

Holmleigh Care Homes Limited

Hunters Moon

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?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

What life is like for people using this service:

- The service was safe and people were protected from avoidable harm. Risks people faced were well managed and staff had clear information on how to support people safely.
- Staff treated people in ways that maintained their dignity and privacy.
- Staff were well trained and there were enough of them to provide the support people needed. Staff were thoroughly checked before they worked at the service.
- The service worked well with other health and social care professionals to ensure they could meet people's needs.
- Relatives were confident any complaints would be investigated and action taken to resolve them.
- The service was well-led. The registered manager had systems in place to assess the quality of the service provided and plan improvements where needed.

More information is in Detailed Findings below.

Rating at last inspection:

Good (report published 19 May 2017).

About the service:

Hunters Moon is a care home for people with a learning disability. Seven people were living in the home at the time of the inspection. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

Why we inspected:

This was a planned inspection based on the rating at the last inspection.

Follow up:

We will monitor all intelligence we receive about the service to inform when the next inspection should take place.

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.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was not always well-led.

Details are in our Well-led findings below.

Hunters Moon

Detailed findings

Background to this inspection

The 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.

Inspection team:

The inspection team consisted of one inspector.

Service and service type:

Hunters Moon is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the registered manager short notice of this inspection, two days before the visit. This was to enable staff to support people to prepare for the visit. The inspection took place on 27 March 2019.

What we did:

Before the inspection we reviewed the information we held about the service and the service provider. The registered 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. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law.

We met with four people to gather their views about the care they received and observed their interactions with staff. Following the visit, we spoke with three relatives. We looked at records, which included two people's care and medicines records. We also looked at a range of records about how the service was

managed. We spoke with the registered manager and three support staff.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:

- The service had effective safeguarding systems in place. All staff spoken with had a good understanding of what to do to if they suspected people were at risk of harm. Staff had access to information and guidance about safeguarding to help them identify abuse and respond appropriately if it occurred. Staff told us they had received safeguarding training and we confirmed this from training records. Staff were confident the registered manager would listen to them and take action to keep people safe.
- Relatives told us they thought people were safe at Hunters Moon.
- The staff we spoke with said they did not have any concerns about people's safety.

Assessing risk, safety monitoring and management:

- Risk assessments were in place to support people to be as independent as possible. The plans balanced protecting people with supporting them to maintain their independence.
- People and their representatives had been involved in assessing risks and their views were recorded. Staff demonstrated a good understanding of these plans, and the actions they needed to take to keep people safe.
- People had positive behaviour support plans in place where needed. These set out the support people needed to manage behaviours that challenged staff and other people. The plans included clear information about signs for staff to look out for and actions needed to de-escalate situations. There was information about any physical interventions staff may need to use to ensure people remained safe. Staff received regular training in these intervention methods to ensure they knew how to support people safely.

Using medicines safely:

- Medicines were securely stored in locked cabinets. People were supported to have these cabinets in their bedroom, to increase privacy and independence.
- People were supported to take the medicines they had been prescribed. Medicine administration records had been fully completed. These gave details of the medicines people had been supported to take and the reasons why any medicines had not been taken as prescribed.
- Where people were prescribed 'as required' medicines, there were clear protocols in place. These stated the circumstances in which the person should be supported to take the medicine. Staff had received training in safe administration of medicines and their practice had been assessed, to ensure they were following the correct procedures.
- Medicines and administration records were checked daily, to ensure people were being supported to take the medicines they had been prescribed.

Learning lessons when things go wrong;

- Incidents were recorded and had been reviewed by the registered manager before being closed. Actions

included referrals to external health and social care professionals where necessary and changes to people's support plans.

- Staff took part in debriefing sessions where necessary following incidents. These were used to reflect on incidents that had happened and assess whether different actions would have resulted in better outcomes for people.

Staffing levels:

- There were sufficient trained and experienced staff to meet people's needs. Staff said there were enough of them on each shift to provide the support people needed. There were enough staff to enable people to participate in planned activities and to meet people's assessed needs.
- Effective recruitment procedures ensured people were supported by staff with the appropriate experience and character. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant's past performance and behaviour. A DBS check allows employers to check whether the applicant has any convictions or whether they have been barred from working with vulnerable people.

Preventing and controlling infection:

- Staff were trained in infection control and demonstrated a good understanding of the systems in place. The home was clean and staff were seen to follow good hygiene practices.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

- The provider ensured people's needs were assessed before they moved into the service. Assessments were comprehensive and expected outcomes were identified. This ensured people's needs could be met and individual support plans put in place.
- Staff worked with health and social care specialists to ensure people's specific needs were met. Examples included individual epilepsy assessments and support plans and individual positive behaviour support plans. These set out how the relevant specialists assessed people's specific needs should be met. Records demonstrated staff followed these plans when providing support for people.
- People and their representatives were involved in the assessment and support planning process. People were supported to develop goals to help them develop their skills and become more independent. Examples included support for people to be more involved in managing their medicines and developing communication.

Staff support: induction, training, skills and experience:

- Staff were competent, knowledgeable and skilled. Staff told us they received good training, which gave them the skills they needed to do their job. The registered manager had a record of all training staff had completed and when refresher courses were due.
- Staff had completed a comprehensive induction and had regular supervision and appraisal meetings. Staff told us the induction and training they received had been very useful and given them the skills they needed. One member of staff commented, "The training is very good. It gives us the skills we need and the confidence to provide the support people need." Training courses included an assessment which staff needed to pass. One member of staff told us, "People will fail the training if they don't demonstrate the right skills."

