Holmleigh Care Homes Limited

Elmlea

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 14 January 2016 and was unannounced. Elmlea provides accommodation and personal care for up to ten people with a learning disability or autistic spectrum disorder. There were ten people living in the home at the time of our inspection. Elmlea consists of the main house which has a lounge, dining room, kitchen and eight bedrooms set over two floors. Two one-bedroomed bungalows were also set in the grounds of the main house. People had access to a secured outdoor space.

A registered manager was in place as required by the service's 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 2008 and associated regulations about how the service is run.

One of the showers in the communal bathroom of the main house had not been maintained which meant that it could not be effectively cleaned and therefore put people at risk of cross contamination.

Staff delivered compassionate care which was focused on people's individual needs. They were knowledgeable about people's wishes and preferred way to be supported. Staff respected people's decisions and provided support when requested. Both people and their relatives complimented the caring nature of staff. We received many positive comments about the home.

A wide range of activities were provided for people in and out of the home. People were encouraged to partake in activities. They told us they enjoyed the meals and were encouraged to maintain a balanced diet. People's bed rooms had been decorated to their taste. Staff supported people to maintain links with their families. Relatives were positive about the care people received.

People's care plans were personalised and reflected their needs, choices and risks.
They were supported to maintain their health and well-being and to access health and social care services as required. The home had identified people's risks. Records provided staff with guidance on how they should be supported if they became upset. Staff were knowledgeable about safeguarding people and recognising signs of abuse. People's medicines were managed well. Systems were in place to ensure people's medicines were ordered and given to them on time by competent staff.

Processes where in place to ensure there were suitable numbers of staff to meet people's needs. The employment and criminal histories of new staff had been checked to ensure they were of good character. Staff demonstrated understanding about their responsibility to protect people's human rights. They had been trained to support people with complex needs. People were supported by staff who regularly met with their line manager to discuss any concerns.

The home was well-led. The registered manager had a good understanding of their role and how to manage

the quality of the care provided to people. People and those important to them had opportunities to feedback their views about the home and quality of the service they received. Monitoring systems were in place to ensure the service was operating effectively and safely. Internal and external audits were carried out to continually monitor the service provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

This service was not always safe.

Effective cleaning could not take place as the shower had not been suitably maintained.

There were suitable numbers of staff to meet people's needs. Appropriate checks had been carried out on staff before they supported people.

People were protected from harm. Their risks were well managed and known by staff. Staff were knowledgeable about safeguarding people and would report their concerns.

People were given their prescribed medicines by staff who had been trained to do so.

Is the service effective?

Good

The service was effective.

People had access to health care professionals and other specialists when required. There dietary needs and preferences were documented and known by staff.

The rights of people who were unable to make important decisions about their health and well-being were protected. Staff had been trained and supported to carry out their role.

The home had been adapted to meet people's needs.

Is the service caring?

Good

The service was caring.

Staff focused their care around people's needs. They were kind and caring towards people.

People were encouraged to maintain links with their families. They were encouraged to be independent in their daily living and social activities.

Is the service responsive?

Good

The service was responsive.

Care plans included information to enable the staff to monitor people's well-being. They included information about their personal history, individual preferences and interests. People had a range of activities they could be involved in.

People and their relative's suggestions and complaints were encouraged, explored and responded to in good time.

Is the service well-led?

Good

The service was well- led.

People and their relatives spoke positively about the management and staff team in the home.

Systems were in place to report and review any significant incidents to the relevant authorities. Quality assurance systems were in place to monitor the quality of care and safety of the home.

Elmlea

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 14 January 2016 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 reviewed the information we held about the service as well as statutory notifications. Statutory notifications are information the provider is legally required to send us about significant events.

We talked with two people and looked at the care records of four people. Most people were unable to communicate with us due to their complex needs. However, we saw how staff interacted with these people. After the inspection we spoke with three relatives by telephone and sought their views about the service. We spoke with three members of staff and the registered manager. We looked at records relating to staff recruitment, training and development. We looked at records relating to the management of the service, which included the management of accidents and incidents. We also looked around the environment.

Requires Improvement

Is the service safe?

Our findings

People lived in a home which was clean and odour free. People were encouraged to take part in cleaning their bedroom and other household chores. The bathrooms were regularly cleaned, however there were cracks in the seals and grouting of the tiles in the communal shower in the main house. People could be at risk of infection from this as these areas could not be effectively cleaned. This was raised with the registered manager who told us they would immediately address this.

