Healey Care Limited

Holt Mill House

Inspection report

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Whitworth
Rochdale
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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?	Good
Is the service well-led?	Good

Overall summary

The inspection of Holt Mill House took place on 3 March 2015. We gave the registered manager short notice of our inspection as the service was a small care home for younger adults who were often out during the day; we needed to be sure that someone would be in.

Holt Mill House is registered to provide accommodation and personal support for three adults with a learning disability. The service does not provide nursing care. At the time of the inspection there were three people accommodated in the home.

Holt Mill House is located on a quiet street of Whitworth. The house is close to local amenities and has easy access to the town of Rochdale.

At the previous inspection on 13 December 2013 we found the service was meeting all the regulations we looked at.

There was a registered manager in day to day charge of the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

Summary of findings

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.

Staff spoken with made positive comments about the way the service was managed and understood the values of the service.

We were unable to talk to people about what it was like to live in the home as they had difficulties expressing their views. However, we were able to observe the care and support being given by staff. We did not observe anything to give us cause for concern about people's well-being and safety. We observed caring and friendly interactions between people living in the home and staff. We spoke with relatives who were confident people were treated well. One relative told us, "The staff are very good with him; they know what he needs."

Staff told us they were confident to take action if they witnessed or suspected any abusive or neglectful practice and some staff had received training about the Mental Capacity Act 2005 (MCA 2005) and Deprivation of Liberty Safeguards (DoLS). The MCA 2005 and DoLS provide legal safeguards for people who may be unable to make decisions about their care. We noted appropriate DoLS applications had been made to ensure people were safe and their best interests were considered. People living in the home were involved in discussions about abuse and who to inform if they had any concerns. This would help raise their awareness of personal safety.

Staff knew whether people were able to make decisions and choices about their lives. Personal risks had been assessed and discussed with each person, or their relative, and recorded in their support plan. People were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restrictions.

We found accurate records and appropriate processes were in place for the ordering, receipt, administration and disposal of medicines and people received their medicines on time.

A safe and fair recruitment process had been followed and proper checks had been completed before staff began working for the service. We were told there had been no new staff employed at this service for four years. Staff told us, "We have a good and stable team."

We found there were enough staff to meet people's needs in a flexible way. One relative said, "Staff are very good; X gets on well with them all." All staff were given the training and support they needed to help them look after people properly. During our visit we observed staff responding to people in a kind and friendly manner and we observed good relationships between people. Staff had a good knowledge of the people they supported and were able to respond appropriately to keep them safe from harm.

People were involved in the menu planning and would go shopping with staff to local shops and supermarkets. When needed, staff used pictures of people's favourite foods to determine their choices. We observed people were supported and encouraged with their meals. The meals were presented well and people looked like they enjoyed them. Staff were aware of people's dietary needs and preferences.

People living in the home had difficulties expressing their views. Staff used different methods, such as photographs and picture boards to enable good communication and to understand people's views. We observed people were involved in decisions and choices about how they spent their day, the meals they ate, room décor, clothing choices and involvement in household chores.

Each person had a support plan that was personal to and included information about people's likes and dislikes and routines as well as their care and support needs. People's changing needs were identified, recorded and regularly reviewed.

There were opportunities for involvement in meaningful activities both inside and outside the home. People were involved in decisions about the activities they would prefer and were supported to maintain hobbies and interests. During our visit one person was attending the day centre, another person helped with the weekly shopping and the third person had been out in the car for a drive as he found this relaxing. People were also involved in household chores and would help with cleaning their rooms and taking washing to the laundry. People were supported to maintain relationships with their friends and family and were able to spend periods of time away from the home.

The complaints procedure was available in an easy read picture format that could be understood by everyone who lived at the home. People were encouraged to

Summary of findings

discuss any concerns during meetings and reviews, in day to day discussions with staff and management, and could also attend a 'drop in' session. Relatives spoken with said they knew how to make a complaint and were confident to do so.

