

Hollybank Trust

The Conkers

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	

Overall summary

The inspection of The Conkers took place on 26 March 2015 and was unannounced. This was the first inspection for this service under Section 60 of the Health and Social Care Act 2008.

The Conkers is a purpose built care home. It is part of the Holly Bank Trust which is an organisation specialising in providing education, care and support for young people and adults with profound complex needs.

The service had a registered manager in place. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

As part of our inspection we spoke with relatives of two people living at the home. Both told us they felt their relative was safe. Staff we spoke with understood the procedure for reporting situations where people were put at risk of harm.

Summary of findings

Accidents or incidents were recorded and analysed. One relative we spoke with told us staff responded well to incidents.

We reviewed the recruitment procedure for one member of staff and found it to be thorough. Both relatives and staff that we spoke with told us there were enough staff to meet people's needs.

We found the system for managing people's medicines was safe.

Feedback from relatives about the meals served at the home was positive. We observed the lunchtime meal to be visually appealing and people, were supported to make choices about the food they ate.

Staff told us they were supported and that they received regular training and supervision.

The registered manager was aware of their responsibilities under the Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act (MCA) 2005.

The home was purpose built, providing homely, practical living for the young people living there and people had easy access to outdoor space from their bedrooms or the communal areas.

During our inspection we found the atmosphere in the home to be happy and friendly. People looked well cared

for and staff demonstrated skills and knowledge about the people they were supporting. People were treated with dignity and respect and we saw evidence of staff supporting people to make choices about their everyday lives.

People were supported to engage in a variety of activities both within the home and local community.

Peoples' support plans were person centred and provided details about their likes, preferences and dislikes. The plans detailed the care and support the person required.

One relative we spoke with told us they had raised a concern and the matter had been resolved to their satisfaction. Relatives and staff spoke positively about the registered manager. The registered manager was visible and accessible to staff, people who lived at the home and their families.

There was a system in place to assess and monitor the safety and quality of the service provided. We saw where an issue had been identified, action was taken to address the matter. Holly Bank Trust had a structure in place to enable parents of the young adults who lived at the home to be involved in the decision making process for Holly Bank Trust.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Relatives we spoke with told us their family member was safe. Staff we spoke with were aware of their responsibilities for keeping people safe.

The registered provider had safe systems in place ensure accurate and safe administration of medicines to people who used the service.

Procedures for staff recruitment were safe.

Good



Is the service effective?

The service was effective.

Staff received supervision and the training and they needed.

The registered manager was aware of their responsibility in regard to the Deprivation of Liberty Safeguards and the Mental Capacity Act 2005.

People had access to external healthcare support.

Good



Is the service caring?

The service was caring.

Staff knew people well and were able to tell us about people's individual care and support needs.

People were supported to make choices about their daily lives.

We found staff respected people's right to privacy. Staff were able to tell us how they maintained people's dignity.

Good



Is the service responsive?

The service was responsive.

There was a variety of activities available to people who lived at the home.

People's care records were person centred and detailed the care and support each person required.

Information about how to complain was available in a format suitable for people who lived at the home.

Good



Is the service well-led?

The service was well led.

The home had an experienced registered manager in post.

Regular staff meetings were held.

There was an effective system in place to assess and monitor the quality of service provision.

Good



The Conkers

Detailed findings

Background to this inspection

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

This inspection took place on 26 March 2015 and was unannounced. The inspection team consisted of one adult social care inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for a person who uses this type of care service. The expert by experience on this occasion had experience in supporting someone who was living with a learning disability.

Before the inspection we reviewed all the information we held about the service. We also asked the provider to

complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We used a number of different methods to help us understand the experiences of people who lived in the home. Not all the people who used the service were able to communicate verbally, and as we were not familiar with everyone's way of communicating we were unable to gain their views. We spent time in the lounge and dining room areas observing the care and support people received. During the inspection we spoke, on the telephone, with two relatives of people who lived at the home. We also spoke with the head of residential services for Hollbank Trust, the registered manager, a senior support worker and two support workers. We spent time looking at two people's care records and a variety of documents which related to the management of the home.

Is the service safe?

Our findings

Both of the relatives we spoke with on the telephone told us they felt their relative was safe. One person said, “(My family member) is definitely safe.”

A member of staff said, “Yes, people are safe here. It is the best care home I have ever worked in.”

