

Holmleigh Care Homes Limited

Care at Home (High Street)

Inspection report

113 High Street
Tredworth
Gloucester
GL1 4SY

Tel: 01452300025
Website: www.careathomeonline.co.uk

Date of inspection visit:
29 July 2022
30 July 2022

Date of publication:
11 August 2022

Ratings

Overall rating for this service	Inspected but not rated
Is the service safe?	Inspected but not rated

Summary of findings

Overall summary

About the service

Care at Home (High Street) is a supported living service providing personal care to people who may live in single or shared occupancy households with their own tenancy agreements. Some households have shared communal areas and shared care at different parts of the day.

People's experience of using this service and what we found

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This was a targeted inspection that considered assessing risk, safety monitoring and management and preventing and controlling infection. Based on our inspection of these areas the service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right Support

- People who experienced periods of distress had proactive plans in place which ensured restrictive practices were only used by staff if there was no alternative.
- Staff sought to minimise their use of restraint. Systems were in place to report and learn from any incidents where restrictive practices were used. Staff discussed techniques that promoted reducing restrictive practice.
- Management spoke about the challenges of recruiting staff throughout the pandemic. The provider had developed systems to reduce staff turnover and retention and provide greater consistency for people. However, they acknowledged work was still needed to recruit and embed a permanent and consistent staff team. In the absence of a permanent staff team the provider had block booked agency staff to ensure people received consistent care.

Right care

- Staff involved people and ensured individualised risk assessments were undertaken. Where appropriate positive risk taking was encouraged and enabled.
- Staff knew people well, and understood the risks aligned to each individual.
- Staff supported changes that individuals might want to make and assessed risks continuously

Right culture

- Managers and senior staff modelled good practice and led by example in relation to assessing risk, safety monitoring and management.
- Staff were trained in and had a good understanding of best practice models of care, such as Positive

Behaviour Support.

Action had been taken to reduce the risk of infection spreading which had included the correct use of personal protective equipment (PPE). Staff had received training and support in relation to infection control and COVID-19. Management observed staff practice ensuring they were following the correct use of PPE. People and staff were tested in line with national guidance.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 23 July 2021). As this is a targeted inspection the overall rating for this service remains good.

Why we inspected

We undertook this targeted inspection to check on a specific concern we had about noise levels at one of the households. We specifically needed to check that people with behaviours of distress had proactive plans in place and were being supported by trained staff who understood their needs. The overall rating for the service has not changed following this targeted inspection and remains good.

We use targeted inspections to follow up on Warning Notices or to check concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Care at Home (High Street) on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

At our last inspection we rated this key question requires improvement. We have not reviewed the rating as we have not looked at all of the key question at this inspection.

Inspected but not rated

Care at Home (High Street)

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

This was a targeted inspection to check on a concern we had about noise levels at one of the households. We needed to check that people with behaviours of distress had proactive plans in place and were being supported by trained staff who understood their needs.

As we were completing our draft report we received further information of concern relating to the management of behaviours and governance of the household. We considered these concerns against our inspection findings. We will continue to review all information as part of our ongoing monitoring of the service.

Inspection team

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service provides care and support to people living in 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave a short period notice of the inspection because some of the people using it could not consent to a home visit from an inspector. This meant that we had to arrange for a 'best interests' decision about this.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authorities and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We met with three people who lived at the household and spoke with two relatives about their experience of the care provided. We spoke with eleven members of staff including the regional operations director, quality assurance officer, lead PBS & PBM trainer, registered manager, deputy manager, four care staff, and two agency staff.

We reviewed a range of records. This included four people's care records including their behaviour plans and risk assessments. A variety of records relating to the management of the service, including governance systems, policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We sought feedback from ten professionals to gather their experiences of the care provided.

Is the service safe?

Our findings

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

At our last inspection this key question was rated requires improvement. We have not changed the rating as we have not looked at all of the safe key question at this inspection.

The purpose of this inspection was to check a concern we had about noise levels at one of the households. We specifically needed to check that people with behaviours of distress had proactive plans in place and were being supported by trained staff who understood their needs. We will assess the whole key question at the next comprehensive inspection of the service.

Assessing risk, safety monitoring and management

- Management spoke about the challenges of recruiting staff throughout the pandemic. The provider had developed systems to reduce staff turnover and retention and provide greater consistency for people. However, they acknowledged work was still needed to recruit and embed a permanent and consistent staff team. An influx of new starters was imminent, and the provider was working to train them and ensure they were familiar with the needs of people they would be supporting. A staff member said, "Existing staff can manage people's behaviours very well and have a good understanding of [people's support plans and] protocols. New staff take a while to develop skills in this area, but that's understandable."
- Agency staff had been block booked to provide greater consistency for people whilst they recruited for a permanent consistent staff team. We spoke to an agency staff member who confirmed they received the same training and support as permanent staff, to enable them to provide consistency for people.
- Staff had received training in how to manage anxiety related behaviour and behaviours of distress. All staff had received Positive Behaviour Support (PBS) and Positive Behaviour Management (PBM) training which included how restraint could be carried out safely if needed. Staff who had undertaken PBM training were assessed by the trainer for competency with the techniques. The provider had internal PBS and PBM trainers and was supporting another staff member to gain the qualification so they could be based at the household where there had been noise concerns. The provider felt this would enhance the level of support and expertise at the service to promote improved outcomes for people.
- Staff sought to minimise their use of restraint. We saw a continued commitment to reducing restrictive interventions and a clear focus on prevention and de-escalation to avoid the need for physical restraint as far as practically possible. PBM was certified as being compliant with the Restraint Reduction Network Standards which applies to all training that have a restrictive intervention component. It provides a benchmark for training in supporting people who are distressed in health and social care settings. The deputy manager said, "We talk about [proactive and preventative measures] much more than we talk about [restraint] here. We used to have to undertake regular restraints, but now it is really rare."
- Staff understood the risks aligned to each individual. For example, where people lived with epilepsy, staff were clear on how best to support them safely and had a knowledge of any recent seizures and medication they may need. A staff member told us, "I have all the information I need to support people and manage the risks."
- Staff treated people with compassion and kindness and understood people's individual needs. We

observed staff engaging with people in positive way. It was clear people were comfortable with staff and enjoyed their company. An agency staff member said, "I see people being supported with dignity here. Staff are passionate about what they do."

- Staff recorded incidences where people had shown behaviours of distress and recorded them appropriately. Managers reviewed these incidents using behaviour observation charts to complete functional analysis of the behaviour to determine the cause and reduce the likelihood of the person becoming distressed in the future. We saw that support plans and risk assessments were changed and updated regularly to reflect the information gathered from the analysis. This meant that people's care was reflective of their current needs and staff knew them well. A staff member said, "Support plans are very thorough. If something changes for people, then we are part of changing [and updating] their plan."
- Staff and people were encouraged to debrief in accordance with their preferences and at a time that was convenient for them. Staff told us they were well supported by management post incident. One staff member said, "We 100 percent have the best management team." Lessons learned were then shared with the whole team to ensure that staff and management continually improved the care they provided to people.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

The provider's policies around visiting ensured they supported visiting in line with the latest guidance. People's care record showed us that visiting was enabled. The service supported visits for people living in the home in line with current guidance.