

Ms Susan Footitt

Hollybank House

Inspection report

Holly Bank
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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

We carried out an announced inspection of Hollybank House on 9 and 10 January 2019.

The service is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided and we looked at both during this inspection.

Hollybank House provides accommodation and personal care for up to five adults with a learning disability or autistic spectrum disorder. Nursing care is not provided. At the time of our inspection five people were living at the home.

At the last inspection in July 2016, the service was rated Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The registered provider of the service was also the manager and was responsible for the day to day operation of the service. There was no regulatory requirement to have registered manager in post. Registered providers are 'registered persons' and have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Records showed that staff had been recruited safely. The staff we spoke with were aware of how to safeguard people from abuse. There were safe processes in place for the management of people's medicines.

People's relatives/representatives and staff told us they were happy with staffing levels at the home and people received support from staff when they needed it.

People told us they liked the staff who supported them. Relatives/representatives told us that staff were kind and respectful. They told us staff respected people's right to privacy and dignity and encouraged them to be independent. We observed this during the inspection.

Records showed that staff received an effective induction and appropriate training which was updated regularly. People's relatives/representatives felt that staff had the knowledge and skills to meet people's needs.

People received appropriate support with eating, drinking and their healthcare needs. Appropriate referrals were made to community health and social care professionals, to ensure that people's needs were met.

People were supported to have maximum choice and control of their lives and staff supported them in the

least restrictive way; the policies and systems at the service supported this practice.

People were treated as individuals and received care that reflected their personalities, needs, risks and what was important to them.

Staff communicated effectively with people. They supported people sensitively and provided explanations when needed to ensure that people understood what was being discussed.

People were supported to take part in a variety of activities both inside and outside the home. Some people attended activities and clubs outside the home as part of their regular routines and told us they enjoyed this. This provided people with the opportunity to develop new skills and socialise.

Relatives/representatives and staff were happy with how the service was being managed. They found the staff, deputy manager and provider approachable. No-one we spoke with had made a complaint.

A variety of checks of quality and safety were regularly completed by the provider and the deputy manager. We found the audits completed were effective in ensuring that appropriate levels of quality and safety were maintained at the service.

The provider regularly sought feedback from people living at the home and their relatives through meetings and satisfaction surveys. A high level of satisfaction had been expressed by people living at the home, about all aspects of the care and support provided.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Hollybank 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 checked 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. This was a comprehensive inspection.

This inspection took place on 9 and 10 January 2019 and was announced. We gave the service 48 hours notice as it is a small service and people go out regularly. We wanted to make sure that people would be available at the home for us to speak with them. The inspection was carried out by an adult social care inspector.

Before the inspection we reviewed the information we held about the service, including previous inspection reports and notifications we had received from the service. A notification is information about important events which the service is required to send us by law. We contacted two community health and social care professionals who were involved with the service for their comments. We also contacted Lancashire County Council contracts team and Healthwatch Lancashire for feedback about the service.

During the inspection we spoke with four people who lived at the service. One person was not able to speak with us due to their complex needs. We also spoke with three support workers and the deputy manager. The provider was not available during our inspection. Following the inspection we received telephone feedback from two relatives and an independent advocate [representative] who had supported two people living at the home.

During the inspection we reviewed the care records of two people who lived at the home. In addition, we looked at service records including staff recruitment, supervision and training records, policies and procedures, complaints and compliments records, audits of quality and safety, fire safety and environmental health records.

Is the service safe?

Our findings

The relatives/representative we spoke with told us people received safe care. Comments included, "[Person] is always safe. I have no worries at all" and "Yes, they try their best, [person] is always safe".

We looked at whether people's medicines were being managed safely. Three people living at the service received support with their medicines. A medicines policy was available to provide guidance to staff and all staff had completed training in administering medicines. The deputy manager advised that as they were a small team, she had seen staff administering people's medicines safely, however this had not been recorded formally. She agreed to complete formal competence assessments for all staff following our inspection. The staff we spoke with understood how to administer medicines safely.

We found that the storage of people's medicines needed to be improved. Medicines were stored in a locked cupboard, however the cupboard was accessed regularly for other things, including food and cleaning supplies. We discussed this with the deputy manager, who arranged for more suitable, secure storage to be arranged shortly after our inspection. We reviewed people's Medication Administration Records (MAR) and found that these had been completed appropriately by staff. The quantity of medicines in stock was checked by staff each morning, which helped to ensure that people's medicines were being managed safely and any errors were identified quickly. A more comprehensive medicines audit was completed by the deputy manager every six months.

