

Holly Cottage LLP

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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?

Good ●

Summary of findings

Overall summary

Holly Cottage LLP care home provides care and support to six people with learning disabilities.

At the last inspection the service was rated Good.

At this inspection we found the service remained Good.

People told us they felt safe living in the service. Risks to people were appropriately planned for and managed. Shortfalls in Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) processes had been identified and improved upon since the last inspection. The service was meeting the requirements of the MCA and DoLS. People were supported to have maximum 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.

There were enough staff who had received appropriate training, support and development to provide people with the care and support when they needed it.

People received appropriate support to maintain a healthy diet and are able to choose and help prepare meals.

People told us and we observed that they were treated with kindness by staff who respected their privacy and upheld their dignity.

People were given the opportunity to feed back on the service and their views were acted on.

People received personalised care that met their individual needs. People were given appropriate support and encouragement to access meaningful activities and follow their individual interests.

People told us they knew how to complain and were confident they would be listened to if they wished to make a complaint.

The provider, registered manager and staff created an open and inclusive atmosphere within the service. People, staff and external health professionals were invited to take part in discussions around shaping the future of the service.

There were quality assurance procedures to regularly check the quality of the service in place and any shortfalls were identified and swiftly acted on to improve the service.

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 ●

Since the last inspection there have been improvements made regarding MCA and DoLS procedures and this area is now rated as 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

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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 checked 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 comprehensive inspection was carried out by one inspector on 8 February 2017 and was unannounced. Prior to the inspection we reviewed the contents of notifications received by the service. A PIR had been completed by the provider prior to our visit. 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.

During this inspection we spoke with six people using the service, two relatives, four care staff and the provider. We also spoke with two care managers from the local authority, a consultant psychiatrist and a practice manager from a local surgery. We reviewed two care records, two staff personnel files and records relating to the management of the service.

Is the service safe?

Our findings

People told us they felt safe living in the service. One person said, "I feel very happy and safe here. I have lived here a long time and it's my home." A relative said, "I was thrilled that my [family member] was able to be able to come and live at Holly Cottage. I feel they are safe and happy here." People were supported by staff who demonstrated that they understood how to keep people safe. This included how to appropriately recognise and report any incidents of harm or poor care practices.

Records demonstrated that risks to people were identified and measures were put in place to reduce these risks. We observed that staff were proactive in reducing the risks to people. For example, we observed staff help people to mobilise safely when using transport to access the community.

People told us and we observed that there were enough staff to meet their needs. One person said, "There is always enough staff here to help with what I need." The staffing levels were under continuous review by the provider and registered manager to ensure that there were enough staff to meet people's changing needs. We saw that there were sufficient staff to assist people with any personal care needs whilst at home and also to accompany people to go out during the day to an activity or appointment.

Staff told us that they had received training so that they could safely administer and manage people's prescribed medicines safely. Following their training staff's competence to administer medicines had been assessed. Medicine Administration Records showed that medicines had been administered as prescribed. We saw that there had been a recent audit completed by a local pharmacist and no significant shortfalls had been identified.

Staff only commenced working in the home when all the required recruitment checks had been satisfactorily completed. We looked at two recruitment records and we saw that the appropriate checks had been made. This showed us that the provider only employed staff who were suitable to work with people living at the home.

Is the service effective?

Our findings

We saw that people were supported by appropriately skilled and knowledgeable staff. One person said, "The staff know how to help me with whatever I need." A relative said, "The staff are excellent and professional. They know [family member] really well and know how to help them."

We observed staff assisting and supporting people in a knowledgeable and enabling manner during our visit.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Risks to people were appropriately planned for and managed.

Shortfalls in Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) processes had been identified and improved upon since the last inspection. Discussions with staff demonstrated they understood the principles underpinning MCA and DoLS and how this applied to the people they supported. Staff were seen to encourage people to make decisions independently.

Staff told us that they had the training and support they needed to carry out their role effectively. Records demonstrated that staff received appropriate training, supervision and appraisal, to encourage and support good practice. Staff were offered the opportunity to request training and discuss personal goals and development opportunities. Staff told us that they felt very involved in the running and development of the service and the provider and registered manager were approachable and supportive.

