

Holmleigh Care Homes Limited

# Bathurst Lodge Residential Care

## 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?	Requires Improvement ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

The inspection took place on 27 November 2016 and was unannounced. The service was last inspected in December 2015. At the last inspection, we had found that people were at risk of cross contamination, as the bathroom had not been adequately maintained. We had also found that there had been inconsistent monitoring of when staff had intervened or administered medicines if people became agitated.

Bathurst Lodge is a large detached house in a residential area of Gloucester. The service is registered to provide personal care for up to six people with learning and mental health difficulties. On the day of our visit, there were six people at the home.

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

The staffs skill and approach in responding to behaviours that challenge in a caring way was variable. Some staff did not convey a patient caring manner when they supported those people. The remaining staff did convey that they were caring towards people and were patient in approach.

People spoke positively about the staff and the support given by them with their particular needs. People were treated in a polite way and staff spent plenty of time with people. There were positive and warm interactions between them. People approached staff when they wanted to talk with them.

Care plans were informative and set out for staff what actions were needed to support people with their range of care needs. Staff were aware of what was written in each person's care records. They knew how to provide care that was flexible to each individual and met their needs. Care plans were reviewed and updated regularly. This was done so that they were up to date and reflected the current needs of people.

There were recruitment and training processes in place that helped to ensure that staff were properly checked and were knowledgeable to be able to support people effectively.

The staff told us they could address any concerns or raise any issues informally with senior staff and the registered manager. The staff had received formal supervision meetings and areas for improvement were properly addressed with them.

There were enough staff deployed at any time to meet people needs. Feedback from people and others involved in their care was positive. There were quality checking systems in place to monitor the service so that people received care that was personalised to their needs.

Staff spoke positively of the management of the service. They said that the registered manager and the deputy manager provided strong and supportive leadership. Staff said they saw them or the deputy

manager every day. They also said they were always available and helped them whenever they needed support and guidance.

Feedback about the home from people and others involved in their care was positive. Regular reviews were undertaken to see where improvements were needed and the service could be further developed. There were systems in place to monitor the service to ensure people always received care that was personalised to their needs.

Staff spoke positively of the management structure of the organisation they worked for. They said that the senior managers and the registered manager provided strong and supportive leadership. The staff team told us they were particularly well supported by the registered manager, who spoke positively about their role. Staff said they saw them every day and they were always there and helped them whenever they needed support and guidance.

## 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 ●

People's medicines were properly managed and staff were trained and monitored to give people their medicines safely.

There was a system in place to help ensure that staff were recruited safely and were competent to meet people's needs.

There was enough staff to provide people with a safe level of care and support.

Staff knew how to identify what abuse was and they knew how to report it and keep people safe.

### Is the service effective?

Good ●

Peoples were supported by staff that understood their needs. The staff provided them with care that was effective.

People enjoyed the meals at the home and they were supported to eat and drink foods that they enjoyed .

People were well supported with their health care needs and there was GP and other healthcare professional's support for them.

People were supported by staff who understood the importance in providing choices if they did not have the capacity to make specific decisions in their daily life.

### Is the service caring?

Requires Improvement ●

Some aspects of the service were not caring

Some staff did not convey a caring attitude at all times with people.

People told us they thought that staff were kind and caring towards them.

People were assisted by staff that knew them well, Staff understood their individual choices and preferences in their daily life.

### Is the service responsive?

Good ●

The service was responsive

The staff knew people's preferences, likes and dislikes, and care plans reflected these preferences.

Care was planned flexibly and care plans showed how people chose to be supported.

People told us that they enjoyed the different social activities in the home and in the community.

Complaints and concerns were taken seriously and they were fully investigated by the registered manager.

### Is the service well-led?

Good ●

This service was well- led.

Staff felt supported by the registered manager and there was an open culture at the home which meant they could make their views known easily .