There were systems in place to assess and monitor the quality of the service. They included checks of the medication systems, money, support plans, infection control and environment. There was evidence these systems had identified any shortfalls and that improvements had been made.

People were able to express their views and opinions of the service. People's views about the service had been obtained during meetings, attending a drop in session, during reviews and during day to day discussions with staff and management.

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?

Good

The service was safe. Management and staff had a good understanding of what constituted abuse and were able to describe the action they would take if they witnessed or suspected any abusive or neglectful practice.

People's independence, rights and lifestyle choices were respected. People were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restrictions.

There were sufficient skilled staff to meet people's needs in a flexible way. Staffing numbers were adjusted to respond to people's choices, routines and needs. People's medicines were managed safely by staff who had received appropriate training.

Is the service effective?

Good

The service was effective. All staff received a range of appropriate training, supervision and support to give them the necessary skills and knowledge to help them look after people properly.

The service was meeting the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) to make sure people were receiving the care and support they needed.

People were involved in the menu planning and would go shopping with staff to local shops and supermarkets. This helped ensure people's dietary preferences and needs were considered.

Is the service caring?

Good

The service was caring. Staff responded to people in a kind and friendly manner and we observed good relationships between people. Staff were respectful of people's choices and responded appropriately and had a good understanding of people's needs, interests and preferences.

Staff used different methods to promote good communication and to understand people's views. Methods included the use of photographs and picture boards and a 'communication dictionary'.

People were supported to make choices such as how they spent their day, the meals they ate, activities, room décor and involvement in household chores.

Is the service responsive?

Good

The service was responsive. People received care and support which was personalised to their wishes and responsive to their needs. Each person had a support plan that was personal to them and which focused on their whole life.

People were involved in meaningful activities both inside and outside the home which were tailored to each person. People were supported to maintain their relationships with their friends and family and were able to spend periods of time away from the home.

The complaints procedure was available in an easy read format that could be understood by everyone who lived in the home. People's concerns had been responded to in an open and honest way.

Summary of findings

Is the service well-led?

Good

The service was well led. There was a management structure in the home which provided clear lines of responsibility and accountability.

The quality of the service was monitored to ensure improvements were on-going.

People living in the home, or their representatives, were able to express their views and opinions of the service.

Holt Mill House

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.

The inspection of Holt Mill House took place on 3 March 2015. We gave the registered manager short notice of our inspection as the service was a small care home for younger adults who were often out during the day; we needed to be sure that someone would be in. The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed the information we held about the service. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give us some key information about the service, what the service does well and the improvements they plan to make.

We used a number of different methods to help us understand the experiences of people who used the service. We met with two people living in the home and with two members of staff and the registered manager. Following the inspection visit we spoke with two visitors.

People living in the home had difficulties talking to us so we observed support being delivered by staff. We looked at a sample of records including two people's support plans and other associated documentation, recruitment and staff records, minutes from meetings, complaints and compliments records, medication records and audits.

Good

Is the service safe?

Our findings

We were unable to talk to people about what it was like to live in the home as they had difficulties talking to us. However, we were able to observe the care and support being given by staff. We did not observe anything to give us cause for concern about how people were treated. We observed people were comfortable around staff and did not show any signs of distress when staff approached them. We spoke with two relatives who regularly visited the home. They were confident people were treated well. They said, "The staff know how to look after X" and "I am happy with the way X is looked after."

There were safeguarding and 'whistle blowing' (reporting poor practice) procedures for staff to refer to. Safeguarding procedures are designed to protect vulnerable adults from abuse and the risk of abuse. Staff told us they had received appropriate safeguarding training, had an understanding of abuse and were able to describe the action they would take if they witnessed or suspected any abusive or neglectful practice. Records confirmed staff had received training on safeguarding vulnerable adults. Staff told us they were actively encouraged to report any concerns about risks to people's safety to the registered manager or to the local authority. This helped to protect people. This was reflected in the records of people's reviews. From the information we hold about the service there was evidence the management team was clear about their responsibilities for reporting incidents and safeguarding concerns appropriately.

