

Dons Care Limited

Holly Cottage

Inspection report

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Ratings

| | |
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| Overall rating for this service | Good ● |
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| Is the service safe? | Good ● |
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| Is the service effective? | Good ● |
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| Is the service caring? | Good ● |
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| Is the service responsive? | Good ● |
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| Is the service well-led? | Good ● |
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Summary of findings

Overall summary

About the service: Holly Cottage is a residential care home that was providing accommodation and personal care to five people at the time of the inspection.

People's experience of using this service: Holly Cottage has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

Improvements had been made to the service following our previous inspection in May 2018 to address concerns and a breach of Regulation 11 of the Health and Social Care Act 2008.

There were enough staff on duty to enable people to remain safe and receive care in a timely way. Staff were safely recruited, they knew how to keep people safe from avoidable harm.

The environment was safe, and people had access to appropriate equipment where needed. The premises were clean and followed infection control guidelines. Accidents and incidents were analysed to prevent re-occurrence.

People were supported to take their medicines in a safe way.

Staff were kind, caring and promoted people's dignity. Staff understood the importance of treating people with respect and ensured they did this. People were observed to have good relationships with the staff team. Staff actively ensured people maintained links with their friends and family.

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

The registered manager provided staff with leadership and was visible and approachable. Staff were motivated and enjoyed strong team work.

Information from audits, incidents and quality checks was used to drive continuous improvements to the service people received.

More information is in the full report.

Rating at last inspection: Requires improvement (Published May 2018)

Why we inspected: This was a scheduled inspection based on our previous rating. The service has improved

its rating to good in all key questions.

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

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Holly Cottage

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

One inspector carried out this inspection.

Service and service type:

Holly Cottage is a residential care home that was providing personal care for up to 12 people with a range of support needs including severe learning disabilities, physical disabilities, and mental health. The home has been developed and designed in line with the values that underpin the 'Registering the Right Support' and other best practice guidance. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service had a registered manager. The service is required to have a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection was unannounced. Inspection site visit activity took place on Wednesday 8 May 2019.

What we did:

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about. We assessed the information we require providers to send us at least once annually to give some key information about the service. We used all this information to plan our inspection.

We spoke with one person who used the service.

We also spoke with four members of staff including the registered manager, who is also the managing director for the provider.

We observed how people received their care in communal areas of the service.

We looked at records in relation to people who used the service.

We also looked at records relating to the management of the service, recruitment, policies and systems for monitoring quality. This included quality assessments made by the local authority.

We made contact and received feedback about the provision of care from the Local Authority quality monitoring team.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- There were effective safeguarding systems in place to make sure people were protected from the risk of harm or abuse. Staff received training and were confident in telling us how they would report their concerns internally and externally to local safeguarding authorities. The registered manager demonstrated where they had taken recent action when they identified concerns relating to a person's welfare when using another healthcare service.
- People told us they felt safe and had confidence that staff did everything they could to ensure their safety.

Assessing risk, safety monitoring and management

- Improvements had been made in the assessment and monitoring of risks to people's well-being and health which had been assessed. Measures were in place to mitigate risks. Staff were familiar with the plans in place to manage the risks. This included risks associated with people's mental health conditions and for when people were accessing the local community.
- Robust procedures were in place to ensure staff could deal with emergencies like fire. People had personal emergency evacuation plans (PEEPs) in place so that staff knew how to assist people in an evacuation. There were checks to fire alarms, water, gas and equipment within the home.

Staffing and recruitment

- There were enough staff on duty to keep people safe. Additional staff were available to support people when accessing the community.
- On the day of the inspection we saw that staff were quick to respond to people's needs. Staff had time to spend with people and did not need to rush their care or support.
- We saw all staff had been recruited safely by the provider. Staff told us the recruitment process was robust and checks were made to ensure they were suitable to work at the service.

Using medicines safely

- People's medicines were managed safely. We noted that medicine administration was completed in accordance with good practice. Medicines records were completed accurately.
- Staff had received training and there were protocols in place for medicines prescribed on an as needed basis. Staff could describe to us how they would assess when people needed these medicines. This helped to ensure that people received their medicines as prescribed.