There were regular quality monitoring checks carried out to ensure people were receiving a service that met their needs. □

# Bathurst Lodge Residential Care

## **Detailed findings**

### Background to this inspection

This inspection took place on 27 November 2018 and was unannounced. The inspection was carried out by one inspector.

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

We looked around the home and observed how staff interacted with people. We spoke with four people. We spoke with three care staff the deputy manager and the registered manager.

We looked at the care records of three people. We looked at records that related to the staff including recruitment procedures and training and development of staff. We also looked at a number of records relating to the management of the home including quality audits and accident and incident records.

# Is the service safe?

## Our findings

At our last inspection in December 2015, we had found that people were not always protected from the risk of infection as the ground floor bathroom as it had not been maintained to an appropriate standard to prevent and control infections. At this inspection we saw that the bathroom had been completely refurbished. The room looked clean and fit for its purpose. We met people who used the facility during the day; people told us they were happy with the new bathroom.

Medicines were managed and given to people safely. People received their medicine at the times that they were prescribed. Staff were observed following safe procedures when they gave people their medicines. They gave each person an explanation and showed them their medicines pointing out the name printed on then. This was to help ensure the person understood what their medicines were. The provider's medicines policy was followed by staff as they checked that people had taken their medicines. Medicine records included people's photographs and the medication administration records were complete and accurate. The staff signed the medicine charts after they had given each person their medicines. There was guidance in place that clearly explained when to give people 'give as required' medicines. This was also regularly checked and reviewed by the registered manager and deputy manager.

Medicines that required additional security were regularly checked by staff. There were accurate stock checks and remaining balances of medicines which had been administered. There were daily records of the fridge and room temperatures to ensure medicines were stored at the temperatures needed to maintain their effectiveness. There were guidelines in place for people who had medicines prescribed to be taken as and when required.

The risks that people could experience abuse were minimised. People were also protected as much as possible from avoidable harm. The staff team were trained so that they knew their responsibility to report any concerns or allegations of abuse to the registered manager. There were policies and guidance for staff about how to protect people and report their concerns. The staff were aware of this information. The policies included the contact details of CQC as well as the relevant safeguarding authorities. There was also an easy to read policy for people who lived in the home. Referrals to the appropriate safeguarding authorities were being informed when it had been identified that there was a risk of harm or abuse to them. The registered manager had taken appropriate actions to protect people to ensure they were being supported.

People's care plans showed that clear and positive actions were in place for staff to follow to deal with difficult situations that could arise due to the nature of some people's needs. For example, one person shouted and called another person names. A member of staff immediately stepped in and safely defused the situation in order to avoid any confrontation.

The registered manager told us that they regularly reviewed the staff levels to make sure they were safe. They said they also checked on a daily basis to ensure there were sufficient staff to meet people's needs. The staff duty rotas confirmed there had been enough staff on duty at any time to support people. Staff were offered overtime where there had been a shortfall in the staffing numbers. This also meant where possible people were supported by staff who they knew well. In emergencies, bank staff and agency were also used.

The premises looked free from obvious hazards in all of the areas we saw. People told us they felt the environment was safe for their needs. Environmental checks had been done regularly to help ensure the premises were safe. These included, fire safety equipment and emergency lighting electrical testing and fridge and freezer checks. Fire safety records showed that regular fire checks were completed. There were regular fire drills undertaken and the staff told us what to do in the event of a fire to stay safe.

The provider had put in place recruitment procedures that were effective. They aimed to ensure people were cared for by suitable staff. Their criminal backgrounds, employment histories and reasons for people leaving their previous employment had been checked and followed up on.



# Is the service effective?

## Our findings

At our last inspection in December 2015, we had found that not all staff had received regular formal supervision meetings to discuss their personal development and any concerns. We had also found that assessments and best interest decisions of implementing environmental restrictions had not been recorded. At this inspection, we found that the provider had followed their own action plan and improvements had been made.