In the dining room we saw guidance was available in pictures and words informing people, and their relatives, about abuse and who to inform if they had any concerns. We also noted people regularly met at the local day centre where they discussed important subjects such as keeping safe and 'zero abuse'. This was to help raise their awareness of personal safety and help protect them from potential abuse whether they were in the service or in the community.

Arrangements were in place to make sure staff did not gain financially from the people they cared for. For example, staff were not allowed to accept gifts or be involved in wills or bequests. This meant people could be confident they had some protection against financial abuse and this was closely monitored.

We looked at how the service managed risk. We found individual risks had been assessed and discussed with each person, or their relative, and recorded in their support plan. There were detailed strategies to provide staff with guidance on how to safely manage risks whilst ensuring people's independence, rights and lifestyle choices were respected with the minimum necessary restrictions. Records showed risks had been recognised and kept under review to ensure people were able to lead full and meaningful lives safely. We found risk assessments had been kept under review with the person concerned, their relative and their keyworker.

We discussed how staff would respond when people behaved in a way that may challenge the service. We found individual assessments and strategies were in place to help identify any triggers and guide staff how to safely respond to reduce any risks. We found detailed information in the care plans to help staff recognise any changes in people's behaviour which enabled them to intervene before behaviour escalated to crisis level. Staff also received regular training and support from two designated trainers within the service to help them respond safely and appropriately to behaviour that challenged the service. Management and staff told us they would only use restraint when it was safe and appropriate to do so and described how they would safely diffuse any situations. Any incidents or use of interventions were recorded, reported appropriately and reviewed to ensure people were safe. During our visit we observed staff responding to one person, who was very upset, with patience and kindness and in line with the information and instructions recorded and agreed in people's support plans.

There had been no new staff employed at this service for four years. We looked at the recruitment and induction records of two members of staff. We found a safe and fair recruitment process had been followed and checks had been completed before staff began working for the service. These included the receipt of a full employment history, police check and references from previous employers. We were told people who lived in the home would be encouraged to meet and greet new applicants and participate in the interview to help make sure any new staff recruited were capable of supporting them.

We found there were sufficient skilled staff to meet people's needs in a flexible way. We were told people living in the home needed to be looked after by staff who they knew.

Good

Is the service safe?

We were told any shortfalls, due to sickness or leave, although rare, were covered by existing staff as people living in the home needed specialised and consistent care from staff that knew them. Staff considered there was enough staff to ensure people's needs were met and to also spend quality time with people. We were told staffing numbers were kept under review and adjusted to respond to people's choices, routines and needs. One member of staff explained how they would request additional staff from one of the other local services in an emergency. They said, "We just ring and more staff will come to help us."

During our visit we observed caring and friendly interactions between people living in the home and staff. Relatives said, "Staff are very good; X gets on well with them all" and "The staff have been there a long time which is good as X needs continuity and doesn't like strangers in the house." Staff told us, "We have a good and stable team" and "We are flexible and work around the people that live here."

We looked at how the service managed people's medicines and found the arrangements were safe. The home operated a monitored dosage system of medication. This is a storage device designed to simplify the administration of medication by placing the medication in separate compartments according to the time of day. Policies and procedures were available for staff to refer to and staff had received training to help them safely administer medication. Staff confirmed regular checks on their practice were undertaken to ensure they were competent. However, some of these records were not maintained on file or available for inspection. The registered manager told us some of the recent assessments were stored in another office. The registered manager gave us assurances the assessments would be retrieved and added to staff records.