Each of the staff we spoke with had an understanding of procedures they needed to follow in relation to reporting any incidents or situations which might put people at risk of harm. We saw from training records that all staff had received training in safeguarding and that future updates had been planned. The registered manager told us they had attended role specific training with the local authority and were aware of the safeguarding referral process. This showed the registered manager and their staff were aware of their personal responsibilities for safeguarding people who used the service.

Individual risk assessments were in each of the care and support records we looked at. We saw these were individualised and were updated at regular intervals. For example, we saw one plan

contained risk assessments to support the person with moving and handling, showering and night time support. We saw one of the support plans contained photographs of the person’s wheelchair and how the adaptations to the chair were to be used to ensure the individual was supported correctly. This meant care and support was planned and delivered in a way that reduced risks to people’s safety and welfare.

The fire risk assessment was comprehensive and clear. There was a detailed plan for each person’s bedroom which identified potential hazards, how to minimise risks and escape routes in the event of the person needing to be evacuated from the home.

A member of staff told us that all the senior support staff had completed first aid training. The registered manager told us any accidents or incidents were logged on the registered provider’s management system which then identified if there were any patterns or trends which needed to be acted upon. A relative we spoke with told us about an incident involving their relation, they said, “They

(staff) respond well to incidents and learnt from them.” This meant incidents that may result in harm to people were identified and actions were taken to reduce the risk of the incident being repeated.

The home was clean, tidy and well maintained. On the day of our inspection a team of decorators were painting the communal hallways. The registered manager told us that any maintenance issues were dealt with promptly by a dedicated maintenance team.

We looked at one staff file and saw that procedures had been followed to make sure the staff member was suitable to work with vulnerable people. We saw they had completed an application form, references had been sought and they had been checked with the Disclosure and Barring Service (DBS) before they started work at the home. The DBS has replaced the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA) checks. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with vulnerable groups.

When we asked people relatives about staffing in the home one relative said, “Overall I think it’s pretty good.” Another relative said, “There are always enough staff, when we come they take time to make us a drink, and although they give us space to have quality time together they make it clear that they are there if we need them.” Staff we spoke with also told us they felt there were enough staff to meet people’s needs. One member of staff told us there was always a senior support worker who was supernumerary during office hours. They explained this was to ensure there was someone who could deal with the day to management issues such as answering the telephone, arranging appointments for people and completing audits.

The registered manager told us the night staff were supported by a senior support worker. This person provided support to a small number of homes which were all on the same site as The Conkers.

Staffing levels were appropriate to meet people’s assessed needs.

As part of our inspection we looked at how the service managed people’s medicines. We saw people’s medicines were stored safely. We reviewed a random sample of two medicines. In each case we found the stock tallied with the number of recorded administrations. We saw one person was prescribed ‘as required’ (PRN) medicine. We saw a

Is the service safe?

protocol was in place for staff which detailed the circumstances when the medicine may be required. We also looked at the records for one person who had a topical medicine (cream) prescribed. We saw the records detailed

where the cream was to be applied. We found medicines were only administered by staff who were appropriately trained. This meant there was a safe system in place for managing medicines

Is the service effective?

Our findings

We asked people's relatives whether they felt the staff understood their family member and could support them in living a fulfilling life. One relative told us, "They (staff) really care as individuals. They do seem to know (my family member), know their personality. The care is excellent." The second relative we spoke with said "I think they personalise the care that they give (my family member)."

Relatives were also positive about the meals that were provided for people. One relative said, "(Relative) always loves their food, they eat well there and have a varied diet." They said they often visited at meal times as they liked to support their relative to eat. They said they had always found the food to be nutritious, varied and visually appealing. We also asked them if their relatives personal preferences were taken into account, they said, "They definitely know what (relative) likes and doesn't like, and that is reflected in what they are given to eat." A staff member told us how they used picture prompts to support some people to communicate their preferences.

We observed one person come into the dining room during the morning, staff offered them a choice of some chocolate or banana. The staff member slowly and patiently repeated the choices, giving the person time to indicate which they would prefer. At lunchtime we observed people were offered homemade soup. One person made it clear to staff that the soup was not to their taste. We heard a member of staff say, "Right (person), shall we have a look in the cupboards and see what we can get for you?" The member of staff brought two items at a time and showed them to the person, allowing time for them to indicate their choice. We also observed staff showing a person a choice between cheese sandwiches and cheese on toast. The staff assigned one option to their left hand and the other to their right hand. They explained to the person which option was in which hand and patiently repeated the demonstration, enabling them to make a clear decision.

