The Hollies

The Hollies

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 15 December 2016 and was unannounced. The Hollies is registered to provide accommodation to a maximum of four people with learning disabilities. The Hollies is run like a family home where the registered manager, who was the provider, lived at the home. There were three people staying at the Hollies at the time of our inspection visit.

A requirement of the provider's registration is that they have a registered manager. 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. At the time of our inspection there was a registered manager at the service. We refer to the registered manager as the manager in the body of this report.

At our previous inspection in October 2015 we found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Breaches were identified in Safeguarding, the Need for Consent and Good Governance. We asked the provider to send us a list of actions they would take to make improvements at the service. The action plan was received on 26 January 2016; all actions were due to be completed before the end of April 2016. At this inspection we reviewed whether all the actions had been taken, and the required improvements had been made.

We found the provider had made significant improvements at the Hollies when we visited in December 2016, so that the breaches in the regulations had been met. Improvements included the training of the manager in a number of key areas including safeguarding, infection control and understanding MCA and DoLS. The manager had introduced safeguarding procedures at the home to identify and act on safeguarding risks. However, the manager had not informed CQC of a safeguarding investigation at the home, as they were required to do.

The risks associated with people's care were assessed, monitored and managed, so that risks to people were minimised. The manager had improved infection control procedures at the Hollies to minimise the risk of infection and cross contamination for people there.

People and their relatives told us they felt safe with staff, and staff treated them well. There were enough staff at the Hollies to support people with care tasks, and provide people with support to go out.

The rights of people who were unable to make important decisions about their health or wellbeing were protected, as staff supported people in line with the principles laid down in the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).

People's care plans were kept up to date, except for people's daily records of the care they received each day. However, staff knew people well and could describe people's care and their current needs. People were

given food they enjoyed and that met their nutritional and dietary needs.

People had privacy when they wanted it. Staff at the Hollies supported people to make everyday decisions themselves and to maintain their independence. People who lived at the Hollies were encouraged to maintain links with friends and family who visited them at the home.

People and their relatives thought staff were kind and responsive to people's needs. People and their relatives were involved in decisions about their care and people were given support to access interests and hobbies that met their preference.

Staff, people and their relatives felt the manager was approachable. People told us they knew how to make a complaint if they needed to. However, no-one had made a written complaint regarding the quality of care they received.

Medicines were stored safely. Medicine records were kept up to date and people received their prescribed medicines as intended. People were supported to attend health care appointments with health care professionals when they needed to, and received healthcare that supported them to maintain their wellbeing.

The manager worked alongside people at the home, and gathered verbal feedback from people during their day to day activities. Written feedback was unavailable for the manager to review and analyse, to identify areas for continued improvement. Verbal feedback was used to ensure people were happy with the care they received.

The manager had established some procedures to check the quality of care people received, and identify where areas needed to be improved. Although these procedures were not recorded, the manager could explain their daily check of medicines and premises checks, including the cleanliness of the home. The manager had also introduced a written check box system in the kitchen to monitor food storage systems. Documented quality assurance checks would provide information for the manager to review, to identify where the service could continue to improve.

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 felt safe with staff. People received support from staff who knew them well. Risks to people's health and wellbeing were identified and managed to ensure people received care and support safely. People were protected from the risk of abuse as the manager had received training in how to identify and investigate the signs of abuse. Medicines were managed and stored safely. Infection control procedures were adequate to protect people from the risk of infection.

Is the service effective?

Good

The service was effective.

The rights of people who were unable to make important decisions about their health or wellbeing were protected, as staff supported people in line with the principles laid down in the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). People were given food they enjoyed and that met their nutritional and dietary needs. People were supported to access health and social care services to maintain their health and wellbeing.

Is the service caring?

Good

The service was caring.

People felt supported by staff who they considered kind and caring. People were able to make choices about how to spend their time, and these were respected by staff. People were encouraged to maintain their independence, and they had privacy when they wanted it.

Is the service responsive?

Good

The service was responsive.

People and their relatives were involved in decisions about their care and how they wanted to be supported. People's care plans were kept up to date, except for people's daily records of the care

they received each day. However, staff knew people well and could describe people's care and their current needs. People were given support to access interests and hobbies that met their preference.

Is the service well-led?

Requires Improvement 

The service was not consistently well-led.