We found accurate records and appropriate processes were in place for the ordering, receipt, storage, administration and disposal of medicines. Appropriate arrangements were in place for the management of controlled drugs which are medicines which may be at risk of misuse. At the time of our visit there were no controlled drugs in the home. People were identified by photograph on their medication administration record (MAR). Any allergies people had were recorded to inform staff and health care professionals of any potential hazards of prescribing certain medicines to people. Records showed the medication system was checked and audited on a monthly basis and action plans developed in the event of any shortfalls. The numbers of tablets were also checked each day. This helped ensure people's medicines were managed safely. There were systems in place to ensure regular reviews of people's medicines were undertaken by their GP. This would help ensure they were receiving the appropriate medicines.

We looked around the home and found areas were well maintained. The registered manager kept a maintenance record of work that was required and local repair and maintenance people were identified to carry out the work. Completed work was signed off. Improvements to the home were ongoing although there was no formal plan for this. From looking at records we saw equipment was safe and had been serviced regularly and training had been provided to ensure staff had the skills to use equipment safely. Environmental health officers and fire safety officers had visited the home. There were no concerns with records or staff practice noted.

Good

Is the service effective?

Our findings

We looked at how the service trained and supported their staff. From our discussions with staff and from looking at the training records we found all staff received a range of appropriate training to give them the necessary skills and knowledge to help them look after people properly. Staff confirmed they received regular training such as safeguarding, moving and handling, fire safety, and infection control. Staff were also trained in specialist subjects such as learning disabilities, epilepsy, positive response training and managing behaviour that challenges. In addition staff had achieved a recognised qualification in care. However, we noted the training matrix (a record providing an overview of training received) was not up to date with recent training. We discussed this with the registered manager who explained how this had happened and gave assurances this would be reviewed. We noted future training dates were displayed in the office.

Records showed there was an in depth induction programme for new staff which would help make sure they were confident, safe and competent. This included a review of policies and procedures, initial training to support them with their role, shadowing experienced staff to allow them to develop their role and regular monitoring to make sure they were competent, confident and safe to work independently.

Staff were provided with regular supervision and had an annual appraisal of their work performance; we looked at records to support this. This was to help identify any shortfalls in staff practice and identify the need for any additional training and support.

Staff told us handover meetings, daily diaries and a communication diary helped keep them up to date about people's changing needs and support needed. Records showed key information was shared between staff.

The Mental Capacity Act 2005 (MCA 2005) sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. The Deprivation of Liberty Safeguards (DoLS) provides a legal framework to protect people who need to be deprived of their liberty to ensure they receive the care and treatment they need, where there is no less restrictive way of achieving this. The service had policies and procedures to underpin an appropriate response to the MCA 2005 and DoLS and training had been provided for some staff with arrangements in place for additional training.

The registered manager and staff spoken with expressed a good understanding of the processes relating to DoLS. We noted appropriate DoLS applications had been made for people living in the service which would help to ensure people were safe and their best interests were considered.

During our visit we observed people being asked to give their consent to care and treatment by staff. People's capacity to make safe decisions and choices about their lives was recorded in the support plans. From our observations we found staff were aware of people's ability to make safe decisions and choices about their lives. This was to help make sure restrictions on their freedom were no more than was necessary.

We looked at how people were protected from poor nutrition and supported with eating and drinking. People living in the home were involved in the menu planning and would go shopping with staff to local shops and supermarkets. When needed, staff used pictures of people's favourite foods to determine their choices. People, who were able to, would be given support by staff to help prepare drinks and meals. A visitor told us their relative was able to prepare meals at the day centre at the 'cook and eat' sessions. We observed people being given the support and encouragement they needed and staff chatted amiably throughout the meal. Support plans included information about people's dietary needs and preferences and any risks associated with their nutritional needs. This helped ensure people's dietary preferences and needs were considered. People's weight was checked at regular intervals and records showed appropriate professional advice and support had been sought when needed.

We looked at how people were supported with their health. People's healthcare needs were considered during the initial planning process and as part of ongoing reviews. Each person had a Health Action Plan which showed us people living in the home or their relatives, were involved in discussions and decisions about their health and lifestyles. The service had good links with health care professionals and specialists to help make sure people received prompt, co-ordinated and effective care.