We looked to see how new members of staff were supported in their role. The registered manager told us new staff completed a thorough induction which included basic training and also shadowed a more experienced staff member for a number of shifts before they were counted in the staffing numbers. They said new staff were also supported by a mentor whose role it was to guide and support them. One staff member we spoke with told us

they were a mentor for new staff, they said, "I teach them to treat people how you want to be treated yourself." We also spoke with a member of staff who had been employed for less than six months who told us about the training, induction and support they had received when they commenced employment. This demonstrated the registered provider had a system in place to support new and inexperienced members of staff.

We looked at the training matrix and saw that whilst training had been completed and more was arranged, there were some gaps. For example, of the twenty two staff listed, four staff had not received fire training and ten had not received infection control training. Staff we spoke with all told us they received regular training and supervision with their manager. The registered manager told us staff also had an appraisal and a performance development review which helped to tailor training to peoples individual training needs and set their learning objectives for the coming year. Staff received regular management supervision to monitor their performance and development needs and there was a system in place to update staff's training needs.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act (MCA) 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. The registered manager demonstrated an understanding and knowledge of the requirements of the legislation. They told us four people who lived at the home were subject to a DoLS authorisation in regard to aspects of their individual support needs.

We saw from the training matrix that most staff had received training in MCA and DoLS. One member of staff told us how staff had supported one person to make a decision. They said they had involved the registered manager, the parents of the person and had also used 'yes, no' boards. They explained the 'yes, no' boards had been used a number of times to ensure they got an accurate understanding of what the person wanted.

Both relatives told us they could speak to any member of staff in person or by telephone and get a comprehensive update about their family member's health. We saw from peoples support plans they received the input of other

Is the service effective?

healthcare professionals. This included the GP and optician. Health care professionals from other disciplines including physiotherapy and speech and language therapy were employed by the Holly Bank Trust and staff told us that should support be needed from these departments this was received in a timely manner. This showed people using the service received additional support when required for meeting their care and treatment needs.

The Conkers was purpose built to accommodate people with both a physical and learning disability. The bungalow consisted of seven wheelchair accessible bedrooms all with en-suite level access shower and toilet facilities. There was also a kitchen/dining room, a large lounge and a smaller lounge. The bathroom had an accessible bath and tracking hoist. There was also a music system in the bathroom. The

registered manager told us one person enjoyed having music playing when they chose to have a bath. People had access directly to outdoor space via their bedrooms or from the communal areas. This meant the design and layout of the building was conducive to providing a homely but safe and practical environment for people who lived at the home.

People's personalities were reflected in the décor of their bedrooms. For example, one person had a car number plate spelling out their name, another person had their name in their favourite colour, and the sign had been decorated by flowers. Bedrooms had photographs, posters and memorabilia. Personalising bedrooms helps to create a sense of familiarity and make people feel more comfortable.

Is the service caring?

Our findings

We asked relatives about how staff demonstrate respect for individual needs in respect of age and other factors. One relative said, “My (relative) always looks clean and happy, and (person) is dressed as you’d expect a (age) year old to be dressed.”

We also asked relatives if they felt the staff knew their family members well. Both felt relatives felt they did. One relative said, “The place feels like its (persons) home rather than an establishment. (Person) is always happy and they do seem to know (person).”

A member of staff said, “It is lovely here, it is home from home”. Another staff member said, “This is all about them”.

Throughout the period of our inspection the atmosphere in the home was pleasant with a lot of laughter from both staff and people who lived at the home. We saw a number of strategies for assisting people in communicating and staff were patient, giving people space to express preferences, choices and mood. People were spoken to in a caring and appropriate way, using humour, empathy and appropriate touch to facilitate communication.

When a person chose to spend time in their room staff maintained an awareness of what the person was doing. For example, a staff member in the dining room noticed that a person who had been playing a musical instrument in their room had become quiet. The staff member immediately went to see if the person was alright.

We also observed a number of interactions between staff and people who lived at the home where the staff member

discussed with the individual what they were about to do. For example we saw one person was supported with their medicine before they had lunch. The staff member asked if it was alright if they gave the medicine to them. We also saw a person indicate physically that they did not want any more to drink, the member of staff stopped assisting them with their drink immediately.

