the needs of the people in their care; however some staff had not received update training in some subjects. The managers responded and booked staff on to the appropriate courses. Staff received regular formal and informal support to carry out their role.

Since our last inspection the registered manager had spent time with the managers, staff and people who lived in supported living homes. They had developed a good insight into the service being provided. Managers met with staff regularly to provide support. Staff felt confident in the managers abilities

Monitoring systems were in place to ensure the service was operating effectively and safely. Any identified shortfalls had been acted on. People's views and opinions were listened to. There were opportunities for people to raise concerns. Complaints were investigated and acted on by the manager.

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.

People being supported by the service felt safe.

The staff understood their responsibility to manage and support people with their risks and report any concerns. There was clear information for the staff about individual risks and how they should support people. Staff had considered other ways to ensure people's safety.

There was enough staff to meet people's individual needs. Staff had been effectively recruited.

People's medicines were managed safely.

Is the service effective?

Good

The service was effective.

People were encouraged to make decisions about the care they received.

People were supported with their personal care by staff who were trained to meet their needs.

People were referred appropriately to health care services if their care needs changed. They were supported to plan and eat a healthy diet.

Is the service caring?

Good

This service was caring.

People and their relatives were positive about the care they received. Staff had a good relationship with the people they cared for.

Staff were respectful of people's own decisions and encouraged them to retain and develop in their confidence and levels of independence.

Is the service responsive?

Outstanding ☆

The service was very responsive.

People's care records were personalised and provided detailed information about how people's needs should be met. Staff went the extra mile to ensure people received care that was responsive to their needs.

Staff acted promptly when people or their relatives raised concerns about the service being provided.

Is the service well-led?

Good ●

The service was well-led.

The registered manager had a clearer understanding of the service being provided to people.

People and relatives spoke highly of the staff and the managers.

The managers led by example and were actively involved in the care and support of people. Staff felt confident in the managers abilities

Monitoring systems were in place to ensure the service was operating effectively and safely.

Care at 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 1, 3, 8 and 9 November 2016 and was announced. 48 hours' notice of the inspection was given because the service is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert's area of expertise was working with people who receive personal care from services. Before the inspection we examined information that we held about the service and previous inspection reports.

On 1 and 9 November 2016 we visited the main office and spoke to the registered manager of the service about the management and governance of the service. We also looked at 10 staff files across the service including their recruitment procedures and the training and development of staff. We spoke to the deputy manager and looked at the care records of three people who receive personal care in their own home.

On 3 November 2016 we spoke with 14 people and 9 relatives by telephone about the service they received. We also spoke to 7 staff by telephone. Nine health care professionals provided us with their views about the service.

On 8 November 2016 we visited three shared accommodation bungalows known as supported living. We spoke to one person who lived in one of the bungalows and required support with their personal care. We looked at the care records of two people.

Good

Is the service safe?

Our findings

People were provided with personal care and support by staff as needed. All the people we spoke with told us they trusted the staff who supported them. One person said, "They keep you safe. I trust them." Some people told us staff would always offer them advice when needed. People described staff as kind and told us they felt safe amongst staff. Relatives also complimented the staff approach. One relative explained to us how important it was for them to know that their loved one was in 'safe hands' when being supported with their personal care. Another person who lived in supported living accommodation told us, "Yes I feel very safe here. I would say if I was not happy." Many people felt that staff made them feel secure. They shared with us examples of the actions staff had taken to make them feel comfortable and safe. The provider valued people's feeling and opinions about their safety They had recently sent a service user questionnaire to people. All the people who responded said they felt safe around staff. The registered manager and managers had notified the appropriate agencies and CQC when incidents of concerns had been raised. They had worked openly and cooperatively with other agencies. Incidents had been investigated and staff had implemented actions to help reduce the risk of the incidents reoccurring.

The domiciliary care service which provided support to people in their own homes had taken extra steps to ensure people remained safe and maximise their personal security. For example, staff had provided people with 'trick or treat posters' to display in their front window/door during the Halloween period. This helped to mitigate the risk of unknown people knocking on their door. Some people were unable to answer their front doors and required staff to enter their property using a key from their passcode protected key safe. The service had sent a letter to people to recommend they should regularly change the passcode for their key safe to safeguard them from staff or visitors who no longer were required or invited to visit their home.

