Hollybank Trust

Oak House

Inspection report

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Date of inspection visit:
02 November 2016

Date of publication:
16 November 2016

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

The inspection took place on 2 November 2016 and was unannounced. This meant prior to the inspection people were not aware we were inspecting the service on that day.

Oak House is a care home registered to care for people who have a learning disability. Oak House can accommodate up to four people. The Acorns is a separate annexe that accommodates two people.

There was a manager at the service who was in the process of registering with CQC. 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.

Oak House was last inspected on 4 March 2015. Following the inspection the service was rated as Requires Improvement. We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because there was no robust system in place for staff training to be monitored and there was insufficient oversight to ensure staff had the requisite training for their roles. Also the registered person had not protected people against the risk of abuse or improper treatment. We asked the provider to take action to make improvements and these actions have been completed.

People who used the service communicated to us that they felt safe living in the home. Their relatives spoke positively about the standard of care and support their family member received.

People's medicines were managed well and the home was seen to be clean and tidy throughout.

People received care that was delivered in line with the Mental Capacity Act (MCA) because people were supported to make day to day choices and decisions about their lives. Appropriate and timely applications to ensure that restrictions on people's liberty to leave the home had been made for everyone that needed them.

People enjoyed the food provided and were supported to receive adequate food and drink to remain healthy.

Staff employed at the home had been recruited in a way that helped to keep people safe because thorough checks were completed prior to them being offered a post.

Staff were receiving regular training and supervision so they were skilled and competent to carry out their role.

Staff knew the people they were supporting and provided a personalised service. Support plans were in

place detailing how people wished to be supported and people were involved in making decisions about their care.

We saw people participated in a range of daily activities both in and outside of the home which were meaningful and promoted independence.

People and their relatives had been asked their opinion of the quality of the service via surveys and by the regular meetings with the managers.

Staff said communication in the home was good and they always felt able to make suggestions. There were meetings held for all staff and additional meetings for groups of staff, for example, senior support workers.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People received care that was in line with their assessed risks and care plans.

There were sufficient numbers of staff available to keep people safe.

There were effective staff recruitment and selection procedures in place.

Is the service effective?

Good

The service was effective.

Staff were appropriately trained and supervised to provide care and support to people who used the service.

The home acted in line with the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) guidelines.

People were provided with access to relevant health professionals to support their health needs.

Is the service caring?

Good

The service was caring.

The relationships we saw between people who used the service and staff were warm and friendly. The atmosphere in the home was calm and relaxed.

People's privacy, dignity and independence were maintained by staff that were caring and respectful.

Is the service responsive?

Good

The service was responsive.

People knew how to raise concerns and did not have any hesitation in voicing their opinion if they had concerns.

A range of activities were provided for people which were meaningful and promoted independence.

Is the service well-led?

Good

The service was well-led.

Staff told us they felt they had a very good team. Staff said managers in the organisation were approachable and communication was good within the service.

Systems were in place to regularly assess and monitor the service provided.

Quality assurance processes were in place to monitor the service to ensure people received a quality service.

Oak House

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 2 November 2016 and was unannounced which meant no one at the service knew beforehand that we would be attending. The inspection team consisted of two adult social care inspectors.

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. Prior to our inspection visit we reviewed the information included in the PIR, together with information we held about the home. We also contacted commissioners of the service, the local authority safeguarding team, Healthwatch and other stakeholders for any relevant information they held about Oak House. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During our inspection we used different methods to help us understand the experiences of people living at the service. These methods included informal observations throughout our inspection. Our observations enabled us to see how staff interacted with people and see how care was provided.

We communicated with four people who used the service and spoke via the telephone with four relatives of people. We spoke with senior managers who were in attendance at the home, due to the home manager being absent. These included the head of direct services, head of residential and nursing services and head of risk and compliance. We also spoke with one senior support worker, two support workers and a domestic assistant. We reviewed the care records of three people and a range of other documents, including medication records, staff recruitment records and records relating to the management of the home.

Good

Is the service safe?

Our findings

People we communicated with expressed to us that they felt safe living at Oak House. When we asked people what it was like to live at the home they smiled and their body language expressed their contentment.

Relatives we spoke with all agreed the home was a safe place for their family member to live. Their comments included, "Yes I don't have any worries about [name] safety" and "The staff make sure they're safe. They think things through before acting."