The staff said the registered manager or the deputy manager met with them for regular one to one supervision meetings. They said the aim of the meetings was to help them improve and develop in their performance at work. This helped ensure staff were well supported and supervised in their work. Records confirmed that staff had regular one-to-one supervision sessions and were properly supported at work. The records of the supervision meetings were detailed and informative. The overall quality of staffs work and ability to care for people effectively was discussed with them in detail. Areas for improvement were clearly identified with them. There were also timescales set for staff to be able to improve and develop in their performance and role

The people we spoke with told us how they felt well supported with their care needs by the staff. Examples of comments included "The staff look after me", and "The staff help me with my breakfast and I like it here." Staff supported people in a calm and attentive way when engaged in activities with them. One person was supported by staff to plan how they spent their day. Another person was assisted to cook a meal.

The staff said they offered people support and guidance about healthy eating. There was information displayed in the kitchen about advice and suggestions for cooking healthy meals. The staff told us this information was to assist people in menu planning.

People went in and out of the dining room and were supported with staff to go in the kitchen and prepare themselves drinks and snacks. People were able to choose what they had to eat and drink.

The staff showed an insight and understanding of people's range of mental health and learning disabilities. Staff told us about some of the ways they used to support people when they felt particularly distressed or upset. They said they tried to stay calm and use a clear and consistent approach and make sure they offered plenty of time to listen to people when they wanted to talk.

The staff worked closely with other health care professionals and the local GP to ensure people's needs were regular reviewed and being met. They had worked with people's families to encourage them to assist with the progress of people's development and independence.

People's rights were protected under the Mental Capacity Act 2005 (MCA). The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular

decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The registered manager and staff understood about Deprivation of Liberty Safeguards (DoLS) and knew what to do to ensure they would be used appropriately. DoLS are used to protect the interests of people who may need their liberty restricting and do this in the least restrictive way. The registered manager told us that no applications had been made in the last year because no one at the home required a DoLS to be implemented. There was also DoLS guidance information available to help inform staff to make a suitable DoLS application when needed.

Training records and our conversation with the staff confirmed the staff team had been on recent training about a number of mental health related subjects. New staff completed an induction-training programme. The staff induction was completed over a two-week period and new staff received training in mental health issues, medicines administration, mental capacity and safeguarding adults. New staff also worked in a supernumerary capacity and shadowed more experienced staff to learn the way the people at the home preferred to be cared for.

## Is the service caring?

### Our findings

The staff skill and approach in responding to behaviours that challenge in a caring way was variable. Some staff did not convey a patient caring manner when they supported those people. For example, they referred to people as 'this one' and they mentioned intimate care matters in communal areas. These actions compromised the dignity of the people concerned. When certain people showed behaviours that were challenging certain staff sounded firm and lacking patience in their tone of voice. This could have been experienced as being caring for the person concerned. The remaining staff did convey that they were caring towards people and were patient in approach.

People and the relative we spoke with had positive views of the service and the caring approach of the staff. One person told us; "They are nice". Another person said; "The staff look after me".

People were supported by mostly kind and attentive staff. Some staff were patient and caring in their approach. They encouraged people to build up their confidence and to be more independent. One person explained how staff supported them to shop for clothes and personal items; "They are fantastic and take me where ever I need to go."

People told us they felt supported by all of the staff and the registered manager. Each person said they had their own key worker among the team. They told us their key worker's role was to give them extra support and one to one assistance with activities of daily living if needed.

People had their own key to their bedroom doors that they were able to lock. This helped them to have privacy. People told us the staff respected their privacy and always knocked on their bedroom doors and waited for a response before entering.

Staff said they spoke with people about their likes and the way they wanted their care to be provided. They said that care plans were written based on what people told them and they provided information about the way people wanted to be cared for. This was evidenced in the care records we viewed: people choose what time they got up, when they went to bed, and how they wanted to spend their day.