Some people who lived in supported living accommodation were not able to manage their own finances and required support from staff to manage and store their money. A robust system was in place to ensure people were not being financially abused. The daily income and expenditures of people was logged and checked by staff three times a day to ensure people's finances were not being used inappropriately.

Staff immediately acted and reported to their managers if people were not in when expected or did not answer their front door. Staff and the managers assured us that they always investigated and located the person to ensure they were safe. All staff had access to the provider's lone working policy which provided staff with guidance to safeguard their own safety when working alone. Where staff worked alone in people's homes they were issued with personal alarms and torches to contribute towards their safety.

Each person who used the service had a personal emergency evacuation plan which provided staff with information of how to support them in the event of a fire or emergency. The registered manager and managers of the supported living accommodation had supported to people to reduce the risk of fires in their homes by seeking advice from the local fire safety office. They were currently working with the fire safety officer to reduce the risk of fire for one person who lived with dementia. For example, they planned to introduce colourful signs to remind the person to check their alarms. The registered manager said, "If this is successful we will roll it out to other people who live alone." Systems were in place to ensure people were

using equipment and medicinal items which was fit for purpose. The registered manager received alerts about equipment and medicinal items which were faulty or recalled. This information was shared with staff so they could inform people of any concerns as required.

People were protected from abuse because the staff had been provided with training on how to recognise abuse and how to report allegations and incidents of abuse. Staff were clear about the actions they would take if they suspected a person was at risk of harm. Staff explained when and where they would report their concerns and knew how to find the contact details of external safeguarding organisations. Staff said, "If I had any concerns about one of our service users I would ring the office and speak to a manager or I would report it higher or report it to either the police or social services or even CQC." Staff had obligingly worked with relatives when people's health and safety had been compromised. For example, staff had monitored the well-being of one person and acted on their concerns when they found bruising which could not be accounted for. Staff immediately reported the incident and supported the person to attend the hospital and further appointments. Staff also responded to another relative's concern when they reported that their loved one had fallen. Staff were immediately sent to the property and assisted the person to stand. Where people had expressed concerns about their own safety staff had supported them. For example, staff were present at a person's request to support them when a utility company visited their home.

The registered manager, managers of the supported living services and other senior staff had received advance training in the understanding and management of safeguarding concerns. Records showed that concerns relating to safeguarding people were shared with appropriate agencies who had a responsibility to safeguard people. The service had openly worked with other organisations to ensure the safety of individual people and those who use the service. As a result of our conversations with staff and reviewing their records, we were reassured that where there had been safeguarding concerns about people, the staff had acted and reported the concerns appropriately and had supported the people concerned.

People's health and well-being risks were assessed and regularly reviewed by staff. Staff supported people with activities which may put the person at risk such as retaining levels of independence with their personal care or carrying out activities in the community. They explained how they had assisted people to weigh up the pros and cons of taking the risks and continually monitored the balance of risk being taken. Staff monitored people's risks and acted promptly if they identified a change in their needs such as referring people to health care professionals or requesting a change in equipment if their mobility needs had changed.

People were supported in accordance with their risk management plans. Health care professionals complimented the service for their management of people's risks and told us they contacted them when people's risks and needs had changed for advice and support. Staff knew people well and told us they were able to determine people's mood or if they were unwell or in pain by their facial expressions or through their own unique way of expressing their emotions. People's care records gave staff clear guidance of the triggers which may cause people to become upset and how they should be supported. However we found that some people's daily notes only focused on the tasks that staff had achieved and not on people's health and emotional well-being such as their levels of pain, anxiety or confusion. This was raised with the registered manager who stated they would meet with staff to discuss the level of details required when reflecting and recording on people's daily notes. This would ensure all staff visiting the person had a clear understanding about their welfare and any ongoing risks associated with their health and mental well-being.

However staff explained how they observed for changes in people's behaviours or triggers which may cause them to become anxious. Relatives explained that staff were very receptive to changes in people's behaviours and mood and always reported any concerns to them. Accidents and incidents were recorded,

reported and reviewed. Where accidents had occurred, staff had documented any injuries on body charts and sought medical advice when required.