The manager was approachable, people who used the service, their relatives and staff felt able to speak with the manager at any time. However, statutory notifications that are required to be sent to CQC by law had not been received. Some policies and procedures required review to ensure they were up to date. Procedures were in place to monitor and improve the quality of the service provided, however, these were not always recorded to allow for analysis and review.

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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 was 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.

The inspection visit took place on 16 December 2016 and was unannounced. One inspector carried out the inspection visit.

We reviewed the information we held about the service. We looked at information received from statutory notifications the provider had sent to us and information from the commissioners of the service. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are representatives from the local authority who find appropriate care and support services which are paid for by the local authority. We also spoke with two other professionals regarding environmental risk management at the home, which included an environmental health officer.

We spoke with the manager, one member of care staff and the cleaner. We spoke with all three people who lived at the home, three people's relatives and we contacted via email one person's advocate. An advocate is a designated person who works as an independent advisor in another's best interest. Advocacy services support people in making decisions, for example, about their finances which could help people maintain their independence. We also received feedback from one person's social worker.

We observed the care and support provided in communal areas to people who lived at The Hollies. We looked at a range of records about people's care including three care files. We looked at other records relating to people's care such as medicine records. This was to assess whether the care people needed was being provided. We reviewed records of the checks the manager and the provider made to assure themselves people received a quality service.

Good

Is the service safe?

Our findings

Two of the people living in the home had complex care needs, and had difficulty in communicating verbally with us. It was therefore difficult to ask specific questions about feeling safe. One person responded to us positively when we asked them if they felt safe with a smile. Another person's relative told us they felt their family member was safe at the home, as their reaction to returning there after being away, was always very positive. One relative said, "[Name] is safe here, oh yes."
We found the Hollies was run like a family home. There was a relaxed atmosphere in the home and the relationship between people and the staff who cared for them was friendly. People did not hesitate to ask for assistance from staff when they wanted support, which indicated they felt safe around staff members.

The manager was the provider, and was supported by two other members of staff, one member of care staff and a part time cleaner. Both the manager and the member of care staff lived at the home with the people they supported. The manager and care staff member provided support to people 24 hours a day, 7 days per week. People, relatives and staff told us, there were enough staff available to meet people's needs safely.

At our inspection in 2015, we found the provider was not safeguarding people from abuse and improper treatment, because systems and processes were not established effectively to prevent and immediately investigate; any abuse or allegations of abuse to people. This was because the provider was unsure of how safeguarding concerns should be investigated, or reported. They had not received training and had not trained staff, on how to safeguard people from abuse or recognise the signs of abuse. In addition, the provider did not have up to date safeguarding procedures in place to inform staff on how safeguarding issues could be identified and reported to the local authority and CQC.

At this inspection we found the required improvements had been made at the home regarding safeguarding procedures. The provider had a policy and procedure in place on how to recognise and report safeguarding concerns to the local authority. The provider had attended a safeguarding course, and knew how to recognise and investigate safeguarding concerns.

At our previous inspection we found infection control systems at the home needed to improve. There was no infection control policy so staff did not have access to guidance on recommended infection control procedures. Staff were not provided with equipment to assist them in preventing the spread of infection. For example, there was no antibacterial hand-wash or gels to assist people with cleaning their hands. Following our previous inspection, environmental health officers visited the home on three separate occasions to advise the provider on how infection control and food management systems needed to improve.

At this inspection we found infection control procedures had improved. The provider had attended an infection control course, and infection control guidance was available for staff to access at the home. The provider had increased the number of hours allocated for cleaning at the home. The cleaner had also received training in infection control procedures. We observed hand gel had been made available in different areas of the home, and that bathrooms, toilets and people's bedrooms were clean. We observed the cleaner during our inspection visit performing their housekeeping and cleaning routine; they worked

methodically around the home according to a cleaning schedule and used appropriate personal protective equipment whilst cleaning including an apron. Cleaning products were stored safely after use.

There were a number of animals and pets that lived at The Hollies. The horses, chickens and peacocks were kept outside in a yard and paddock area adjacent to the home. At our previous inspection cats and dogs were able to roam freely inside the home. We saw some animals climbed onto furniture and surfaces around the home, including the kitchen and lounge areas, and could transfer dirt or hair onto surfaces people used. We were concerned that surfaces such as tables and food preparation areas were not wiped down and cleaned, before they were used by people.