Preventing and controlling infection

- There were infection control procedures in place and regular cleaning in the home. The provider was investing in improving the environment of the home, including the refurbishment of surfaces. This allowed

better cleaning, although we identified a small number of painted surfaces in communal areas which needed attention. The registered manager took action to rectify this without delay and sent us photographs after the inspection to show this work had been completed.

- We noted in two small areas of the home that there was a mild lingering odour of urine. The registered manager told us they had put in additional carpet cleaning to counter this but was considering changing the flooring to a surface that was easier to clean as it was difficult to eradicate these odours completely.
- Staff used personal protective equipment (PPE) appropriately when delivering personal care to people.

Learning lessons when things go wrong

- Staff told us there were lessons learned when things went wrong. The registered manager took appropriate actions following incidents and learning was shared with staff.
- Risk assessments and care plans were updated after accidents and incidents to ensure that measures in place were effective and enhanced peoples well-being.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

- At the last inspection in March 2018, the provider had failed to ensure they operated within the framework of the MCA. This had resulted in a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Improvements had been made at this inspection which meant the provider was no longer in breach of Regulation 11.
- Mental capacity assessments were carried out where needed to establish if people had capacity to make decisions affecting their lives. Decisions for people identified as lacking capacity to make certain decisions were taken following a best interest process. Where this was the case, it was clearly identified in people's care plans.
- We saw staff asking for people's consent before providing them with support. People were offered choices and encouraged to express their wishes. For example, people were offered a choice of drinks and asked where they wanted to spend their time. Staff gave us examples of how they offered choices to people who could not hear or speak.

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

- Thorough assessments were completed to establish if people's needs could be fully met, before they moved into the home. The registered manager used principles of good practice in the assessment of people's needs and was clear in the types of need the service could support.
- Care plans were detailed for each identified need a person had. Staff had clear guidance on how to meet those needs.
- Care and support plans were regularly reviewed which helped ensure that staff could continue to meet people's changing needs. The registered manager told us the newly acquired electronic system for care

plans had resulted in more detailed analysis of changes in people's needs over time. We saw evidence of how they monitored this.

Staff support: induction, training, skills and experience

- People were supported by staff who had received training relevant to their roles. Staff who were new to their role undertook comprehensive training and received support from experienced members of staff before working on their own. One of the provider's directors had recently completed qualifications that accredited them to provide training directly to staff.
- Staff completed the Care Certificate, a nationally recognised qualification for staff new to working in care.
- Staff told us they felt supported. They received regular supervision and checks of their competency. This included feedback about their performance and enabled them to discuss any concerns, training and development.

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

- People had a good choice of food and drinks provided. Specialist diets were catered for. People could put together their own menus and cook for themselves with support.
- Recent improvements to the kitchen facilities meant that people were able to access the kitchen more easily and make snacks and drinks for themselves at a time of their choosing.
- Staff monitored people's intake where required. People identified as at risk of malnutrition or dehydration were referred to their GP or dietician.

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

- Staff working at the home were long standing and knew people well. Staff could promptly identify when people's needs changed and seek professional advice. Detailed records and monitoring of people's welfare was used to inform community healthcare professionals so timely and effective action could be taken.
- Staff worked in partnership with health and social care organisations appropriately sharing information about people to ensure the care and support provided was effective and in people's best interest.

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

- There were large comfortable communal spaces with ample seating for everyone to use. People could choose whether they wished to spend time alone or with others. Rooms had been personalised to meet people's preferences and needs so that independence could be encouraged. For example, for one person who used an electric wheelchair, the registered manager had installed mirrors in their bedroom, so they could move around more easily and look at themselves when dressing. Adapted shelving had been installed so that the person could access their clothes and belongings with ease.
- The registered manager, who was also the provider's managing director, had completed works to improve and modernise the building since taking ownership of the service in 2018. These works included replacing flooring, new ceilings in conservatories and extensive redecoration, including themed reminiscence areas. One person we spoke with told us this meant the service was a much nicer environment to live in.
- The registered manager had begun to make alterations to the outside and garden areas to make these more accessible and useable for people. This included preparing areas that could be tended as a vegetable or flower patch. We saw photographs of people being involved in this work and enjoying the benefits of growing their own vegetables.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- We saw caring interactions between care staff and people in the home. Staff greeted people when they saw them, offering support and reassurance where necessary.
- Staff knew how to communicate with people effectively. If people were not able to express their wishes verbally, staff knew how to understand a person's mood by observing body language or facial expressions.
- People told us that staff were kind and caring. One person told us, "I'm well looked after, I tell the staff what I need and they listen to me, they do what I want and what I need."
- People were supported by staff to maintain regular contact with families and friends. Staff supported and transported people to visit family members, in addition to this the registered manager provided opportunities and activities for family members to participate in at Holly Cottage. This included barbeques, and for one person, a family gardening event.