The staff we spoke with understood how to protect adults at risk of abuse. A safeguarding policy was available and records showed that all staff had completed safeguarding training. One safeguarding concern had been raised about the service in the previous 12 months, regarding a minor incident between two people living at the home. We saw evidence that the incident had been managed appropriately. The deputy manager told us that any lessons learned were shared with staff to improve the service provided to people.

We reviewed the recruitment files of two staff members who had been recruited since our last inspection and found that they had been recruited safely. Appropriate checks had been made of their suitability to support people living at the home. We noted that people living at the home were involved in the recruitment process and were able to interview potential staff before they were appointed. This helped to ensure that people were supported by staff they felt comfortable with.

The service had a whistle blowing (reporting poor practice) policy which staff were aware of. They were confident appropriate action would be taken by the registered provider or deputy manager if they raised concerns, for example about the conduct of another member of staff.

Risk assessments were in place for each person living at the home, including those relating to road safety, trips into the community, friendships, personal care, using the kitchen and finances. They provided information for staff about the nature and level of each risk and how best to support the person to reduce the risk. Records showed that they were reviewed regularly. One relative commented, "They manage [person's] behaviour very well".

We looked at staffing levels at the home. The number of staff on duty during the day was dependent upon people's routines, activities and visits to family. We found that there was usually one member of staff on duty during the night. People's relatives/representatives told us they were happy with this. Comments included, "Staffing levels are fine. There are no issues" and "I have no concerns about staffing. People living there are quite independent". The staff we spoke with also felt that staffing levels were appropriate to meet people's needs.

A record was kept of accidents and incidents that had taken place at the home. Records showed that two accidents/incidents had taken place in 2018 and staff had taken appropriate action.

We observed cleaning being carried out by staff during our inspection and found the home to be clean. A monthly infection control audit was completed by the deputy manager and few issues had been identified. People's relatives/representatives told us they had no concerns about standards of hygiene at the home. We noted that fabric hand towels were used in the communal bathroom rather than paper towels, which poses a risk of cross infection. We discussed this with the deputy manager who provided an explanation. The deputy manager agreed to ensure that each person had their own fabric hand towel which was changed regularly and that staff used paper towels when using the communal bathroom. This would help to ensure that people were protected from the risks associated with poor infection control practices.

Records showed that checks on the safety of the home environment had been completed, including fire, gas and electrical safety checks. A legionella risk assessment had also been completed. Legionella bacteria can cause Legionnaires disease, a severe form of pneumonia. Information was available in people's care files about the support they would need from staff if they needed to be evacuated from the home and records showed that all staff had completed fire safety training. This helped to ensure that people were living in a safe environment and would be kept safe in an emergency.

People's care records were managed appropriately. They were stored in the office, where they were only accessible to authorised staff.

Is the service effective?

Our findings

People told us they were happy with the care they received. One person commented, "I wouldn't want to live anywhere else". People's relatives and representatives were also happy with the support provided. Comments included, "I'm very happy with the care, I can't fault them. They do look after [person] well. [Person] is very content there", "I'm very happy. It's a really friendly, homely place" and "Everyone's really happy and settled. Interaction is very good between the staff and the residents. There's no awkwardness. The staff are very pro-active in supporting people".

Records showed that staff completed a thorough induction when they joined the service and their training was updated regularly. Staff felt well trained and told us they could request further training if they felt they needed it. They told us they received regular supervision and this was confirmed in the records we reviewed.

An assessment of people's needs had been completed before the service began supporting them. Assessment documents included information about people's needs, risks and preferences. This helped to ensure that the service was able to meet people's needs.

We reviewed two people's care files. We found they included detailed information about people's needs and how they should be met, as well as their likes and dislikes. Each care file was personalised and contained information about what people were able to do for themselves, what support was needed and how this should be provided by staff.

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 with appropriate legal authority. 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. Mental capacity assessments had been completed when appropriate and three applications had been submitted to the local authority for authorisation to deprive people of their liberty to keep them safe. However, no authorisations had yet been received. Records showed that all staff had completed DoLS/MCA training. The staff we spoke with understood the importance of gaining people's consent before providing support and providing people with more information when necessary, to help them understand information and make decisions. We observed staff asking people for their consent, for example in relation to their meals and cleaning their room. Relatives/representatives told us, "If there are any decisions to be made, I'm consulted".

Care plans and risk assessments included information about people's nutrition and hydration needs, preferences and intolerances. Where there were concerns about people's diet or nutrition, monitoring was

put in place and appropriate referrals were made to community healthcare professionals. People told us they were happy with the meals provided. One person commented, "[Staff member] is a brilliant cook. We had a lovely Christmas dinner".