At this inspection we found the household animals, cats and dogs, were restricted in the areas they could access around the home. For example, the cats were kept away from the kitchen work surfaces, and dogs were restricted to the lounge area at the home and the garden. Items such as stair gates were in use around the home to restrict the dogs' movements and to prevent them from gaining access to people's bedrooms. The provider explained the home had gone through a recent refurbishment and redecoration of some parts of the home had taken place. We found the carpets on the landing and stairs were new and the kitchen had been refurbished with new appliances and kitchen units, work surfaces and tiles. All general repairs and checks were undertaken by a staff member who was also a care worker. The provider had up to date certificates to show premises and equipment were being properly maintained.

People and their relatives told us they thought standards of cleanliness could still be improved, but the home was welcoming and felt like a family home. Comments included; "The cleanliness has improved, [Name's] room is beautiful." "Although things could be cleaner, [Name] has never been ill."

At our previous inspection we found environmental risk assessments had not been completed to identify and mitigate the risks to people who lived at the home. At this inspection we found improvements had been made to risk assessments and to manage identified risks at the home. For example, window restrictors had been fitted to bedroom windows. Risk management plans were in place to prevent people smoking inside The Hollies.

At the inspection in 2015 we found that risk assessments were not always up to date, to assess and manage the risks associated with people's individual health and care needs. At this inspection we found risk assessments and risk management plans had been updated, and were being regularly reviewed. The manager had completed risk assessments which identified risks to people's health and wellbeing. Where risks had been identified, plans had been devised to protect people from harm. For example, where people needed assistance from staff to keep them safe in their local community, risk management plans detailed the support people required.

The manager gave people their medicines at the home. The manager kept a record of the medicines each person was prescribed on a medicine administration record (MAR) and when medicines had been given. Medicines were administered to people in accordance with their prescriptions, which the manager checked daily. People told us they received their medicines safely.

Medicines were stored safely in a locked area and were given to people in accordance with manufacturers' guidance. The manager explained some medicines required refrigeration, and others needed to be stored under 25 degrees centigrade for them to remain effective. These medicines were kept in a locked area which was a cold pantry, to keep them at the required temperatures.

Good

Is the service effective?

Our findings

People told us they thought staff had the skills they needed to support people at the home. One relative told us, "You don't think anyone can ever look after your relatives the way that you do, however, I think they do look after [Name] very well."

There had not been any new staff at the home for several years, so induction procedures and recruitment procedures for new staff joining the home had not been developed. The member of care staff told us they were supported by the manager each day, and had daily meetings with the manager to discuss things at the home, as they worked together. The manager observed the performance of the member of staff on a daily basis to make sure they delivered good quality care to people at the home.

People were supported to see health care professionals when required. Records showed people saw their GP, dentist, chiropodist, hospital consultant and other health and social care professionals when a need arose. Information and advice from health and social care professionals was transferred to people's care records, so that the advice was followed. For example, one person had been seen by their hospital consultant regarding their medicines, which were under review. This showed the manager worked in partnership with other professionals for the benefit of the people they supported.

People were offered nutritious meals that they enjoyed. People told us they enjoyed the food that was prepared for them. One relative commented, "[Name] can have whatever they want; they cater to people's every need."

Staff knew people's dietary requirements, and their likes and dislikes, which were also recorded in the care records. People told us they were involved in menu planning at the home, as they went shopping with the manager to purchase the food they enjoyed. One person said, "We are going shopping tomorrow." The manager explained people were free to choose what they liked to eat; they had access to the kitchen to prepare their meals and drinks. People who were unable to do this themselves were offered assistance from staff. We saw people helping themselves to drinks and snacks, and other people being supported to prepare drinks.

At our previous inspection we had identified the need for food management systems to be improved. An environmental health assessment had identified that improvements were required before a rating could be given. Improvements had been made and a rating had now been given to the home. The manager had undergone some training and had implemented food management systems. For example, management systems were in place to ensure food was stored at the correct temperatures, was 'in date', and was eaten within the recommended time after it was opened.

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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

At our previous inspection we checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA), and whether any conditions on authorisations to deprive a person of their liberty were being met. We found the rights of people who were unable to make decisions about their health or wellbeing were not always protected. The manager and staff did not understand the legal requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Procedures were not in place to perform mental capacity assessments for people, to identify which decisions they could make for themselves, and which decisions needed to be made in their best interests. In one person's records we saw commissioners had identified that the MCA should be used to support them with decision making. Procedures were not in place for the manager to make applications for DoLS to the local authority.