The training records confirmed that the staff had been on equality and diversity training. The staff understood what equality and diversity was. They explained that it meant respecting people's rights and choices. The staff also said they aimed to ensure they treated everyone as an individual. For example, staff told us they supported people who wanted to practice their faith while they lived at the home. A group of people went to a local church with staff during our visit. They told us staff supported them to attend Church whenever they wanted to go.

Information was displayed on a notice board so that people were aware they could request the assistance of mental health advocacy services. This independent service was to support people to raise any issues they had and communicate these to the registered manager.

## Is the service responsive?

### Our findings

People were supported and encouraged to build up their confidence and gain more independence in their daily lives. The people we spoke with told us they were assisted by staff to build up confidence with daily living skills. One example was that one person was told us the staff supported them to go shopping and buy their own clothes and items to decorate their bedroom. Another person told us that they went to a day centre where they met up with their friends on a regular basis. Other people we met were supported to go and visit their family.

People's needs were identified and the care and support they received was planned and delivered in line with their individual wishes. Information in their care records was detailed and identified their preferences and personal wishes. These included care routines, food preferences, interests, hobbies and what was important to them. People's interests, aspirations and diverse needs had been recorded. Actions were clearly explained that set out how to support people to receive the care and support they preferred. People told us they had been involved in writing their care plans and had signed them in agreement.

One person said they had been supported to move to the home from another service. They said they were given opportunities to visit the home and to see what they thought of it. This showed how people were supported to make the right choices for themselves about whether to move to the home or not.

People, their families and health care professionals involved in their care were asked to give their views about the service through an annual survey and residents' meetings, and where shortfalls or concerns were raised these were addressed. For example, parts of the home had been redecorated based on feedback from people.

The people we met confirmed there were house meetings held regularly in the home. People told us this was a way to make their views known about the services. People also explained they were encouraged to discuss things that mattered to them and raise concerns if they had them. No one we met had any concerns about the service when we visited.

The provider had a system in place to ensure that complaints were properly investigated and used to improve the service. The complaints procedure was written in an easy read format to help people understand the process and make their views known. People had been given their own copy of the procedure and there was a copy on display in a shared area of the home. The people we spoke with knew how to make a complaint. There had been no recent complaints made about the home.

## Is the service well-led?

### Our findings

The people we met told us how much they liked the registered manager and the deputy manager. We observed that the registered manager and the deputy had built up very close and warm relationships with everyone at the home. People approached them both throughout our visit. There was lots of warmth and good humour between people and both managers.

The registered manager was the manager for two of the provider's services. Their hours worked in each home were planned flexibly. This depended on the needs of the people and staff who worked there. A deputy manager took managerial responsibility for the home when the registered manager was not available. Everyone we asked said that the registered manager was supportive and always available if they were not working at the home.

The registered manager had worked in the home for many years. They were very knowledgeable about people and how they had progressed since living at Bathurst Lodge. They were also passionate about the needs of people coming first. They attended the provider's managers meetings to share information and discuss any local or national health and social care changes which may affect people and the running of the home. Both the registered manager and deputy manager felt supported by other senior staff within the organisation.

The staff told us how the registered manager led by example and provided clear leadership. They told us they were praised when they observed good practices. They said the registered manager would very clearly address any shortfalls in their performance with them as well.

Staff told us that the registered manager was approachable and would always provide support and advice when needed. Staff meetings gave staff the opportunity to raise concerns and discuss issues which affected the running of the home.

There were regular quality checks undertaken on the service by the registered manager and deputy manager. Audits were undertaken on areas such as the menus, medicines management, care plans and staffing levels and training. We saw as well that a quality assurance manager regularly visited the home and carried out additional checks of the home.

Accident and incidents were analysed and learning took place when needed. For example, where there were shortfalls in the management and administration of medicines these were looked into and investigated. If it was needed actions such as more training and increased staff supervision were put in place to address any shortfalls in the quality of the service.