Each person's care file contained a health assessment with information about their medical history, allergies and any prescribed medicines. People had been referred to a variety of healthcare professionals, including GPs, dentists, chiropodists and speech and language therapists. People's relatives/representatives told us people received medical attention when needed. One relative commented, "They call the doctor when needed and they take [person] to the dentist and for hearing tests".

Each person had a hospital passport that went with them if they attended hospital, which included important information about their care needs and what was important to them. This helped to ensure that people received effective care and treatment and that relevant information was shared when people moved between different services. We noted that people were encouraged to be active and live a healthy lifestyle, for example by going for regular walks and eating healthy meals. None of the community health professionals we contacted expressed any concerns about the service. One person's representative told us, "Paperwork is always up to date, very detailed and accurate. It's very person-centred".

The home environment was suitable to meet people's needs. Communal areas were spacious and comfortable and people had personalised their bedrooms to reflect their personalities and interests. We noted that the communal bathroom needed to be updated. The deputy manager contacted us shortly after our visits to advise that the registered provider would be replacing the bathroom within the next six months.

Is the service caring?

Our findings

People told us they liked all the staff who supported them. One person commented, "I can talk to any of them". Relatives/representatives told us staff were kind and caring. Comments included, "They [staff] are a lovely group. It's a wonderful place", "The staff are kind and caring. They're all very nice" and "It's a very family orientated, homely environment. The people who live there are genuinely content and happy. [Person] feels the staff are like their extended family".

Staff knew the people well that they supported, in terms of their personalities, needs, risks and what was important to them. They gave examples of people's routines and how they liked to be supported, such as how they liked to spend their time. Staff felt they had enough time to meet people's individual needs in a caring way. One staff member told us, "We're like a family because it's such a small service".

Communication between staff and people who lived at the home and relatives/representatives was good. One relative/representative told us, "The staff keep me up to date about any changes". We observed staff supporting people sensitively and explaining information when necessary to ensure that people understood them. This helped to ensure that communication was effective and that staff were able to meet people's needs. People were given the time they needed to make decisions and were not rushed. Staff spoke to people in a respectful and affectionate way. We saw that people looked relaxed around staff and felt comfortable asking them questions. One relative/representative told us, "It's absolutely brilliant. It's really informal and feels like people's home."

We observed staff involving people in decisions about their care, such as what they wanted to eat, how they spent their time and whether they wanted to go out. People were encouraged to be as independent as possible and some people attended regular activities outside of the home independently. One relative/representative commented, "People are encouraged to do what they can for themselves and to try new things; it's empowering".

Relatives/representatives told us staff respected people's right to privacy and dignity and we observed this during our inspection. Staff spoke to people respectfully, gave them choices and respected their decisions. People were able to have time alone when they wanted it and staff sought people's consent regarding everyday decisions about their care.

We found that people's relationships were respected and some people visited their family regularly, including overnight stays. Some family members also visited the home regularly. One person commented, "My family visited me on Christmas Eve". This meant that people were supported to maintain relationships that were important to them.

A manual of service user policies and procedures, in an easy read format, was given to people when they came to live at the home. It included information about health and safety, fire safety, complaints, bullying, relationships, accidents, meals, medicines and safeguarding. This meant that people had access to important information about the service.

People's right to confidentiality was protected. There was a confidentiality policy in place which documented staff responsibilities and information about people's right to confidentiality was included in the service user policies and procedures manual. The staff we spoke with were clear about their responsibilities. We observed staff speaking to people discreetly when supporting them and saw that they did not discuss personal information in front of other people living at the home or visitors.

Information about local advocacy services was displayed in a communal area of the home. People can use advocacy services when they do not have friends or relatives to support them or want support and advice from someone other than staff, friends or family members. The registered manager told us that two people were being supported by an independent advocate at the time of our inspection. We contacted the advocate (representative) for feedback about the service, which is included in this report. The advocate had no concerns about the support provided by the service.

Is the service responsive?

Our findings

People's relatives/representatives told us staff knew people well and people were provided with care that reflected their individual needs and preferences. Comments included, "It's home, not an institution. They all regard it as home" and "The staff have known [person] a long time. They know what upsets him and how to calm him".

The care plans we reviewed contained detailed information for staff about people's individual needs, risks, what was important to them and how to support them effectively. They were reviewed regularly. They included information about what people were able to do, what they required support with and how staff should provide that support. One relative/representative told us, "I've been to the reviews and they include social services". Another said, "We have a review every year when we meet up".

People told us they were given lots of choice by staff, including where they went shopping, where they went for their weekly meal out on a Friday evening, what they ate and what time they got up and went to bed. Relatives/representatives told us, "Yes, [person] has lots of choice. He chooses things like his food and clothes. He always tells staff what he wants", "There's lots of choice, like food and the groups [person] goes to" and "People have lots of choices regarding activities. The service is very flexible, very client led".