People benefited from a safe service where staff understood their safeguarding responsibilities. Staff had been provided with training on how to recognise and report allegations and incidents of abuse. All staff demonstrated a good understanding of the home's' safeguarding policy and processes. They knew who to contact with any concerns both within and outside of the service. One member of staff said "I know where to go to in the company if I suspect anyone is being harmed. If they didn't take me seriously, I would definitely take it to CQC or social services". Where concerns had been raised about the protection of people, the registered manager had shared this information with other agencies that had a responsibility to safeguard people. We discussed recent safeguarding concerns involving people who lived at the home with the registered manager and were reassured that they had taken the appropriate action to protect people.

Relatives felt their loved ones were protected from harm and were safe living at Elmlea. One relative said, "The staff are wonderful, I know he is well cared for and safe living there. I would know if he wasn't happy there". People had access to information which helped them understand their rights. Pictorial and easy read information on recognising and reporting abuse was displayed on the home's notice board.

People's personal risks had been identified and were managed well, such as the risk of choking or becoming anxious. Staff were knowledgeable about people's risks and how they should be managed to reduce harm to people. People who were known to become anxious or upset were supported. Their care records provided staff with information of the triggers or signs which may indicate they were becoming upset or frustrated. Guidance was in place to direct staff on how they should support people if their behaviour or emotions changed. For example, one person was known to become upset if they focused on their troublesome past. Their care records directed staff on how they should support the person if they started to talk about their past and what to do if they became upset. Staff encouraged people to be independent as possible. We observed staff monitoring people and offering support if required. Staff respected the decision when people refused their support but monitored them from a distance.

An effective system was in place to ensure there was enough staff to meet people's needs. The registered manager managed the staffing levels. A weekly staff rota system indicated who would be on duty and their level of responsibility such as managing the shift or being responsible for people's medicines. Where there had been gaps in the rota, staff had carried our additional hours to ensure people were suitably supported. Staff and people's relatives confirmed the levels of staff were consistent. We were told extra staff were made available if people required additional support or they needed individual support for activities or to attend appointments.

Two new members of staff were being recruited to support the staff team. The registered manager often carried out support and personal care with people. She said, "It is good to work a shift and be part of the team. I like to work a shift to know what's going on and keep my hand in. Staff will know what to expect and how I want things done if they see me doing it".

Effective recruitment processes were in place to ensure people were cared for by suitable staff. Checks on staffs' previous employment history, references and criminal records had taken place. However, the reason why there were gaps in staffs' employment histories were not always recorded. This was raised with the registered manager who said this would have been discussed during their interview but not recorded.

People were given their medicines as prescribed to them. Their medicines were ordered, stored and managed by staff who had been trained in administering and managing medicines. The competencies of staff to manage people's medicines were reviewed and observed every six months. Some people who had moved into the home had been on a high dosage of medicines which helped to manage their behaviour and mood. Staff had been working with people to help them to withdraw from the medicines and to build coping mechanisms to manage their emotions. The registered manager said, "We have been questioning why some people have been on high dosages of medications. Now they are settled here, we are taking slow and monitored steps to reduce some of their medication". They gave us examples of how they initially discussed this with the people involved, their families and health care professionals. They told us how a medication withdraw programme was being implemented and monitored. One relative said, "It's marvellous, they have helped him slowly cut down on his medication. He is doing remarkably well".

One person's medicines were being given to them in a different format. Their medicines were now being crushed into their food as advised by the pharmacist. The registered manager contacted the pharmacist to be reassured that the active ingredient of the medicines would not be affected by this process. Staff were monitoring the person to ensure the new way of administering the person's medicines was not having a detrimental effect on them.

Protocols were in place when people's medicines were prescribed to be given 'as required' such as when they became anxious or needed pain relief. Flow charts and guidance were also used to guide staff when people required certain other medicines. For example, for treating angina and eye drops. Information leaflets provided staff with information about people's medicines and their contra-indications or side effects. Body maps gave staff direction of where people required their medicinal creams to be applied.

One person received their medicines privately as they had an individual secured medicine cabinet in their bedroom. Staff had recently consulted with people and it had been agreed that all people would try having their own personal medicine cabinet in their bedrooms. The registered manager said, "We believe that this is a more dignified option for people. They can take their medicines privately and staff will be less distracted".

Good

Is the service effective?

