

Holmleigh Care Homes Limited

Bathurst Lodge Residential Care

Inspection report

74 Bathurst Road
Gloucester
Gloucestershire
GL1 4RJ

Tel: 01452552683
Website: www.holmleigh-care.co.uk

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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

About the service

Bathurst Lodge is a care home operated by Holmleigh Care Homes Limited. The service provides support, personal care and accommodation for up to six people. It provides care to adults living with a learning disability, autism and behaviours that may challenge. Six people were living at the home at the time of our inspection.

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

Since our last inspection the service had made changes to the management team at Bathurst Lodge. The management team had ensured there was effective oversight and governance of the service. The quality of care provided and staff interactions were closely monitored to ensure a caring ethos was evident and maintained. The managers of the service worked alongside staff to ensure that any issues were managed and priorities in relation to the quality of support were identified and acted upon promptly.

People's independence was respected and promoted. The support provided to people focused on them having opportunities to personally develop and maintain relationships. People received a consistent level of care from a team of care workers. There were enough staff employed to meet people's needs.

Staff communicated with people effectively to ascertain and respect their wishes. Safe recruitment practices were followed to protect people from unsuitable staff.

People received personal care that was person-centred and individualised. People's communication needs were identified, recorded and highlighted in care plans. People had access to documents in large fonts and pictures and symbols were used to support people to understand the information presented to them..

People were supported to access health services when needed. People's care plans provided staff with information about people's preferences and ways in which staff could support people emotionally and effectively when attending their healthcare visits.

Staff at the home supported people with the activities they enjoyed. Staff were responsive to people and their social health needs and people were encouraged to be as independent as possible.

People were protected from abuse and harassment and received appropriate support to take their medicines safely as and when required.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service applied the principles and values of Registering the Right Support and other best practice

guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Rating at last inspection

The last rating for this service was Good (published 10 January 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details in our Safe findings below.

Good 

Is the service effective?

The service was effective.

Details in our Effective findings below.

Good 

Is the service caring?

The service was caring.

Details in our Caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details in our Responsive findings below.

Good 

Is the service well-led?

The service was well-led.

Details in our Well-led findings below.

Good 

Bathurst Lodge Residential

Care

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

Our inspection was completed by one inspector.

Service and service type

Bathurst Lodge is a 'care home' that provides accommodation for up to six people who require personal care. People in care homes receive accommodation and personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager who was 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

The inspection was announced. We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the site visit

We reviewed the information we had received about the service since the last inspection. This included

previous inspection reports and details about incidents the provider must notify us about, such as abuse, serious injuries and deaths. We used information the provider sent us in their Provider Information Return as part of our Provider Information Collection. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We visited Bathurst Lodge on 1 July 2019. We spoke with the registered manager, deputy manager and two care workers. We spoke with two people who used the service. We observed staff interacting with people throughout the day, including supporting people with various activities. We reviewed a range of records. This included three people's care records, three staff recruitment files and staff training and supervision records. We also reviewed records relating to the management and monitoring of the service.

After the inspection

We sought feedback from a family member about Bathurst Lodge.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good.

Good: This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff were effectively deployed to ensure people were kept safe. Where required, people received one to one care and support.
- People could be assured the premises were safe and secure. The environment had been recently reviewed and adapted with additional external fencing to ensure people were kept safe from people unknown to them. Where required, staff within the home were available to support people with access to and from the property as needed.
- People we met and observed being cared for were comfortable with staff. People's money was managed safely by staff and a person's relative told us people were well cared for and safe at the service. A member of staff told us "I think it's a safe environment for the service users."
- People were protected from the risk of abuse and harassment. Staff knew what action to take if they suspected abuse or poor practice. They were confident to 'whistle blow' and knew which outside agencies to involve if needed. A staff member told us "I would call safeguarding or CQC if I had a concern. I would follow the whistle blowing process. Safeguarding training is really good. I have never felt there isn't someone I could speak to if I had concerns."
- The registered manager kept a record of any relevant incidents or accidents that had occurred. Incidents and accidents were dealt with appropriately and action was taken to minimise future incidents or accidents occurring. Staff told us "The process for reporting accidents and incidents works well." In some cases, the registered manager had reviewed staffing levels within the home to minimise further risk to people.