People told us they enjoyed the food at Holly Cottage and were able to make choices about their preferred meal choices. We saw that staff encouraged and assisted people in the preparation of meals and drinks. People also participated in the preparation of their packed lunches as part of preparing to go out to one of their many organised activities. One person said, "I help to go shopping for the meals we have in the house – I also like to go to the café and to have a drink in the pub as well." We saw that meal times were a social occasion where people and staff had an opportunity to discuss their day and any forthcoming events.

Staff and the managers had a good working relationship with health professionals such as GP's and care managers. Comments we received from health professional's were positive about the care and support provided by the service. People's healthcare needs were met and we saw that there were regular appointments with a variety of health professionals. Records and comments we received demonstrated that the staff were proactive in obtaining advice or support from health professionals when they had concerns about any person's wellbeing.

Is the service caring?

Our findings

People told us and we observed that staff were kind and caring towards them. One person said, "I am really happy living here and the staff are kind and helpful." Another person said, "[Staff] always help me with what I need and know me very well."

We observed staff interacting with people in a kind and reassuring way with a good deal of cheerful banter. People's requests were promptly dealt with in a caring and affectionate way. For example, reminding people about where they would be going during their day and sitting with people and engaging them in conversation. Staff showed interest in the people they supported and we observed that people were at their ease and comfortable with staff. Staff we spoke with demonstrated an enthusiastic and caring approach. One member of staff said, "I love working here and every day is different – it's like one big family." Another member of staff said "It's a great set up here and we go out with people so they can enjoy their lives."

People told us that they were involved in making decisions about their care. One person said, "We discuss everything about what I would like to do." Care records supported what people told us. Where people were unable to participate in the planning of their care, relatives and other professionals were involved in making best interest decisions appropriately on their behalf.

We saw that the staff respected people's privacy and dignity and knocked on people's doors before entering.

People were encouraged by staff to remain as independent as possible, which upheld their dignity and respect. Care records made clear what tasks people needed support with and what they could do for themselves. We observed staff encouraging people to be independent, such as undertaking household tasks, washing up and preparing their packed lunches. This helped to reduce the risk of people becoming less independent and positively encouraged their daily life skills.

Is the service responsive?

Our findings

People told us that staff knew them well. One person said, "They know me very well and what I need." Another person told us, "I get on well here and we go out a lot and enjoy life" This was supported by our observations and speaking with staff about people's needs.

People's care records contained personalised information about them, such as their individual personal care needs, interests, dietary preferences and their life history. This information enabled staff to support people and to engage in meaningful activities that individuals enjoyed. Care plans were reviewed regularly to ensure that people's needs were kept up to date

People were supported by staff with a range of meaningful activities whilst at home and in the local community. During our visit we saw that people had been out on a trip to a local garden centre and to an activities session in a local village hall. People told us that they had enjoyed the activities during the day and at other times such as going bowling, cinema trips and swimming. People also told us that they had enjoyed going on holidays in Norfolk during the year. It was also evident that people happily took part in the daily running of their home including domestic and household tasks.

People told us they felt able to raise any questions or concerns about the service. One person said, "The staff are very good and listen to me and if I wasn't happy they would help to sort things out with me." People also told us they knew how to complain, and would feel comfortable in doing so. Relatives we spoke with told us they were confident that any concerns they raised would be properly dealt with. They went on to say that they did not have any concerns about the care and services provided for their individual family members

The provider had an effective complaints process in place that was also available in a pictorial version to aid people's understanding of the process. People and relatives said if they had any concerns or complaints they would raise these with the provider, registered manager and staff. However people told us they generally did not have any complaints.

Is the service well-led?

Our findings

There was a registered manager in place at the service. '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.'

The registered manager and staff promoted an open, positive and inclusive culture within the service. They actively sought the feedback of people using the service, staff and external health professionals. This information was used to directly shape the future of the service. Staff told us they felt able to raise any ideas or issues with the provider and the registered manager and felt that their views were sought before changes were made in the service. An example included continuing to develop the range of activities with people to enhance social inclusion and enable people to improve life skills.

The service had strong links with the local community and other care services in the local area. We saw that day service activities were extended to other people living in the community. This was organised by staff using the separate activity room in the home and activities they organise in a local village hall.

The registered manager carried out a regular programme of audits to assess the quality of the service, and we saw that these were capable of identifying shortfalls which needed to be addressed. Where shortfalls were identified, records demonstrated that these were acted upon promptly.

The provider and registered manager had collated an action plan detailing the actions they intended to take to improve the service. This demonstrated to us that the provider and registered manager were committed to continual improvement and development of the service.