At this inspection we found sufficient improvements had been made at the service. The manager had received training in how to apply MCA and DoLS and had shared this knowledge with the member of care staff. We observed staff asked people for their consent before offering them personal care. People were asked what they wanted to do each day, and their decisions were respected. Staff understood that they should assume people had the capacity to make decisions, unless it was established they could not. Where people required a mental capacity assessment to establish what decisions they could make for themselves, and what decisions needed to be made in their 'best interests', mental capacity assessments had been conducted and recorded. Where people were unable to go out on their own, or had other restrictions placed on their care, applications had been made to the local authority for DoLS. Two people had a DoLS in place at the time of our inspection visit.

Good

Is the service caring?

Our findings

All of the people we spoke with, and their relatives, told us staff treated them with kindness and staff had a caring attitude. One person said, "The manager and staff look after me." They added, "I like living here." A relative told us, "It's like home." A member of staff told us how much they enjoyed working at the home saying, "It's a lovely atmosphere here, it brightens my day."

We observed staff had a rapport with people which encouraged good communication and interaction. People who lived at the home showed confidence and familiarity with staff and with each other. One relative commented, "[Name] is not happy out of this home."

Staff and relatives told us they thought people received good quality care at the home. One relative said, "I wouldn't want [Name] to be anywhere else." Another relative commented, "We are really happy with them being here. The manager is so good." The manager told us, "The care of people here is really important to us, we are like a family." We observed the interaction between people and staff during our inspection visit; it was clear there were caring relationships between them. Staff focussed on each person to answer their specific requests. This demonstrated staff were person centred in their approach to providing care rather than being task focussed. We heard one person say to a member of staff, "I love you."

We saw people at the home made their own choices, and their preferences were respected by staff. When we arrived at the home at 9.10am one person was up having their breakfast, and another person was still in their bedroom. A third person was being assisted with their bathing. People told us they decided when they got up in the morning, and when they went to bed. People were able to make everyday decisions about what they wore. We saw one person decided what they wanted to wear, which included a jumper, a badge and some jeans. They were keen to tell us this was their choice of clothing.

One person explained it was their birthday on the day of our inspection visit. They showed us their cards and presents, from their family and the staff at the Hollies. They were equally pleased with all of their gifts.

There were several communal areas at the home where people could meet with family and friends if they wished, as well as in their bedrooms. People told us their family and friends could visit them at the Hollies when they liked. One relative said, "You don't have to make an appointment to come here, you can just pop in and see if your relation is able to see you. Everything is natural; the manager welcomes you when you come. Nothing is hidden." Another relative said, "You feel so welcome here."

People told us they were happy at the home and they had privacy when they needed it. We saw people had their own rooms which were decorated to their taste. People could use their private bedrooms if they wanted time alone. Each person had chosen their bed, bed linens, furniture, wall paper and décor. For example, we saw one person had a preference for animal prints, and had decorated their bedroom in animal print wallpaper. Another person kept birds as pets in their bedroom. One person's relative said, "[Name] really enjoys the pets and animals here."

People and their relatives told us staff supported them to maintain their independence and develop independent living skills. We saw people were encouraged to do tasks around the home. Some people took care of the animals at the home, as part of their weekly chores. Other people helped prepare drinks for themselves or others. Each person was encouraged to do what they could for themselves, according to their abilities.

People and their relatives were involved in care planning, and made decisions about how they were cared for and supported. Most people had a relative they could ask for support from, however, where people did not, the manager provided access to advocacy services. An advocate is a designated person who works as an independent advisor in another's best interest. Advocacy services support people in making decisions. For example, about finances which help people maintain their independence.

Good

Is the service responsive?

Our findings

People and their relatives told us they felt staff at The Hollies responded to people's needs and treated people with respect. One relative said, "They cater to [Name's] every need, whatever they want it is sorted out for them."

People and their relatives were involved in planning and making decisions about their care and support. One relative told us they were always involved in planning and agreeing their relative's care. We saw from care records the involvement of family members and health professionals was recorded, along with the input of each person, in regular reviews of their care.

Care was delivered in a person centred way, putting the person at the heart of how care and support was delivered by staff at the home. Relatives said care was tailored to meet the needs of each person at the home. One relative told us, "The manager gets everything they need."