Using medicines safely

- Medicines were administered by staff who had been trained and had their ongoing competency in relation to medicines practice assessed. A member of staff told us, "We get regular medicines training and our competency is checked. I wasn't very confident with medicines to begin with but after the training and support I am confident."
- Good medicine practice was followed and records confirmed people had received their medicines as prescribed.
- Medicines systems were well organised. There was clear guidance for staff to follow when administering 'when required' medicines, in response to people's varying needs. Where able, people were supported to take their medicines independently.
- Medicines were delivered in time for people's use as prescribed. They were stored safely and securely and returned to the pharmacy if unused. Medicines that were required in an emergency, such as epilepsy medicines were readily available to ensure emergency treatment was fast and effective.

- Staff checked people's prescribed medicine stocks daily. This enabled them to identify any medicine errors quickly, to maintain people's wellbeing. The deputy manager told us there were rarely any errors.

Staffing and recruitment

- People were protected from those who may not be suitable to work with them. Required pre-employment checks were completed and the provider took into account any known risks identified through their recruitment process before staff started work at the service.
- Staff rotas indicated sufficient numbers of staff were available to ensure people's needs were met. The registered manager told us staffing was kept under constant review to respond to people's changing personal and social needs.
- Staff performance was routinely monitored to ensure the provider's expected standards were met. Staff had received ongoing one to one support and appraisal.
- Staff told us there were enough staff to meet people's needs. One staff member said "I feel that we always have enough staff. The agency staff we use are experienced and they know the service well."

Assessing risk, safety monitoring and management

- People's care plans contained a wide range of assessments identifying potential risks and measures were in place to mitigate those risks. People's support requirements had been assessed and those who required one to one support to keep them safe had staff allocated to them as required.
- Staff were kept aware of people's risks and the strategies used to keep people safe including the management of behaviours that might challenge. Staff knew people's needs well and ensured any behaviours that challenged were de-escalated quickly.
- Risk management plans were developed and reviewed in line with current good practice and documented people's difficulties, risk rating, control measures and who would implement the control measures. No-one living at the home required the use of medicines to manage any behaviours that might challenge.
- Daily handovers ensured staff were kept up to date with the changing needs of people. Staff were aware of the importance of identifying and reporting any concerns in relation to people's safety to senior staff.
- When people's health deteriorated there were clear systems to monitor and communicate the agreed response or medical treatment. The service ensured people's health management was effective and people's risk assessments were reviewed and updated in response to people's changing medical needs.
- Personal emergency evacuation plans (PEEPs) were in place for people and detailed how staff would support people to evacuate from the home in the event of an emergency.

Preventing and controlling infection

- Staff received training in infection prevention and control. They understood how to prevent potential infections and followed the provider's policies to prevent cross contamination such as handling soiled laundry. Staff told us they used personal protective equipment and followed good hand hygiene.
- Staff completed food hygiene training and effective systems were in place to ensure the kitchen was clean and infection free. The food standards agency inspected the home's kitchen in September 2017 and rated it as 5 stars (very good).

Learning lessons when things go wrong

- Incidents and accidents were reported, recorded and investigated to find out why things had gone wrong and ensured appropriate action was taken to keep people safe. Learning identified through such investigations was used to prevent similar incidents occurring in future. For example, the registered manager had reviewed how people were supported to access external appointments and how one occasion this had seriously affected a person's anxiety, causing significant behaviours that could challenge. As a result of the review, improvements were made to how people could better be supported by staff who knew people's needs well and where possible these appointments were now arranged with a visiting professional rather

than people needing to leave the home.