Our findings

People received individualised care from staff who had the skills, knowledge and understanding needed to carry out their roles. The registered manager was passionate about making sure all staff were up to date in their training. They said, "The staff need to be trained. Training gives them the skills they require to do the job. I can't expect them to behave and care for people in a certain way if they haven't been trained to do it. They get their training and then we expect them to put it into practice".

Staff had carried out training considered as mandatory by the provider, such as safeguarding people and health and safety training. Staff told us that the registered manager and provider supported their training requirements. They had been supported to undertake additional qualifications relating to health and social care. One staff member said "Homeleigh Care have always allowed me to do any additional training that I have needed". The registered manager had recognised that some people's physical well-being and health were changing and was looking into providing extra training for staff in end of life care. We were told that this would give staff the confidence and skills to discuss this sensitive subject and help people to plan their care. Staff who had shown potential, had been mentored and supported to have more responsibilities within their role. One staff member who had been encouraged to take on the role of shift leader said "I have been supported 100% to do my role. The support we get is excellent. You feel like a family here".

Staff told us they received a lot of informal day to day support and encouragement from each other and senior staff. One member of staff said "We work well as an organisation. All the homes are different but we work really well here. We have a strong team." The registered manager and deputy manager was on hand to provide any additional support. The registered manager told us it was important that they praised staff when they saw good practices but also provided immediate support and mentoring if they felt staff were struggling with a situation. They said, "I try where I can to recognise good work from staff as well as poor practices".

The registered manager had met with staff individually to provide them with support and to guide them through the units of the care certificate. The care certificate equips health and social care workers with the knowledge and skills needed to provide safe, compassionate care. People were supported by staff who had supervisions (one to one meeting) with their line manager. Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. The registered manager was in the process of carrying out individual staff appraisals to evaluate and discuss the personal development of staff.

People's rights were protected because the staff acted in accordance with the Mental Capacity Act 2005 (MCA). The 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. We checked whether the service was working within the principles of the MCA and whether any conditions on an authorisation to deprive a person of their liberty were being met.

People can only be deprived of their liberty to receive care and treatment when this in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had identified a number of people who they believed were being deprived of their liberty and were constantly supervised. They had made DoLS applications to the supervisory body. Where people's liberty was restricted, this had been done lawfully and in the least restrictive way. For example, most people freely moved around the home; although tele alert systems such as door sensors had been put into place to alert staff of their whereabouts. However, people's records did not always state the reason why the telecare systems were required or the impact of their presence if people did not need monitoring.

The registered manager had sought additional advice from a psychologist regarding one person's ability to understand their care support needs and the consequences of restrictions being placed on them. This information would form part of the assessment to determine whether they should be continually supervised in their best interest.

People's daily decisions were respected by staff. For example, one person told staff they didn't wish to go out due to the cold weather. Staff appreciated their decision and discussed alternative activities which they may enjoy. Mental capacity assessments and best interest decisions had been made and recorded where people were unable to make informed decisions for themselves. For example, a mental capacity assessment had been carried for one person who was unable to make decisions about whether they should attend routine health care appointments or not. Records showed this person was unable to weigh up the benefits of attending regular health appointments and therefore staff would arrange appointments in their best interest to ensure their health was not compromised.

We sat with staff and people during the lunch time period while they ate their lunch together. They chatted amongst each other and told us how the menus and food provided was planned. There was a four week rolling menu which reflected the seasonal changes and people's suggestions. We were told the menu was about to change and would be updated and to include information on any potential allergens.

People could make proposals about their preferred food choices informally or through their 'service user meetings'. They could choose where they liked to eat their meals. One person said, "The food is lovely, very nice. I can eat it here (in the dining room) or over in my bedroom if I want to". People who enjoyed occasional 'fast food' meals were encouraged to have regular exercise to compensate for a less healthy diet. Another person had been supported to develop skills so they could plan, prepare and cook for themselves three nights a week.

People who required a specialised diet were catered for. Guidance such as 'easy to eat textures' was in place for one person who had difficulty chewing and required a specialised diet. Staff were knowledgeable about the types and textures of food that this person was allowed. They were monitoring their food intake and trying different foods to ensure this person received a balanced diet.

People had access to health and social care professionals. Records confirmed people had access to a GP, dentist and an optician and could attend appointments when required. People had a health action plan which described the support they needed to stay healthy. Information about people's medical conditions were held in their care records to ensure staff had a good understanding of people's medical illnesses and to observe for any changes in their well-being.