People were also protected from those who may be unsuitable to care for them because appropriate checks were carried out on staff before they started work. Staff recruitment records showed that relevant checks had been completed before staff worked unsupervised. These included employment references and Disclosure and Barring Service checks (DBS). Where there had been any discrepancies or gaps in staff's employment history, this had been discussed at interview but not always recorded. The registered manager said this would be added to interview questions to ensure that all future conversations around staff employment histories were recorded. The registered manager explained their recruitment process and said, "We work hard to make sure we get suitable staff. We won't take just take anyone."

There had been a low turnover in staff since our last inspection. Health care professionals reported that people were supported by consistent and familiar staff. Where there had been gaps in the staff rotas; staff had carried out additional hours to ensure people were suitably supported. Agency staff who were familiar to the people were also temporarily used. Some areas of the service were recruiting for additional staff to reduce the risk of people not being supported by suitable numbers of staff.

The staffing levels were determined by the needs of people. Staff who supported people in their own home were given a weekly rota which provided them with people's details and their allocated visit times. We looked at the rotas of two staff members. Staff had been assigned a period of time to travel between their visits. Most staff felt the travel times were mainly realistic. One staff member said, "The travel times are not too bad, it can be difficult in rush hour and with the roadworks, but we always call ahead if we are running late." Most people felt staff arrived on time to support them with their care and stayed for the allocated amount of time. They told us they were informed by telephone if staff were running late. This information was documented by the office staff so they could identify any tends or patterns of staff's timekeeping.

The provider had recently reviewed the staff contracts and had agreed for staff to be paid for their travel time. This would help to ensure there was an accurate allocated time for staff to travel between visits. The registered manager and staff who were responsible for staff rotas also provide care when required or carried out spot checks on staff. They told us this was also an opportunity to check out the travel times and demands on staff.

People who lived in supported living accommodation felt there were sufficient numbers of staff to meet their needs. One person said, "'I just feel at home. There are enough people to give you the help that you need." They were supported by staff who were familiar to them and had an understanding of their needs. Additional staff were provided if there were changes to people's personal support needs or to support people if they had planned activities in the community such as going on day trips or attending appointments. Staff and relatives of people told us that the staffing levels in the supported living accommodations were stable. One relative explained that they felt the staffing levels allowed people to have enough freedom whilst maintaining a safe environment.

The service had worked with the local authority to introduce a 'phone tracker' system which monitored the start and end times of staff visits for people where needed. This helped to monitor staff visit times and ensured people were receiving their full allocated support hours. An on-call and out of hours system was available for all staff at weekends and in the evenings if staff needed urgent advice or there was an emergency. Information about the out of hours service was also available to people and was to be used in the event of an emergency.

People's medicines were managed according to their needs. Individual arrangements were in place to make sure each person received their medicines appropriately and that their medicines were stored safely. Staff had been trained to manage people's medicines. Monitoring arrangements and competency checks were regularly carried out to ensure staff were knowledgeable in the management and administration of people medicines.

Each person had a medicines administration record which stated the medicines they were prescribed, dosage and the time it should be administered. Staff who supported people in their own homes were provided with a list of people's medicines where people used blister packs to store their medicines (blister packs are individual pre-sealed packs of people's medicines to be administered at set times of the day). This provided staff with information about the medicines they were administrating.

There was recorded guidance and instruction for staff which provided them with information about who was responsible for the ordering, administration and disposal of people's medicines. The managers of the supported living accommodations carried out regular medicines audits of people's medicines to ensure their medicines were being managed and administered accurately. Any errors found were immediately investigated and addressed. Protocols were in place for people who had known conditions or higher needs and may require prescribed medicines to be given 'as required' such as when they became anxious or needed pain relief.

Good

Is the service effective?

Our findings

People were supported by staff that had been trained to carry out their role. People and relatives told us they were confident about the knowledge and skills of the staff. They shared with us that the staff had the time, expertise and experience to do their jobs well.

New staff had attended an induction training programme within their probationary period as well as completing the care certificate. The care certificate is a set of national standards that health and social care workers adhere to in their daily working life. Staff also shadowed experienced colleagues during their induction period so they understood people's care needs and the expected care practices. Staff were positive about the training they received and told us they felt competent to carry out their role. They had been supported and encouraged to undertake national vocational qualifications in health and social care according to their role and level.