Good

Is the service caring?

Our findings

Relatives spoken with made positive and complimentary comments about the home and about the management and staff team. Comments included, “The staff are very good with him; they know what he needs”, “I am happy with everything” and “He is happy and settled; that means a lot.” Relatives told us there were no restrictions on visiting and they were able to visit at any time. They told us they were made to feel welcome and were involved in discussions about care and support.

During our visit we observed staff responding to people in a kind and friendly manner and we observed good relationships between people. Staff were respectful of people's choices and responded appropriately. From our discussions and observations it was clear staff had a good understanding of people’s needs, interests and preferences. A member of staff told us they were nominated ‘key worker’ for a named person living in the home. They told us people living in the home could choose their key worker. A key worker is a member of staff who with the person’s agreement takes a key role in the planning and delivery of person’s care and support.

People’s choices were supported by the staff. For example, people dressed in their preferred clothes, decided what meals to eat and continued to participate in their individual hobbies. We observed people were treated as individuals and were able to do what they wished, making their own individual decisions helped and supported by staff. We looked at two people’s support plans and found preferences and routines had been recorded. We noted staff had followed the information in the support plans. For example, one person preferred to wear a jumper and bright socks; we saw these choices had been respected. Another person did not like strangers in the house and staff followed strategies to manage this and to reduce their anxiety during our visit.

Staff used different methods to enable good communication and to understand people’s views. Methods included the use of photographs and picture boards and a ‘communication dictionary’. Communication dictionaries helped staff understand what the changes in a person’s body language meant such as when they were feeling angry, upset, happy or were in pain. This meant staff were able to respond appropriately to people.

People’s privacy was respected. Staff understood when people needed time alone. A relative told us, “He likes to chill out some days and this is respected.” Each person had a single room which was fitted with suitable locks. One of the bedrooms had en-suite shower facilities. All the bedrooms had been personalised with personal belongings and the registered manager told us people had been consulted about the décor which was individual to them. On the ground floor there was a comfortable lounge, a kitchen and a dining room. Toilets were located on both floors with a communal bathroom on the first floor.

There was information about advocacy services in the service user guide and displayed on the notice board. This service could be used when people wanted support and advice from someone other than staff, friends or family members. We found people who lived in the home had been helped to access the advocacy service. One person had an advocate who visited regularly. Records showed staff were supportive of this and they were helping to develop relationships between the person and their advocate.

People had access to a guide about Holt Mill House which included useful information, in pictures and words, about the services and facilities available. The registered manager told us a newsletter should be available soon which would help keep people up to date. We saw records that supported people who used the service were currently involved in the development of the newsletter and their suggestions had been sought about how it should look and what it should contain. This meant they were supported to keep one another and their relatives involved in the running of the home.

Good

Is the service responsive?

Our findings

People received personal care and support that was responsive to their needs. Before people had moved into the home the registered manager carried out a detailed assessment of their needs and gathered information from a variety of sources such as social workers, health professionals, and family and also from the individual. People had been invited to visit the home and spend time with staff and other people who used the service before making any decision to move in. This allowed people to make a choice about whether they wished to live in the home.

Each person who lived at the home had a support plan that was personal to them and which focused on their life history. The support plans were easy to follow and contained information about people's likes and dislikes and routines as well as their care and support needs. They included information about how people communicated any risks to their well-being and their ability to make safe decisions about their care and support. People's changing needs were identified, recorded and regularly reviewed. We observed staff interacting with people living in the service; their responses showed they were aware of people's needs and choices. The registered manager and area manager regularly checked people's care plans and developed an action plan where shortfalls had been identified.