Relatives confirmed staff contacted them when people's health or needs had changed. One relative said, "They always ring me and keep me up to date if his health changes. I always know what's going on. They are

very good like that". However another relative felt that communication from the home could be quicker.

The home had been adapted to meet people's physical needs. For example, a bathroom had been adapted and a ramp had been installed for one person who had become dependent on a wheelchair. Some people required support to access and walk across the back garden so . portable ramps were used when required. The registered manager was considering permanent options for people to have independent access into the back garden. Where people disliked any changes in their daily routine, staff had worked around their routine when any refurbishments were required in their bedrooms or elsewhere in the home.

Good

Is the service caring?

Our findings

People received care and support from staff who knew and understood their history, likes, preferences, needs, hopes and goals. One person was hoping to adopt a cat to keep them company. Staff were supporting this person to achieve their wish and had approached various cat rescue agencies to find a suitable cat that would be compatible with the person.

Staff knew people's individual communication skills, abilities and preferences. We saw staff speaking to people in a caring and compassionate way. The relationships between staff and people receiving support consistently demonstrated dignity and respect at all times. Staff spoke to people respectfully. They adapted their approach with people who needed time to communicate and those who they knew enjoyed having a laugh and a joke. Staff spoke to one person with a combination of verbal and individual sign language to help them understand. Staff introduced us to people and informed and reassured them about why we were visiting their home.

Relatives were positive about the caring nature of the staff. One relative said, "I couldn't say anything higher about the home. The manager and staff are excellent". Another relative said, "Can't fault them, the staff are lovely". Staff understood and responded to each person's cultural, gender and spiritual needs. For example, people were supported to attend church and people's preferences to have a male or female carer were adhered to.

People were supported to maintain a relationship with their relatives. Relatives told us they felt welcomed at the home. One relative said, "I am always welcomed at the home. The staff are very kind to me. They ring me and let me know what's going on". Where relatives were unable to travel to the home, staff had arranged to support people to visit relatives in their own homes. One person told us about their regular trips to a relative's house and how they were supported by staff. Their relative confirmed this and said, "The manager brings her down to my house and we go out and have a lovely time together".

Most people could move freely around their home and could choose where to spend their time. The home was spacious and allowed people to spend time on their own if they wished. People's bedrooms had been personalised and decorated to their tastes and preferences. Staff respected people's personal space and asked people for their permission to show us their bedroom. The notice board in the dining room had photographs of people and others who used to live in the home carrying out activities. One staff member said, "We often look at the board and speak about our trips out and residents that used to live here". Information about advocacy services was available to people on the notice board.

People were encouraged to maintain their skills and remain independent where possible. One member of staff said, "We encourage everyone to be independent as possible in their own way and abilities. We give them lots of support and praise". For example, some people helped in the kitchen making hot drinks and preparing food; others went into town independently.

Good

Is the service responsive?

Our findings

People and their relatives were positive about the care people received. People told us staff looked after them well and they were responsive to their needs and requests. One relative said, "He is very happy there. The staff work really well with him. He has come on tremendously".

People were given opportunities to carry out activities. Their personal social and recreational needs were being met. People had a timetable of activities which they had planned together with staff. They were supported to follow their interests and take part in social activities and where appropriate, work opportunities. Some people went to planned events such as day centres others enjoyed going swimming, horse riding or shopping. One person had been supported to gain paid part time employment with a local sports club. People had been supported to engage in activities which they were specifically interested in. For example, one person told us staff had taken them to see their favourite music band. Staff worked with people to access information about their hobbies on the computer.

Staff had been responsive to people's requests and wishes. For example, they had worked with one person to ensure that their preferences in their outfits and accessories were met. We were told the registered manager had liaised with an optician to ensure they had received their prescribed glasses in their size and preferred colour.

Some people lived in bungalows within the grounds of the home. They were provided with daily individual support and had the choice of visiting and being amongst other people in the main house if they wished.

People had been involved in their assessment of needs to ensure the home was suitable for them. Their care records were personalised and reflected their needs and choices. For example, details on people's preferred routines in the day such as their bed time routine provided staff with guidance and details of people's choices and support requirements. People's needs were reviewed regularly or as required by staff that recognised when people's needs had changed. People's daily notes had an overview page of their likes, dislikes and things that made them sad or happy. Handover information and personalised daily notes about each person was shared with staff to give them an update on people's well-being. Staff were also designated tasks and support responsibilities during the handover by the person in charge of the shift.