During our observations we saw people were comfortable in the presence of the staff and when people showed they needed assistance this was provided. We saw staff were aware of people's individual demeanour and behaviour and of the potential risks associated with this.

Records showed staff had received training in safeguarding vulnerable adults and whistleblowing. Whistleblowing is one way in which a worker can report concerns, by telling their manager or someone they trust.

Safeguarding and whistleblowing policies and procedures were available for staff to refer to and on display in the staff offices. Staff spoken with were aware of their responsibilities in reporting any safeguarding concerns they had to the managers at the home. They told us, "When there was an altercation between two people I reported this immediately and the manager informed the local authority. We took action to make sure it didn't happen again and the local authority were happy with this" and "I wouldn't hesitate to report anything and I know something would be done." Information gathered from the local authority and from notifications received showed that safeguarding protocols were followed to keep people safe.

We saw each person had individual risk assessments for such things as moving and handling and bed safety. All identified risks were assessed and ways to reduce the likelihood of the person being harmed were considered. Any actions agreed were recorded and reviewed regularly. We saw people were supported safely and in line with their risk assessments. We saw staff had the skills to support people safely for example when using hoists.

People who used the service, relatives and staff all thought there were enough staff to help support people when they needed it. One relative told us, "We have a lot of appointments to attend and we're always allocated either a senior support worker or support worker to come with us. We really appreciate this as they know [name] so well."

On the day of the inspection there were two senior support workers and four support workers on duty. There was also a domestic assistant and senior managers working at the home. Staff told us there were always between four and six support workers on duty during the day. The number of staff on duty was planned taking into consideration the individual support needs of each person and their daily activity programme. This meant staff were always available to support people with social activities, therapy and healthcare

appointments.

We looked at four staff files. Each contained two references, proof of identity and a Disclosure and Barring Service (DBS) check. A DBS check provides information about any criminal convictions a person may have. This helped to ensure people employed were of good character and had been assessed as suitable to work at the home. We saw that the company had a staff recruitment policy so that important information was provided to managers. All of the staff spoken with confirmed they had provided references, attended interview and had a DBS check completed prior to employment. This showed recruitment procedures in the home helped to keep people safe.

We observed people were supported to take their medicines as prescribed with appropriate drinks and encouragement. We found there was a medicines policy in place for the safe storage, administration and disposal of medicines. Training records showed staff that administered medicines had been provided with training to make sure they knew the safe procedures to follow. Managers also regularly checked staff competency in administering medicines and staff told us action was taken if they were found to be not administering medicines safely. Staff spoken with were knowledgeable on the correct procedures for managing and administering medicines. Staff could tell us the policies to follow for receipt and recording of medicines.

We found a policy and procedure was in place for infection control. Training records seen showed that all staff were provided with training in infection control.

The home was clean, tidy and well furnished. We saw people had their treasured possessions around them and there was a real homely feel to the place. Regular checks of the building were carried out to keep the home safe and well maintained. Fire fighting equipment, electric installations and gas safety were all checked on a regular basis by qualified contractors. Information for example a fire risk assessment and personal evacuation plans provided information about what action should be taken in the event of emergencies to prioritise the safety of the people living at the service.

Good

Is the service effective?

Our findings

At the last inspection we found there was no robust system in place for staff training to be monitored and there was insufficient oversight to ensure staff had the requisite training for their roles. We found the registered person had not protected people against the risk of being supported by staff not suitably trained and equipped with appropriate skills to meet their needs. This was in breach of regulation 18: Staffing of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent an action plan detailing how they were going to make improvements. We checked and found improvements had been made, sufficient to meet regulations.

Relatives we spoke with told us they had no concerns about staff training and skills. One relative said, "They [staff] are trained to a high standard. They are trained to deal with all eventualities and conditions."

Staff spoken with said when they had started work at the home they had completed a full induction programme. This was four days classroom training covering all mandatory training for example, health and safety, fire, first aid, food safety and safeguarding adults. After induction staff were rostered to work alongside other more experienced staff until they were confident to work unsupervised. Staff told us, "We have really good training. We can ask if there's anything we would like to do and they try and organise this for us" and "I feel fortunate to be completing such a good training programme."

Regular updated and refresher training was provided to all staff. Each year staff were rostered to complete a minimum of five days training to keep them up to date with changes in work practices or legislation. We saw staff had been booked on to complete sessions in infection prevention, disability awareness, intimate care and epilepsy.