- Where required the registered manager had notified CQC of any significant event such as serious injuries or safeguarding concerns.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good.

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

Staff support: induction, training, skills and experience

- People were supported by a well-trained staff team who felt supported by the registered manager. Staff told us the provider's training was detailed and ensured they had the skills to support people effectively.
- New staff members completed a structured introduction to their role. This included completion of appropriate training and working alongside experienced staff members until they felt confident to support people safely and effectively.
- All staff completed mandatory training and refresher courses such as infection control, fire safety, safeguarding, moving and handling and behaviour management. During our inspection staff were observed to be competent, knowledgeable and skilled in their role. A member of staff told us "We are trained in meeting people's needs and we are asked regularly if we require any additional training or support through our personal development meetings."

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

- The physical environment, within which people lived, was accessible and safe for people to move around.
- People's bedrooms reflected their needs, preferences and interests. People told us they had personalised their own rooms. Several people had items which were important to them, such as pictures of their family and friends which they could look at and enjoy. One person told us "I have teddy bears in my room."
- There were communal areas for people to enjoy including a main lounge, a dining area and an outside space. We saw that the lounge and stairs carpets were looking tired and worn. Any further deterioration of these carpets could pose a risk to people tripping or falling in the future. We discussed this with the registered manager who showed us receipts for new carpets, fixtures and fittings that had been ordered for the main lounge and stairwells and were due to be delivered and fitted in the next few weeks.

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

- People's needs were fully assessed with ongoing involvement of their close relatives (where appropriate) and reviewed by a range of health and social care professionals.
- People had access to information in a way they could understand (such as pictures and symbols) to help promote a good quality of life and manage their health needs.
- The provider had ensured that policies reflected up to date national guidelines and legislation for staff to reference. Policies in relation to medicines had been reviewed and updated.
- Information in relation to people's individual characteristics, under the Equality Act, was gathered when people moved into the service and consideration was given to their age, religion and sexual orientation

when planning their care.

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

- Staff understood people's dietary needs and preferences and these were recorded in people's care plans. People's risks in relation to eating and drinking had been assessed and reviewed. The registered manager informed us there was no-one currently using the service who could be at risk of choking.
- People told us they enjoyed their food and drinks and that they were encouraged to eat healthily. We saw that they were involved in planning menus, choosing and shopping for the food they wanted to eat, and helping to cook their food as independently as people wanted to and were able to. One person told us, "The food is lovely."
- Staff told us they had organised some events to celebrate different cultures so people could devise shopping lists and go shopping to purchase their ingredients, prepare, cook and enjoy different tastes of the World. The registered manager said "We had a Jamaican day to help celebrate someone's culture. We had drums and Jamaican food and music on Jamaican Independence Day.

Supporting people to live healthier lives, access healthcare services and support; staff working with other agencies to provide consistent, effective, timely care

- Staff worked with a variety of health and social care professionals to manage people's health needs. The service engaged regularly with community learning disabilities team to discuss people's health. The registered manager explained how this joined up working had had a positive effect on people within the home.
- Each person had a health record where details of appointments attended, advice given by health care professionals and people's individual health needs and diagnoses were recorded. This included appointments with doctors, dentists and diabetes professionals. There were daily handovers, which meant staff were kept up to date with people's healthcare needs.

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. 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.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- There were policies and procedures in place relevant to the MCA and Staff had received training in the MCA and explained how they put this into practice when providing support.
- We saw that staff consistently asked for people's consent before providing any care or support. For example, obtaining people's permission before supporting them with their medicines or entering their bedroom.
- Where people were unable to make a decision for themselves their care records included a mental capacity assessment and/or best interests' decision. This included the person as much as possible in making their own choices with involvement of their family and appropriate professionals where required.
- Where relevant, DoLS were in place for people using the service to keep them safe from harm. This included the allocation of one to one staffing and code locks on internal doors. We saw that the registered

manager had a full overview of DoLS records to ensure these remained relevant and the least restrictive possible. When any DoLS authorisations were due to expire the registered manager had applied for a further review and authorisation to be completed.