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

- The registered manager and staff ensured that people were involved in making decisions about their care where they could. This was recorded and noted as such in daily records and care plans. One person we spoke with told us they were regularly asked for their views in planning their care, and that staff listened to this.
- Where people were not able to express their views and could not be involved in decisions about their care, their relatives and health and social care professionals were involved. This was to ensure the care and support the person received was appropriate.

Respecting and promoting people's privacy, dignity and independence

- People were well-groomed and dressed appropriately for the weather.
- Staff were respectful towards people they supported, ensuring that preferred names were used, and checking with people first before providing them with care. Staff we spoke with told us that it was important to ensure they respected people and gave us examples of how they promoted people's privacy.
- Staff encouraged people to maintain their independence. Staff knew what people could do for themselves, and were patient and supportive in helping them to do this.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- In line with 'registering the right support' people were part of their communities. They used local facilities and accessed community health and leisure facilities. The home had their own vehicle which enabled people to access their community individually and regularly, and not having to rely on activities in groups. On the day of our inspection we saw two people go out to enjoy a regular bowling game. The registered manager told us that trips out using the vehicle were popular with people. They had recently recruited additional staff who were able to drive this, so it could be used more frequently.
- People were stimulated and enjoyed participation in activities they enjoyed. This included personal hobbies and interests, as well as trying new ideas that staff researched and suggested.
- People received personalised care and support specific to their needs and preferences. We observed that staff knew people well and how a person wished to receive interaction.
- People's care plans were detailed and contained clear information about their specific needs, their personal preferences, routines, likes, dislikes and what was important to the person. Each person's care and support was regularly reviewed and updated to reflect their changing needs.
- People's relatives and other professionals were involved in person centred reviews and information was shared about people's care appropriately to support their best interests and promote positive outcomes for people.

Improving care quality in response to complaints or concerns

- There had not been any complaints. A concerns, complaints and compliments procedure was in place for relatives and visitors. This detailed how people could make a complaint or raise a concern and how this would be responded to.

End of life care and support

- The service was not supporting anyone who was receiving end of life care at the time of our inspection. Documents to record the arrangements, choices and wishes people may have for the end of their life were available to people's families for completion should they choose to do so.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility; Continuous learning and improving care

- The home was well run. The registered manager and staff team were committed to providing high quality and person-centred care. The provider's systems ensured people received person-centred care which met their needs and reflected their preferences.
- Policies and procedures provided guidance around the duty of candour responsibility if something was to go wrong.
- Information from the quality assurance system, care plan reviews and incidents was used to inform changes and improvements to the quality of care people received. The registered manager was continually reviewing and learning where possible.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- The registered manager understood their regulatory responsibilities. For example, they ensured the rating from the last CQC inspection was prominently displayed and there were systems in place to notify CQC of incidents at the home.
- Staff felt valued and well-supported by the management team. We saw that staff had one to one support appropriate for their job roles. There was good communication maintained between the management team and staff.
- The registered manager had an overarching governance system to ensure that good quality care and support was provided, as part of their approach to continuous improvement.
- The registered manager had effective oversight of what was happening in the service. Risks were identified and acted on promptly to monitor the safety and quality of the service people received. People's care records were well organised, up to date and kept under regular review to ensure the information was accurate.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- There were opportunities for people who used the service and their representatives to share their views about the quality of the service provided. People told us the registered manager was available to talk with them whenever they wished. Surveys were sent out annually to people and their relatives, to gather feedback about the quality of the service provided.
- The registered manager and staff continued to work in partnership with other services, for example their GP, community pharmacists, and dieticians, to ensure people's needs were met in a timely way.