Staff who supported people in their own homes had received regular training to update their skills and care practices such as manual handling, safeguarding vulnerable adults' as well additional courses such as diabetes awareness. The deputy manager had been trained to deliver and advise on moving and handling techniques and training within the service. They had worked with occupational therapists and supported staff when people had required equipment to support them with their mobility and transfers. The registered manager and deputy managers of the domiciliary care service had carried out regular observations and spot checks on staff to ensure they were suitably skilled to support people.

Systems were in place to manage and monitor the training requirements of staff, however the managers of the supported living services had not continually acted when some staff training had expired. We raised this with the registered manager and the managers who promptly responded and booked staff on the required training such as dignity and respect and positive behavioural support. Staff had attended the provider's whistleblowing workshop to ensure they were fully updated in the actions they should take if they had any concerns about people's care. The managers had carried out competency assessments in the areas where staff training had expired to ensure people were not at risk from untrained staff. The skills and competencies of staff were continually observed and checked by the managers to ensure people received safe and effective care.

Throughout our observations and speaking with people and their relatives we found no impact of people's well-being as a result of some staff not receiving their refresher training in the supported living accommodation. The registered manager assured us that a new management structure was soon to be implemented which would monitor the governance processes of staff support and development. We were also assured that plans to improve the discussions with staff in their private supervision meetings regarding the observations of their practices. This would ensure any shortfall in their practices were addressed and reinforced.

All staff were provided with informal and formal support. Staff files showed that most staff had received private supervision meetings at least four times a year and had received an annual appraisal in line with the

provider's expectations. New staff received more frequent supervision meetings during their probation period. Plans were in place for all staff to receive their annual appraisal later in the year.

People were provided with the opportunity to consent to their care and support and make decisions about their life. The service had a proactive approach to respecting people's human rights and worked within the principles of the Mental Capacity Act 2005 (MCA). 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 were supported by staff to make day to day decisions about their care and supported people in accordance with the principles of the MCA. Staff used different methods of communication in order to support people to understand and make choices. We saw examples of the staff communicating with people with limited verbal communication who lived in supported living accommodation to understand their choices and views. The staff showed that they understood people's non-verbal communication signs and expressions and spent time making sure they understood the person's views.

People who could express their views told us they had contributed towards the planning of their care. Staff had supported them in a person centred way, by providing them with options and helping them to make choices about their day and respected their decisions. Staff gave us examples of how they provided people with choices and taking control of their life such as offering them different foods and drink. Staff told us they supported people in their best interests such as providing support based on their known background or preferences.

When required, people's capacity to consent to their care had been assessed. Where people had the mental capacity, they had agreed and signed to the care they received. Alternatively a representative had signed on behalf of people in their best interest. The reasons why the representatives had signed on people's behalf had been recorded.

The care records of some people who lived in supported living accommodation stated that staff should support them in their best interest if they lacked mental capacity, however there was no clear indication that people's mental capacity assessments had been carried out other than those relating to people's capacity to manage their medicines and finances. This was raised with one of the managers of the supported living services who said people's mental capacity to consent to all aspects of their care would be reviewed with the implementation of the new care plans.

Some people who lived in their own homes were supported by staff to plan, order and prepare their meals depending on their abilities and levels of independence. People were given the opportunity to contribute their ideas towards menu planning. Staff knew people well and knew their preferences and choices in their meals. Staff told us they had all the information they needed and were aware of people's individual needs.

People who lived in supported living accommodation met weekly with their housemates and staff to plan their meals for the following week. Some people were involved in shopping and food preparation, depending on their skills, interests and abilities. People were given guidance and support to choose healthier options, although some people told us they enjoyed to have an occasional take-away meal. Where people derived comfort and pleasure from specific unhealthy foods, health care professionals and staff had worked with them to encourage them to take healthier options.

People with more complex eating needs were supported to have a diet that was recommended to them. Staff had regularly liaised with specialists who helped to create individual guidelines. Care plans and risk assessments were reviewed each month, and where appropriate people were also weighed monthly. One relative told us that they had been concerned about their relative's weight loss; however they had seen an increase in their weight gain since moving into the supported living accommodation. They attributed this to the quality of the food and the way it was presented.