A training programme called 'Leaders of the future' was also available to staff who were interested in progressing their career. Training sessions were delivered by senior managers in such things as time management, report writing, budget management and coaching and mentoring.

We found the service had policies on supervision and appraisal. Supervision is an accountable, two-way process, which supports, motivates and enables the development of good practice for individual staff members. Appraisal is a process involving the review of a staff member's performance and improvement over a period of time, usually annually. Staff said they received one to one supervision every six to eight weeks. Staff told us how useful and supportive they found these sessions. Records seen showed that staff were provided with individual supervision on a two monthly basis, and an annual appraisal for development and support.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

At the last inspection we found there was no capacity assessment in place or evidence that a person's best interests had been considered in regard to the use of a lap belt. This was in breach of regulation 13: Safeguarding service users from abuse and improper treatment, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent an action plan detailing how they were going to make improvements. We checked and found improvements had been made, sufficient to meet regulations.

We saw the managers and staff were working in line with the requirements of the MCA. For example, we saw where people had been identified as unable to make decisions for themselves this had been identified and the appropriate actions taken. We saw staff supported people to make day to day decisions and choices. One relative told us, "[Name] has been unable to make decisions for themselves for a while now. With the help of the staff we make decisions for [name] and it is very important to us all that these decisions are made in [name] best interest." Another relative told us, [Name] can make all their own decisions. It's just about taking the time to communicate with them in their preferred way, which staff do."

When we asked people who used the service if they enjoyed their food and meals they either answered, "Yes" or showed positive body language for example smiling and nodding. Staff told us the menus had been recently changed in consultation with people who used the service. We saw people were offered a choice of drinks and food and staff knew people's likes and dislikes. There were no concerns about people's weight and we found any specialised dietary requirements were catered for.

Evidence seen confirmed that people saw medical professionals when needed. One relative told us their family member was supported by the district nursing service and hospital consultants. Care plans contained information about people's health so that staff could provide appropriate support. Relatives told us support workers helped them access health appointments and often attended appointments with them to provide information about the person. Care plans held information about people's known allergies and the staff actions required to support people's health. We saw people's weight was regularly checked as part of monitoring people's health.

Good

Is the service caring?

Our findings

We communicated with four people who used the service. All four people used positive body language to express their satisfaction with the service. For example we saw frequent and friendly interactions between people and the staff supporting them, shared laughter and mutual respect for each other. It was clear from discussion with staff members that they had a good understanding of people's individual care and support needs.

Comments from relatives were all positive and included, "I have no concerns at all. I never think they're [staff] not doing enough. I don't have anxiety leaving [name] here," "The staff are so helpful and approachable. They keep me up to date with any changes in [name] health. I have a really good relationship with all the staff" and "[Name] loves all the staff. The staff look after [name] very well" and "The team as a whole are brilliant. They are natural carers."

All of the relatives and staff spoken with said they would be happy for their relative to live at Oak House. Staff said, "I would certainly recommend it, I would be more than happy for a friend or relative to be supported here."

We saw where a person's physical needs had changed staff had done everything possible to support the person to stay at the home for as long as they were able. This was done to by working closely with other healthcare professionals and by providing the equipment they needed to be supported within the home.

We saw people's privacy and dignity was promoted so that people felt respected. We did not see or hear staff discussing any personal information openly or compromising privacy. Staff were able to describe how they treated people with dignity and told us about training sessions they had completed about ensuring people maintained their privacy and dignity at all times.

Staff told us information on advocacy services was available should a person need this support. An advocate is a person who would support and speak up for a person who doesn't have any family members or friends that can act on their behalf and when they are unable to do so for themselves. We saw advocacy information leaflets were available around the home. During the inspection we observed managers and staff contacting the local advocacy services to ask for support and advice for one person where there was a disagreement between the person's family members and healthcare professionals.

People were supported to maintain their independence where possible. We saw people had access to mobility aids and had been provided with equipment to enable them to eat independently. There was also assisted technology for example, a touch button kettle which aided people who used the service to be able to switch on the kettle independently.

We were told by staff that the organisation and staff would strongly wish to support any person who wished to die in the home, "As it is their home." Staff had been provided with training in end of life care. We saw evidence of advanced care planning in support plans, which stated the person's wishes and preferences for

the end of their life.

Good

Is the service responsive?