People's care records detailed their preferences about what they liked to do, and what they liked to eat. Staff knew people well, and could describe the different activities people enjoyed. The information staff gave us matched what people told us. People told us they arranged days out according to their individual likes and dislikes. We saw on the day of our inspection visit one person went out for a family meal to celebrate their birthday. Another person was taken out by their family for a visit to celebrate Christmas.

People were supported to attend local community groups to build relationships with others and learn new skills. Three people regularly attended a local community group specifically for people with learning disabilities. One person said, "We like to go to the day centre most days, but sometimes we don't want to go. We can decide; we do all sorts of things there."

Staff knew people well and could describe what people liked to do, and what their health and support needs were. However, daily care records that described people's daily activities and the care and support they received each day, were not being kept up to date. This could be important if the person was moved to another home or into healthcare, to show people's daily care needs. The manager explained they planned to record daily activities and care from 1 January 2017. Although these daily care records were not up to date, we saw staff knew people well, and knew how to support people with their everyday needs.

People and their relatives told us they knew how to make a complaint if they needed to. People told us they felt confident about raising any concerns they had with the manager. One relative said, "The manager is here to speak with when we visit." No one had made a written complaint about the quality of the service.

Requires Improvement

Is the service well-led?

Our findings

There was a registered manager at the home who was also the registered provider. People told us they liked the manager, and the manager was approachable. People, their relatives and staff told us they could speak to the manager when they needed to because the manager worked alongside staff at the home and was there every day.

At our previous inspection we found improvements were needed to the provider's safeguarding procedures. At this inspection we found improvements had been made. The provider had investigated a potential safeguarding incident and appropriately shared information with the local authority. However, we found despite their training and their current level of understanding they had not notified CQC of the safeguarding investigation as required. We spoke with the manager regarding this who explained that they were aware CQC had been informed by the local authority, and therefore had not understood they also needed to notify us of the investigation. They were clear that if any safeguarding concerns arose in the future, they would notify CQC of the incident and the outcome of any investigation.

At our last inspection we found procedures were not in place to ensure people received care in accordance with the principles of the Mental Capacity Act 2005. At this inspection we found the provider had taken appropriate action to ensure they were no longer in breach of the regulations and care was delivered in accordance with the principles of the Act.

At our inspection in 2015, the provider had not established systems and processes to assess, monitor and improve the quality of the services provided. The provider had not established systems and processes to assess, monitor and mitigate the risks relating to the health and safety of service users. The provider was not maintaining a full and accurate record of people's care and support needs, and the care that was delivered. This constituted poor governance of the service.

At this inspection we found improvements had been made to care records. People's risk assessments, risk management plans and care plans had been reviewed and updated. Reviews involved the people, their relatives, advocates and other health and social care professionals where required. However, we found there were still some improvements to be made in recording people's daily care and the support they received from staff each day. The manager explained they had begun to record this, to ensure an up to date record of people's care was kept, however the records had been destroyed by accident. They intended to commence recording daily activities and daily care records for people from 1 January 2017.

At our previous inspection the provider was not ensuring staff had the skills they needed to understand the risks relating to the delivery of care, and the management of the home. The provider was not always assessing, monitoring, and mitigating the risks relating to the health and safety of people at the home. At this inspection we found the provider had made improvements to risk assessment procedures, which included assessing risks associated with each person's health and support needs, but also conducting risk assessments with regard to the management of the home. For example, risk assessments were in place to protect people from environmental hazards and emergencies.

Some policies and procedures at the home had been put in place by the provider over the previous 12 months. These included infection control procedures. However, other policies and procedures required updating as they had been in place for several years, and had not been reviewed. We brought this to the attention of the manager, who agreed they would review policies and procedures to ensure they were up to date and contained the latest guidance for staff to follow. For example, the complaints procedure required updating to ensure people knew who they could contact if their complaint was not answered to their satisfaction.

The provider had established some procedures to check the quality of care people received, and identify where areas needed to be improved. Although these procedures were not recorded, the manager could explain their daily check of medicines and premises checks, including the cleanliness of the home. The manager had also introduced a written check box system in the kitchen to monitor food storage systems. Written quality assurance checks would allow analysis and review of the results to ensure areas for continued improvement were identified.

People and their relatives were not asked to give feedback about the quality of care in any formal way such as quality assurance surveys or questionnaires, and meetings were not held at the home. This meant the manager could not demonstrate how they considered continued improvement at the home. However, the manager explained they worked alongside people at the home every day, met relatives when they came in to the home and therefore gathered verbal feedback from people during their day to day activities.