Staff across all the services worked closely with relevant and appropriated health care professionals to ensure people's health and well-being was maintained. People's health care needs were monitored. Any changes in their health or well-being were referred to their GP or other health care professionals. Health care professionals spoke highly of the care and support people received from staff. They told us staff sought advice where necessary and acted on their recommendations. Relatives told us staff knew people well and were perceptive to changes in people well-being. One relatives said, "The ladies (staff) who come, know the routine and they spot it straight away if things aren't right and we get the doctor in"

The staff had supported people with regular appointments such as attending the dentists or chiropodist or appointment relevant to their health needs. Some people had a health actions plans and hospital assessments documents which provided hospital staff with important information about people including their details about their medicines, health and communication needs.

Good

Is the service caring?

Our findings

During our inspection we spoke with people and their relatives by telephone who received support with their personal care in their own homes and in supported living accommodation. We also visited and spoke to people who lived in three supported living bungalows. Everyone we spoke with was extremely complimentary about the kindness and respect of staff. They told us staff were caring and treated them with dignity and respect. Relatives told us staff were compassionated and treated their loved ones well.

People who lived in supported living accommodation described the staff as kind and told us they could talk to them if they were worried about anything. We received comments such as "You can have a laugh and a chat with them" and "They listen to us and they take good care of our things." One person who spoke with on the telephone said they were very happy and gave the staff '10 out of 10 for everything'. Relatives told us how they had seen an improvement in people's mental well-being since being supported by the service. One relative said, "It's the ideal place for her. She is feeling more relaxed and she's put on weight. It's lovely to see her looking so well." Another relative told us they felt that staff knew their relative well and provided them with the level of support they needed without making them anxious.

People who were supported in their own homes were also overwhelmingly positive about the care they received. One person said, "I am very happy. The girls (staff) are polite, efficient and they treat me as a person. Everything's brilliant!" We received other comments about the domiciliary care services such as "They listen to me and deal with things. I can only offer praise"; "She (staff member) brightens the day up for both of us. She's so bubbly" and "I call them my golden angels. They are like family." Many people remarked that the staff often took additional trouble to make sure they were comfortable and secure before they left.

Heath care professionals praised the caring nature and approach of staff. One health care professional wrote to us and said, "Both office staff and carers I have met over the years have demonstrated caring natures and managed to build up a good relationship with clients and their families." Another health care professional reported that, "My clients are very fond of the carers, I have been told they find them friendly and caring" and "The staff team have been polite and approachable."

Staff spoke of people positively. They understood the meaning of how to support people with dignity. One staff member said, "All people are different, their needs and choices are different. We respect that and also give the time, space and privacy they need. We should never assume." Another staff member said, "I always treat people how I would like to be treated, never look down on them or patronise them and always treat them as equals."

All staff said they considered people's privacy while supporting people with personal care. They encouraged people to retain and improve in their levels of independence. We were given examples of how staff had supported people to improve their confidence and increase their levels of independence in activities of daily living. One person's strength and confidence had improved with the support of staff and now only required the support of one staff member instead of two. Another person who was initially reluctant to go out had been supported to go out on trips and go on holiday alone.

Outstanding ☆

Is the service responsive?

Our findings

At our last comprehensive inspection, we found that the care records of people living in their own home did not always focus on their personal needs, preferences and goals. The provider sent us an action plan to tell us how they would ensure people's needs and goals would be effectively recorded. During this inspection, we checked if they had met their legal requirements and found that people's care records now reflected their individual needs and support requirements.

The registered and deputy manager had researched into samples of care documents. They had also introduced a document called 'All about me' which provided staff with detailed information about people's family and social history as well as their preference and dislikes. The recording of people's care needs, preferred routines and support requirements had significantly improved. People had been continually consulted about the support they wished to receive. One person said, "I feel consulted and asked questions. They're responsive to your needs. They know your preferences."

People's care plans throughout the service were personalised and reflected their needs and choice. They provided staff with information about people's physical, social and emotional well-being and how this my affect their care and support requirements. This gave staff an insight in to people's personalities and their likes and dislikes. For example, their care plans described their wishes and what was important to them such as their wish to have a blanket over their knees and their preferred morning and evening routine. Details of people's levels of independence helped staff to understand their role while supporting people. Staff felt the information in people's care plans provided them with the guidance they needed to support people. One staff member said, "The care plans are really good, they have lots of information which we can refer to if there any queries." People's care plans were regularly reviewed and updated. Relatives told us they were consulted and involved in the review of people's care needs. One relative said, "We have reviews of dad's care with the manager twice a year, but I know that if I need to talk about anything at any time, I can just pick up the phone." Another relative said, "They always ask my sister how she wants things done and they check with me as well."