People's care records were in the process of being updated. Pictures, photographs and easy read sentences in the new care records helped people to understand their care information. Staff were collating photographs of people and things which were important to them. For example, photographs of their family, hobbies and buildings which they regularly visited such as the doctors. Another person's records had a picture of the church they liked to visit. Their care plan stated they liked to walk to the church on a Sunday and it would take 5 minutes from the house. One relative confirmed this and said "They take them to church, he enjoys the singing there."
A staff member explained they wanted people's care record's to be more personalised and to encourage them to be more involved in planning and agreeing to the care and support.

Staff were responsive to people's needs. One person was supported to manage their wish to smoke. Records showed that they had agreed for staff to assist them with the management of this and budgeting for their cigarettes. A risk assessment was also in place which identified risks such as fire risks associated with smoking. People were supported to become independent and retain their personal skills. Staff were supporting one person to become more independent in their transfers and mobility. Staff recognised this came with the risk of falling. The registered manager was considering options to minimise the risks including further training for the person and staff.

Staff described people positively and the support they required. They showed a good understanding of the triggers for a person's anxiety and how they supported them. For example, one person did not like hospitals and doctors surgeries. Staff were slowly supporting this person to become more familiar with these clinical environments so they had the confidence to enter the buildings when needed without becoming anxious.

The registered manager and staff valued people's opinions about living in the home. They held regular individual 'service user meetings' with people as most people were unable to contribute or express their views in a group setting. Staff had produced a folder of photographs such as food and activities which could be shown during the meeting to help people understand and communicate their opinions and choices. People's wishes and concerns had been acted on. For example, one person requested a double bed which was later provided for them.

The service had a complaints policy and procedures. Complaints and concerns were taken seriously and used as an opportunity to improve the service. The registered manager told us people's concerns and complaints would be listened to, taken seriously and addressed. People and relatives confirmed they knew where to report any problems and felt they would be addressed. One relative said, "I have very rarely had any problems but I know the manager would listen to me and do something about it if I had a problem".

Good

Is the service well-led?

Our findings

People benefited from a service which was well-led and inclusive. The registered manager promoted a positive culture and led by example. The Registered manager had developed the staff team to consistently display appropriate values and behaviours towards people through one to one support and in staff meetings. For example, staff had discussed the options of offering people healthier food choices rather than sweet snacks. Staff had been praised during the meetings by the registered manager for their achievements in supporting one person to go food shopping.

The registered manager was passionate about their role and supporting people in a way that focused on their support needs and wishes. They were knowledgeable about supporting people with autism and were a member of the Gloucestershire Autism Forum. The registered manager had attended courses on inclusion to ensure people lived an enriched life and their contributions were valued. They explained "This is home for them, not us. I want to make ensure everyone eats well, is comfortable and have activities which they enjoy and keep them busy". They went on to tell us most people who lived at Elmlea preferred a structured routine with very little change but they took small steps to enhance people's lives and try new opportunities. They told us their biggest challenge as well as achievements had been to support some people to come off some of their long term medicines. They said, "We had to do a lot of talking to their families and other health care services but we are now slowly reducing some people's medication".

The registered manager valued the opinions of people who lived in the home, their relatives and staff. A recent annual survey had been completed. The results of the completed surveys were positive about the care being provided, however the results were yet to be analysed by the registered manager. Relatives commented that the service was managed well and the staff were excellent. One relative said, "The manager is excellent. I know the home is run well".

Quality assurance systems were in place to monitor the quality of service being delivered and the running of the home. A representative from the provider regularly visited the home to monitor the quality of care and discuss new procedures to be implemented by the provider. A variety of checks and audits were carried out by the registered manager and deputy. For example, on record keeping, the medicines system and infection control arrangements. Records of people's medicines and personal finances were checked daily to ensure there were no discrepancies.

Accident and incident data was also analysed by the registered manager on a monthly basis. Any shortfalls identified or areas of improvement to eliminate further incidents had been addressed. For example, we were told of several alterations to the home which had been made to prevent injuries.

Staff had access to the provider's policies which gave them clear guidance on the standard of care that was expected and procedures to follow in the event of an incident or emergency. The registered manager was aware of the requirement to notify the Care Quality Commission of important events affecting people using the service. We had been notified of these events when they occurred.