From our observations, looking at records and photographs, and from discussions with staff and relatives it was clear there were opportunities for involvement in meaningful activities both inside and outside the home. People were involved in decisions about the activities they would prefer and were supported to maintain hobbies and interests. Each person had an activity board which displayed activities the person enjoyed and which activities were planned for the day. Activities were arranged mainly on a one to one basis and were tailored to each individual and included horse riding, swimming and attending football matches and disco events. People were supported to maintain their relationships with their friends and family and were able to spend periods of time away from the home. This was confirmed by a relative. A relative said, "He has a very good quality of life."

On the day of our visit one person was attending the day centre which was run by the service, 'The Chill Mill' where he could meet with friends and take part in various events and activities including 'cook and eat', crafts and exercise. 'The Chill Mill' is a day centre that is run by a service user committee with support from staff. This enables people from the wider service to meet with each other, family and friends and to build relationships with people from the local community. Another person had helped with the weekly shopping and the third person had been out in the car for a drive as he found this relaxing. People were also involved in household chores and would help with cleaning their rooms and taking washing to the laundry.

The complaints procedure was displayed around the home. The procedure was available in an easy read picture format that could be understood by everyone who lived at the home. Records and observations showed people who used the service and their relatives were encouraged to discuss any concerns during meetings and reviews, in day to day discussions with staff and management, and also could attend a 'drop in' session. Relatives spoken with said they knew how to make a complaint and were confident to do so.

Records showed people's complaints and concerns had been investigated and responded to by the registered manager in an open and honest way. Complaints were monitored and the information was shared with staff and used to improve the service.

Good

Is the service well-led?

Our findings

There was a management structure in the home which provided clear lines of responsibility and accountability. There was a registered manager in day to day charge of the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. The registered manager was supported by an area manager and they were able to regularly meet with managers and team leaders from other services. The registered manager kept up to date with current good practice by attending training courses and linking with appropriate professionals in the area.

Monthly reports were sent to head office about the running of the home which would help the registered provider monitor whether the service was being managed in people's best interests. Information included infection control, training, accidents and incidents. The registered manager and staff confirmed the area manager undertook regular visit to Holt Mill House to look at records and to talk to people living in the home and staff. However, the findings from the visit had not always been recorded. The registered manager gave us assurances this would be discussed with the area manager and appropriate action taken.

From our discussions and observations we found the registered manager had a good knowledge of the people who used the service and of the staff team. The registered manager was committed to ongoing improvement of the service and was able to describe the key challenges. They had notified the commission of any notifiable incidents in the home in line with the current regulations.

Staff spoken with made positive comments about the way the service was managed and understood the values of the service. They told us they felt supported to raise any concerns or discuss people's care at any time or during regular meetings. One member of staff said, "Our manager is brilliant." The staff told us they had a stable team with a very low turnover of staff and they were aware of their roles and responsibilities as they had been involved in the development of their job descriptions. They received regular feedback on their work performance through the supervision and appraisal systems. They had access to clear policies and procedures to guide them with best practice and had signed when they had read any updated or new information. They told us they were kept up to date and encouraged to share their views, opinions and ideas for improvement.

There were systems in place to regularly assess and monitor the quality of the service. They included checks of the medication systems, money, support plans, infection control and environment. There was evidence these systems had identified any shortfalls and that improvements had been made.

People living in the home, or their representatives, were able to express their views and opinions of the service. The registered manager explained how satisfaction surveys were not always appropriate for this small service. However, people's views about the service had been obtained in other ways, such as through meetings, attendance at the 'Chill Mill' and reviews and during day to day discussions with staff and management. A regular 'drop in' session was available for people using the service or their relatives to discuss any issues with the registered manager. There was evidence in the support plans to that the service listened to people and that people's opinions were important and used to develop the service. A relative said, "I am kept up to date with what is happening in the service."

Accidents and incidents which occurred in the home were recorded, analysed to identify any patterns or areas requiring improvement and shared with the appropriate commissioners.

The provider had achieved the Investors In People award. This is an external accreditation scheme that focuses on the provider's commitment to good business and excellence in people management. The service was being re-assessed. These measures helped demonstrate the registered manager and registered provider were working to monitor and deliver high quality care.