The managers across the service carried out an initial assessment with people to ensure that staff could meet people's support needs. People and their relatives were involved in the decision to receive support with their personal care. People who lived in their own homes were given time to consider their options in relation to receiving support with their personal care. The deputy manager always carried out people's first visit to have a clearer understanding of their support requirements. The information established from the first visit also helped to inform the person's care plan. Where possible, people were matched with an empathetic and like-minded staff member. One staff member said, "It's important that we have a good rapport with our service users so if there is a connection such as liking pets then the office staff try and match us up."

Where people had moved into supported living accommodation they had been given a period of time to be introduced to their potential housemates and staff. This helped people to decide if the proposed support and accommodation would be suitable for them. Health care professionals who were in contact with the

service praised the staff approach. They told us staff had continually been very responsive and receptive to their recommendations and had kept them informed of people's welfare. One healthcare professional explained that they felt the service was flexible and tailored to ensure people's needs were met effectively.

People who used the service received care and support which was personalised and responsive to their needs. All the people and relatives who we spoke with were overwhelmingly complimentary about the service they received. One person who received care in their own home said, '"If I ask for something to be done, they do it straight away." We received comments from relatives such as "I would describe them as efficient and effective. Dad is very deaf and it's not always easy to communicate with him, but they seem to manage. They use their initiative" and "Well, there's no comparison really. With this company they're flexible and they listen to you." Another relative explained how the service was flexible and had taken initiative when their relative had recently been discharged after a short stay in hospital. They said, "We were able to get things up and running again very smoothly." The registered manager gave us examples how they had changed or increased their visit times around people's other commitments such as attending appointments. For example, staff had responded by providing extra support when people's needs had changed such as requiring more support with preparing meals or managing their medicines. The service had acted promptly and provided additional support to a person when their main carer had passed away. They arranged an immediate increase in their care package to reflect their support needs as well as supporting them to attend health care appointments.

Relatives of people who were supported in supported living accommodation said comments such as "They are always kept busy"; "I can't praise them enough, I have no complaints about how (name) is looked after" and "They get the best from him." Relatives told us staff ensured people maintained contact with their families as appropriated. Some people in supported living accommodation had access to telephones to contact their families; other people were supported by staff to visit their families. Staff had arranged for a person's family member to visit them before they passed away.

The service focused on people's support needs as well as considering other aspects of their life. We were provided with several examples of how staff had supported people and gone the extra miles to ensure people lived a safe and fulfilled life. For example, staff supported one person to arrange and plan a holiday. They also supported the person by telephone when they became unwell on a recent holiday. For another person, staff had produced pictures to assist people with limited communication such as planning and communicating their shopping requirements. One person explained how staff supported and socialised with them. They said, "They ask me what I want to watch and set the TV up for me. They ask me every day if I've got any visitors coming. If I haven't got anyone coming, I think they chat to me a bit more."

The service had been proactive in supporting people in diverse weather conditions such as in extreme hot or cold weather. Staff had been responsive and flexible in ensuring people who were at the greatest risk were visited during a severe snowy period. Staff also reminded people of the actions they should take to assist themselves in remaining safe. For example, staff had telephoned people in the hot weather to remind them to drink plenty of fluid and to close their curtains to try and reduce the temperature in their home.

Staff confirmed that their seniors and managers were responsive to their concerns about changes in people's well-being. One staff member said, "The managers are exceptionally good, I'm not just saying that. We get a lot of support and we are always listened to. We ask them anything and they always respond and give us advice." Staff told us they continually monitored people health and well-being and reported any concerns to their managers which were documented. For example, staff had negotiated an extension of people's support hours if they felt they needed extra support. Staff had also provided added support when people required assistance attending appointments or had been admitted into hospital. Records showed

that staff had acted quickly and responsively when they found changes in people's well-being, such as contacting people's GP on their behalf or referring people to relevant health care professionals for equipment to support them in their activities of daily living.