Our findings

Relatives told us they were always kept involved in people's care and support and had regular contact and discussions with staff. Relatives said, "We are kept fully informed what is happening with [name]," "They [staff] always consult me about things, which I really appreciate" and "The staff are really good at spotting when [name] isn't very well. They know when [name] isn't 100%. They recently got them to the doctors quickly and then they were taken to hospital. They were really hot off the mark."

We checked three support plans. The plans contained information about the person's preferences and identified how they would like their care and support to be delivered. There was a section titled 'Pen picture' which provided lots of detail about the person. The plans focussed on promoting independence. The plans showed that people and their relatives had been involved in developing their support plans so their wishes and opinions could be respected. We saw the support plans were written in a person centred way and reflected what the person's relative and staff had told us about what they did in their day-to-day lives and their likes and dislikes. Support plans were reviewed each month or sooner if changes to a person's care and support was made. Staff told us people's care records were discussed with the person's keyworker at their supervision session every eight weeks.

People and relatives spoken with felt very positive about the frequency and variety of social activities made available to people. On the day of the inspection people were busy going out on activities, returning home and then going out again to other social events. We saw people participated in such things as, horse riding, hydrotherapy and trampoline. The service had two vehicles which enabled staff to take people to activities, stay with them and then drive home. Other popular events like trips to the coast and going shopping into town were also planned regularly. People were also given the opportunity to go on holiday, supported by staff and/or their family. Other activities in the home included a sensory room, baking and party nights.

There was a complaints policy and procedure in place. The service had received no complaints within the last 12 months. People and their relatives told us they had no worries or concerns, but knew who to contact if they had. Relatives were confident that the home manager or a senior manager at the service would listen to them. A relative said, "We have had some small issues but these were sorted out quickly. I wouldn't hesitate to approach the staff with any concern." Another relative said, "During the time we've been involved with this home there have never been any untoward incidents. If there was anything at all I would speak up and I'm sure I'd be listened to."

We saw a 'pictorial' version of the complaints procedure was available to each person living at the home and their relatives. The procedure included pictures and diagrams to help people's understanding and assist staff to establish what the person was unhappy with. The complaints procedure gave details of who people could speak with if they had any concerns and what to do if they were unhappy with the response. This showed that people were provided with important information to promote their rights and choices.

Stakeholders we contacted prior to the inspection told us they had no current concerns about Oak House.

Good

Is the service well-led?

Our findings

The home manager had been working at the service since August 2016 and was in the process of registering with CQC. On the day of the inspection the manager was not working, however staff were being supported on site by senior managers. From discussions with the senior managers and staff it was evident they all had a good understanding and knowledge of the people who lived in the home.

Relatives spoken with told us, "There have been some staff changes recently but it seems to have settled down now," "I'm looking forward to getting to know the new manager" and "There is a very low turnover of staff here, which is great. The recent changes have made things better. It would be good to know if the new manager is staying as I think they'll do a good job."

Staff spoken with were positive about how the service was managed and felt they had a lot of support from the home manager and senior managers. We saw a positive and inclusive culture in the home. All staff said they were a good team and could contribute and felt listened to. They told us they enjoyed their jobs and the management team were approachable and supportive. Staff told us, "I love working here and we get all the support we need" and "This work can be stressful but I feel well supported. The staff changes have been difficult but things are more settled now."

Records showed that staff meetings were held regularly which gave staff the opportunity to share information and raise any concerns they may have about the service. This helped to ensure good communication within the service.

Records we saw throughout our inspection showed there was a robust system for checking and auditing health and safety procedures throughout the home. These included, for example; environmental checks, finances, medication and reviews of support plans. We found when the home manager had carried out some checks, this was not always recorded. We recommend that all monitoring checks and audits completed are clearly evidenced.

Senior managers carried out regular monitoring visits to the service and identified areas for improvement with action plans that were signed off when completed.

The home had policies and procedures in place which covered all aspects of the service. The policies and procedures had been updated and reviewed as necessary, for example, when legislation changed. This meant any changes in current practices were reflected in the services policies. All policies were chronologically filed and electronically available and accessible to staff. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their induction and training programme.

There were systems in place to seek the views of people who used the service, their relatives, staff, commissioners and healthcare professionals. Questionnaires were sent out each year and information received back was collated and reviewed. An action plan was then completed, with timescales, to evidence

the actions to be taken in response to listening to people.

The provider held a 'residential services advisory group' meeting three times per year. The group consisted of senior managers and relatives of people who used the service. This gave relatives the opportunity to make recommendations and suggestions to the senior management team with regard to the service.

The home manager was aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008.