People took part in a variety of activities both inside and outside the home. We reviewed the weekly timetable of people's activities and noted that most people attended regular community groups and activities independently, several times a week. The deputy manager told us people enjoyed attending the groups as they were able to develop skills, socialise and make friends. Some people returned from their groups during our inspections and told us they enjoyed going. We noted that some people had one to one time with staff, which was spent in the home or out in the community, depending on what people wanted to do, and some people visited family regularly. People's time in the home was spent listening to music, watching television, making arts and crafts and chatting with staff and other people living at the home. We noted that people were also encouraged to complete domestic tasks, like keeping their room clean and tidy or helping with meal preparation when it was safe to do so.

We looked at whether the provider was following the Accessible Information Standard. The Standard was introduced on 31 July 2016 and states that all organisations that provide NHS or adult social care must make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need. Each person had a communication passport which provided clear information for staff about people's communication needs and methods. This included information about people's language and behaviour, how this indicated how they were feeling and how staff should support them effectively.

The service used various types of technology to support people and staff. Care documentation, policies and procedures were kept and updated electronically and staff had contact with some community professionals by email. Support staff communicated with each other by mobile phone and the deputy manager told us that one person had regular supervised access to the internet.

Information about how to make a complaint was displayed in the entrance area of the home and included in the service user's manual. The deputy manager told us that the service had not received any formal complaints in the previous 12 months and the relatives/representatives we spoke with told us they had not needed to complain.

The deputy manager told us that the service had never needed to provide anyone with end of life care but if the need arose, appropriate training would be arranged for staff, to ensure that people's needs were met.

Is the service well-led?

Our findings

People's relatives/representatives told us they were happy with the way the service was being managed. They felt that the staff, deputy manager and registered provider were approachable. Relatives/representatives commented, "The management is good. Everything's as it should be" and "They're very good. I could contact [deputy manager] or [registered provider] if I needed to".

The registered provider of the service was also the manager and was responsible for the day to day operation of the service. They were unavailable during our inspection. The deputy manager was available to support us with the inspection. She advised that she worked part time and was also actively involved in the day to day running of the home.

We looked at how the provider sought feedback from people about the support they received. People's views were sought during monthly residents' meetings, when the issues addressed included meals, activities, outings, holidays and any other issues people wanted to discuss. In addition, satisfaction questionnaires were given to people and their relatives yearly to gain their feedback about the support provided by the service. The results of the surveys issued in 2018 showed people had expressed a high level of satisfaction about all aspects of the service. People's comments included, "Nice home. The staff are nice" and "I really do enjoy my one to one with staff and really do love living here". One relative had commented, "I rarely walk into Hollybank House without someone laughing. [Person] is extremely happy here. Your staff are a credit to you, with nothing too much trouble".

The deputy manager told us that satisfaction questionnaires had not previously been issued to staff, as they were such a small team. However, she told us she would introduce them in future to ensure that all staff felt able to provide feedback about the service and the support people received.

Staff told us they were happy working at the home and felt well supported by the deputy manager and the provider. One staff member told us, "There's always someone available to ring".

Records showed that staff meetings took place regularly. We reviewed the notes of the previous two staff meetings and noted that the issues discussed included staff training, confidentiality and any changes or concerns regarding people living at the home. The staff members we spoke with confirmed that regular staff meetings took place.

The staff we spoke with understood their roles and responsibilities. One staff member commented, "I know what I need to do from my experience and training. We have an external trainer who keeps the staff up to date with best practice. I would be happy for a member of my family to live here".

Records showed that a variety of audits and checks were completed regularly by the deputy manager and the registered provider. These included audits of the home environment, medicines, infection control, care documentation and staff files. We saw evidence that action had been taken where shortfalls had been identified. We found the audits completed were effective in ensuring that appropriate levels of quality and

safety were maintained at the service.

We saw evidence that the service worked in partnership with a variety of other agencies. These included social workers, advocates, GPs, chiropodists and dentists. This helped to ensure that people had support from appropriate services and their needs were met.

The deputy manager told us that a number of improvements were planned, including updating the communal bathroom and new carpets in people's rooms where needed. She told us these improvements were planned to take place in the next six months. She told us the service was also in the process of recruiting an additional support worker.

Our records showed that the registered manager had submitted statutory notifications to CQC about people using the service, in line with the current regulations. A statutory notification is information about important events which the service is required to send us by law.

We noted that the provider was meeting the requirement to display their rating from the last inspection.