People who lived in supported living accommodation were encouraged to have active lives in the community. People and staff spoke about the different groups they attended such as attending day centres, shopping trips, arts groups and enjoying bingo. Staff had a good rapport with people who lived in the supported living accommodation. We observed staff providing people with information about the weather and their activities to help them have a clearer understanding of their day's events. Staff told us they had worked with people to increase their level of independence such as having the responsibility to use and securely hold a front door key. People who lived in supported living accommodation received a combination of shared support or one to one support from staff dependent on their needs. Relatives commented that they thought people's level of support was at the right level. Where required, people had been provided with information such as their care plan and the complaints policy in a pictorial easy to read format.

There had been no formal complaints made since our last inspection. People's day to day concerns and complaints were encouraged, explored and responded to in good time. The managers had acted any concerns raised with them. For example, the service immediately consulted with a person's GP when a relative had questioned the management of a person's medicines. We were told that the relative was informed of the GP's opinion and rationale of the decision. The registered manager shared with us their log of compliments including compliments from people who used the service and their relatives as well as from health care professionals.

Good

Is the service well-led?

Our findings

Since our last inspection, the registered manager was now more involved in the running and governance of the all the services which provided the regulated activity of personal care for the provider. The registered manager had supported and spent time with all the managers involved in the service and had a clearer insight into the people that were being supported. They were integral to the management and governance of the service that provided support and care to people in their own homes (domiciliary care service). They also regularly carried out a shift and provided support and care to people when required. They said, "I often support people, it gives me an understanding of our service user's needs and an insight into how staff are coping. It helps me to monitor the service and make any adjustments if needed."

The registered manager had become more involved in the management and running of the supported living services. They frequently met with the managers who provided people and staff with direct support in a small number of supported living homes. They told us "It has opened my eyes and I have learnt so much from the managers." They went on to tell us how the managers had worked together, shared information and provided peer support. All the managers were actively involved in the care and support of people. The registered manager explained "I have confidence in the managers of the supported living services, though I am not afraid to question them if I have any concerns." The managers had been supported to undertaken additional training and qualifications to enhance their role and skills. The provider was reviewing the management structure of the service to ensure there was sufficient support and systems in place to monitor the effectiveness and quality of the service being provided.

Health care professionals were confident about the management and leadership skills across the service. They told us communication from the service had improved and staff had responded to them appropriately and in a professional manner. Some staff had been trained to carry out additional roles such as producing staff rotas. The registered manager explained they had 'upskilled' some roles as a safety net' so more than one staff member knew how to manage certain data systems which effected the running of the service.

Staff told us they felt supported by the registered manager and managers of the supported living services. All the managers had an 'open door policy'. Staff told us the managers and senior staff were always available to support them or provide advice. Staff had been given the support and training they needed to carry out their role. Staff also complimented the approach and attitude of the provider. One staff member said, "Holmleigh is nicely run, it is a good company to work for. They put the service users first and value their staff." Another staff member said, "I can't say a bad word about this company, everyone is supportive and helpful." The provider had responded to recent change in the employment legislation and had listened to concerns of staff and had rewarded staff with a change in their pay and benefits.

Staff who worked for the domiciliary care service often visited the main office to speak to the registered and deputy managers and pick up their rotas. The staff's work, commitment and approach was valued. The office notice board showed which staff member had achieved 'Carer of the month'. Thank you messages from people who used the service had been captured and documented by office staff and displayed on the notice board. Staff also received weekly memos with their rotas which informed them of information such as

availability of training.

The service valued and acted on people's feedback about the care and support they received. Parts of the service had recently sent out a survey to the people who used the service. Records showed the results had been analysed and were mainly positive. Any negative comments and shortfalls had been addressed. The managers recognised that some people did not understand the questions on the survey and were researching into specialist communication software to assist them in bridging the gaps of communication. Plans were in place for the survey to be sent out to the rest of the people who receive care and support.

The registered manager and the manager of the supported living services ensured the quality of the service being provided was regularly checked. They regularly checked and monitored the records associated with people's care such as their care records and the management of people's finances and medicines. Accidents and incidents were being recorded by staff and reviewed by the managers. We were told that accident and incidents were rare and therefore not routinely analysed for trends and patterns. The registered manager recognised this would be good practice and agreed to implement a system to review the accidents and incident bi-yearly to assess for any trends or any potential gaps in the service being provided.