Supporting people to eat and drink enough to maintain a balanced diet:

- People were supported to be involved in choosing meals. Staff supported people to plan out the menu, using pictorial cards to help people communicate their decisions. During the visit we observed staff supporting people with preparing a meal, providing good support regarding food safety and hygiene.
- Staff were aware where people had specific dietary needs relating to health conditions. There was clear information in support plans for staff to follow.

Staff providing consistent, effective, timely care and involvement of health professionals:

- The service had systems in place to plan referrals to external services and to maintain care and support. Staff worked with local health services to ensure people received the support they needed. The registered manager reported they had a good relationship with the local GP practice.

- Staff worked with other professionals to provide effective support for people. Staff had worked with epilepsy specialists to support one person to successfully access treatment to manage their seizures. Another person had been supported to access community nurse services out of the area. This enabled them to have regular holidays and still receive appropriate health treatments.

Adapting service, design, decoration to meet people's needs:

- People were involved in decisions about the premises and environment. Individual preferences and cultural and support needs were reflected in how adaptations were made and the premises were decorated.

Ensuring consent to care and treatment in line with law and guidance:

- 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. Staff had completed training on the MCA and were aware who lacked capacity to consent to their care and treatment. Staff checked with people before providing any care or support. They asked people questions in different ways to help ensure they understood the decisions they were making. People were supported to access formal advocacy services where needed, to help with decision making.

- 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 are called the Deprivation of Liberty Safeguards (DoLS). Applications to authorise restrictions for people had been made to the local authority where necessary and were being assessed at the time of the inspection. Staff understood the importance of assessing whether a person had capacity to make a specific decision and the process they would follow if the person lacked capacity.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity:

- People were treated with kindness and relatives were positive about the staff's caring attitude. Comments from relatives included, "I have no problems. They look after [my relative] well" and "They always keep in contact with us so we know what is happening."
- We observed staff interacting with people in a friendly and respectful way. Staff responded to requests for support. Staff intervened promptly when one person showed signs of distress, providing caring support that de-escalated the situation.

Supporting people to express their views and be involved in making decisions about their care:

- Staff supported people to make decisions about their support. Staff supported people to express their views through the use of non-verbal communication methods where needed, such as sign language, pictures and objects of reference.
- People's communication needs were assessed when they moved into the service. The assessment included information about the Accessible Information Standard, to ensure the service met people's specific communication needs. Details of the support people needed were included in their support plans.

Respecting and promoting people's privacy, dignity and independence:

- People's support plans included details of how people wanted their privacy and dignity to be maintained and what was important to them. We observed staff working in ways that maintained people's privacy and dignity.
- People were supported to maintain and develop relationships with those close to them, social networks and the community. Staff supported people to do this in ways that maximised their independence and maintained their safety.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- Staff knew people's likes, dislikes and preferences. They used this detail to provide support for people in the way they wanted. Examples included information about people's preferred daily routines and the activities they liked to take part in.
- People were supported to make choices and have as much control and independence as possible, including in developing care and support plans. Relatives and advocates were also involved where appropriate.
- People had clear support plans, which set out how their individual needs should be met. The plans were specific to people and contained detailed information for staff. The plans had been provided in an accessible format for the person, for example, using pictures and symbols and developing an audio version of a person's plan.
- People were supported to take part in a range of activities they enjoyed. Relatives said people enjoyed the activities, including swimming, trips out to places of interest, attending music events and visits to family and friends.

Improving care quality in response to complaints or concerns:

- Relatives said they knew how to make a complaint and were confident any concerns would be resolved. Comments included, "I am confident any concerns would be sorted out." The complaints procedure was provided to people when they moved into the home and displayed on a notice board. The procedure was presented in an accessible version, to make it easier for people to understand. Staff asked people whether they felt safe or if they had any complaints as part of their regular monthly meetings with people.
- There were systems in place to record and review any complaints received. No complaints had been received in the year before the inspection.

End of life care and support:

- Staff understood people's preferences and were aware of good practice and guidance in end of life care.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:

- The registered manager had completed a range of audits, to ensure they were satisfied with the way the service was operating. These audits included assessments of the building safety, care records, medicine safety and action taken in response to incidents and accidents. The registered manager had action plans to address any concerns that were identified during these audits.
- The provider had a quality assurance manager, who had previously completed visits to the home every two months to assess the quality of the service. This assessment had not been completed since October 2018. The registered manager told us the quality assurance manager had been unable to complete these visits, and no other representative of the provider had completed the visits in their absence. Following the inspection, the registered manager said the provider had started the process to recruit additional staff to assist with the oversight of the service.
- There was a clear staffing structure and staff were aware of their roles and responsibilities.
- The service had effective systems to manage risks to people using the service, staff and members of the public.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:

- The provider had consulted people about a possible change to the way the service was operated. Some relatives felt communication from the provider was not always clear and were concerned about what the changes would mean in practice. One relative commented, "There is no line of communication from the top of the organisation."
- Staff told us they felt listened to, valued and able to contribute to the running of the service. One member of staff said, "We are respected and our opinions are listened to."

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:

- The registered manager successfully maintained a person centred culture which contributed to staff work satisfaction. The registered manager prioritised safe, high-quality, compassionate care. This supported staff to deliver good care for people.
- Staff we spoke with praised the management and told us the service was well run. Comments included, "They have turned the home around. People now feel confident in what is happening."
- The registered manager had a good understanding of their responsibilities under the duty of candour.

Continuous learning and improving care; Working in partnership with others:

- The registered manager developed a culture of continuous learning. Staff had clear objectives focused on this and improvement. Staff were held to account for their performance through regular supervision and appraisals.
- The service worked in partnership and collaboration with a number of key organisations to support care provision, joined-up care and service development. This included work with the community learning disability team, and specialist nurses.