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.

At the last inspection this key question was rated as Requires improvement. At this inspection this key question had improved to Good.

Good: This meant 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

- At our previous inspection in November 2016, we found that staff's approach when responding to behaviours that challenge was variable. We saw that some staff did not convey a patient caring manner when they supported people. During this inspection we looked at ways the service had improved.
- We asked staff to tell us how they ensured they were caring towards people. One member of staff told us "Caring is helping someone to live their most fulfilled life as possible. We work in a person centred way and we work with empathy and compassion." Another staff member said, "I like putting smiles on people's faces."
- We observed staff to be kind and caring in their approach. We observed friendly and caring interactions between staff and people. Staff greeted people with warmth and empathy throughout the inspection. People told us they were well cared for. One person told us, "It's nice here - staff treat me nicely." Another person said, "Staff are helpful. If I have any problems I tell [name of deputy manager] or my Key-Worker."
- A person's relative told us " Staff are very caring, they tailor things to [name of person's] needs."

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

- People had been given opportunities to express their views either through monthly key-worker meetings or resident meetings held regularly. The registered manager told us people used these meetings to arrange outings. One person told us, "I have tried swimming but I don't like it so I'm not doing that anymore - I like bowling and going to art class." Another person said, "I am going to go on holiday in a hotel in Weston." The registered manager explained how this person had helped plan the holiday with the support of staff through key-worker meetings."

Respecting and promoting people's privacy, dignity and independence

- Staff showed genuine respect for people. They were keen to ensure people's rights were upheld and to provide care in a non-discriminatory manner. We saw that people were addressed by their preferred name.
- Staff received training on how to provide a dignified service and staff understood the importance of respecting people's privacy and dignity. During a tour of the home we saw that staff always knocked before entering peoples bedrooms and asked if it was ok to show the inspector their bedroom.
- Staff supported people living at the home to be as independent as they could be. People were encouraged to keep their belongings safe and tidy and to make themselves drinks and snacks. A person told us "I can make drinks myself when I want." A staff member added, "We encourage the girls to do as much as they can

with cleaning. Staff with pick up the more difficult jobs."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good.

Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Initial assessments were carried out to assess people's personalised care requirements. This information was added to care plans and information on people's backgrounds, interests and things which were important to them helped staff better understand people's support requirements.
- Staff demonstrated a good understanding of people's needs and preferences. Records reflected people's individual wishes. One person's care plan stated, "my goal is to become more independent and this is a small step that will enhance my life". Staff demonstrated how they supported this person to clean their room independently and make their own drinks and snacks.
- Staff individualised people's support and modified their approach to supporting people. For example, staff told us they were working with one person who was very resistant to accepting care and how they invested time in understanding the person's culture and personal support requirements, they told us they had built up a positive rapport with the person which meant that the person became more accepting of receiving care.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care records clearly detailed their preferred form of communication and ways in which staff should communicate with them.
- People were supported to understand information in ways that were personal to them. For example, some people used types of sign language whilst others communicated in pictures and simple words. Staff were aware of the communication needs of people and used this information to communicate in a person centred way. During a tour of the home we observed how the registered manager had developed a rapport with one person and communicated effectively with them using signs and gestures.
- There were multiple examples of how information was shared with people in a way they could understand. For example, the equally outstanding framework had been converted to an easy read format alongside the services procedures in relation to making a complaint. Equally Outstanding is good practice resource developed by CQC and supports and guides providers with meeting equality and human rights legislation.
- Advocacy information was available in multiple formats and there was an easy read document in relation to people's rights in relation to their personal information.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had access to activities that were individual to them. We asked people if they thought there was sufficient activity for them to participate in. One person told us, "I am going to go on holiday in a hotel in Weston." A staff member said. "Service users do different things like going to the cinema, shopping and getting a bus to Stratford park."
- Activities were arranged to provide flexibility. People could decide who they wanted to go out and socialise with. For example, most people did not want to go out in large groups and preferred to go out in smaller groups or individually. The home facilitated this through flexible daily shift plans and staff rotas.
- We saw from minutes of the resident's meetings that people were regularly asked their views on activities taking place in the service. A further meeting had been arranged to gather ideas for the forthcoming programme of summer activities.

Improving care quality in response to complaints or concerns

- People told us they knew how to make a complaint or who to talk to if they were not happy. Information about how to complain was widely available in the home and in people's care records. One person told us, "Staff are helpful. If I have any problems I tell [name of staff] or my key-worker."
- The registered provider had a procedure for the registered manager and service managers to follow when managing complaints. This required the registered manager to clarify what had gone wrong and what the complainant wanted to be done about it. The registered manager and service managers told us that no complaint would be considered as closed until the complainant was satisfied with the conclusions reached and solutions offered.
- Records showed that the registered persons had not received a formal complaint in the 12 months preceding our inspection visit.

End of life care and support

- No-one was being supported with end of life care at the time of our inspection. Staff however, told us that they would liaise with the person's relatives, GP and palliative health care professionals to ensure that people were as comfortable and pain free as possible.
- The provider had an end of life policy. The registered manager told us they were developing an end of life strategy and said that in consultation with relatives and healthcare professionals a person nearing the end of their life would be asked how they wished to be supported. The registered manager was aware of the need to carefully approach this subject so that the person was not unnecessarily upset.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good.

Good: This meant 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 understood their role and responsibilities. They kept up to date with any changes in legislation and best practise guidance through working with the local authority and links with other professionals and organisations.
- Staff understood their roles and responsibilities and were well supported by the provider. The registered manager told us they had worked for the provider for some time and how they had regular manager meetings to promote effective communication within the service.
- The registered manager completed regular audits to ensure the quality of the service provided was of a high standard. For example, there were regular checks of the environment. There were additional checks and audits completed by the provider to ensure the homes strategies and objectives were met by the registered manager.
- The provider had oversight of any accidents, incidents, near misses and falls which happened in the service. They considered what happened and whether there were any themes they could address, to reduce the risk of harm to people. For example, the registered manager had an overview of all behaviour incidents within the home that they had reviewed regularly and had used to review staffing and any additional support requirements of people within the home.
- The registered manager was actively working with staff to improve the service. They told us, "We encourage staff to understand the why (they need to do something), if staff understand why something is required they are more likely to be successful."

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

- The home's management team were actively seeking to make links with the local community. For example, the home's deputy manager has been in contact with the committee of a local disused hall to try to set up an accessible club for those with a learning disability in the area. This is important to prevent people from social isolation and to support community engagement.
- Regular resident meetings were held in the service. We saw that action was taken in response to people's feedback via these meetings. For example. Meetings had been used to review activities for people and were also used to review the weekly menus within the home.
- The registered manager encouraged staff input into "diversity days". They told us, "We have arranged a

French day to support the culture of a member of staff and for the service users to understand more about different cultures. We are having a French breakfast, music and staff will wear French dress." Recognising different cultures was important for people as culture can be a strong part of people's lives and can influence their views and their values.

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; Continuous learning and improving care and working in partnership with others

- The provider understood their duty of candour and the specific requirements that providers must follow when things go wrong with people's care. They were able to evidence this to us by showing us comprehensive records in relation to events that had occurred within the service and records of any notifications they had sent to CQC.
- The service worked in partnership and collaboration with a number of key organisations such as local commissioners and social services to support care provision, joined-up care and ensure service development. For example, the registered manager ensured that commissioners were kept up to date with any changing behaviour support needs people may have so as to ensure the continuity of care when there was a likelihood of funding changes.