Staff also told us how they supported people to make every day decisions. One staff said, “(Person) uses a picture book, (person) may point or look, you have to watch (person’s) eyes.” This evidenced staff were aware of their responsibility to support people in making lifestyle choices.

We saw evidence in both the support plans we looked at which detailed how staff were to support people to make choices and decisions. For example, one plan detailed, ‘I may reach and grab one of two objects held close to me’.

We asked staff how they maintained people’s privacy and dignity. One staff member told us a staff meeting was planned and one of the topics was for someone to be a ‘dignity champion’. A dignity champion is someone who wishes to educate and inform staff they work with about dignity issues, they act as role models and challenge poor care practice. Another member of staff told us they always knocked before they entered a person’s bedroom, they said, “It’s polite to knock, it’s their room”. They told us the steps they took to maintain the dignity of one person who required a hoist for transfers, they added, “I treat them how I would want to be treated”. This showed staff were respectful to the people they supported.

Is the service responsive?

Our findings

The registered manager told us that families and visitors were able to call into the home whenever they wished. They told us that some family members would ring the home first to check their relative was not going to be out. They explained this was due to some family members living a distance from the home. A staff member told us that some people also went out and spent varying amounts of time at their family home.

We asked staff what activities were available for people. One staff member told us about the activities which were organised by Holly Bank Trust, they said this included a hydrotherapy pool and messy play. They explained there were various sessions throughout the week and they aimed for people to attend sessions with people with similar levels of ability. Another member of staff said, "People go horse riding and sailing in the summer. There are activities every night, we do film nights, pamper sessions and quizzes".

We spent time with a staff member and a person who lived at the home while they engaged in a music and graphic generating activity. The system used motion recognition software to respond to people's movements and translated the level and intensity of their movement into music and graphics represented on a screen. The staff member told us that the system allowed people to express themselves in a way which they found therapeutic and allowed staff to gain an insight into a person's mood and day to day experience. The person we observed using the equipment was absorbed in the activity and made vocalisations that clearly indicated their enjoyment. We saw a piece of art work on the wall of the home, the registered manager told us they had been able to print out the graphics the person had created onto canvas. They also told us another piece of art work had been purchased by a local company after being entered into a competition and was on display in their offices.

When we looked at people's support plans we saw they were detailed and person centred. They provided information about people's likes, preferences and dislikes. Both plans provided details about the level of care and support the person required. For example, one plan detailed the person liked a 'lie in' and also recorded how they liked staff to dress their hair.

Support plans were reviewed and we saw evidence one person's plan had been reviewed in March 2015. The review recorded the names of the people who had been involved, the discussions held and detailed the actions that were required as a result of the review. One relative said, "I have been involved in reviews and have an input". Having regular reviews helps to monitor whether care records are up to date and reflect people's current needs so that any necessary actions can be identified at an early stage.

We also saw staff completed a daily record for each person who lived at the home. We looked in two records and saw they detailed the care and support people received, the choices they made and the activities they had participated in.

We asked relatives we spoke with if they found the staff approachable and felt staff listened to them. One relative said, "They obviously take on board what we say. I was frustrated at one time because there was an answer machine when you rang and it didn't always get listened to. I told people about this and it has now gone. When you ring you speak to a person every time now. Another relative told us, "I don't feel that I wouldn't know who to turn to if I needed to let them know something."

We looked at the system for managing complaints in the home. In the reception area we saw pictorial information about how to raise a concern or complaint. This also provided prompts about possible topics they may not be happy about, for example, levels of care, choices and their GP. The registered manager told they had received one formal complaint in the previous twelve months. We saw evidence the registered provider was still looking into the issues that had been raised.

This showed there was an effective complaints system available to people.

We asked the registered manager how people were supported in the event they needed to go into hospital. They told us that where people needed support then staff from The Conkers would remain with them in hospital. This demonstrated the registered manager had a system in place to ensure people continued to receive consistent and person centred care if they needed to use a different health care service.

Is the service well-led?

Our findings

Both relatives we spoke with spoke positively about the registered manager. They said, “I speak to the manager a lot. She’s brilliant”, “I’m very happy with the way that things seem to be run.” They both said they regularly saw the manager in the home when they visited their relatives.

The registered manager of the service had been in post since the home was registered with the Care Quality Commission in May 2013. Staff we spoke with were positive about the registered manager. One staff member said, “It can be stressful at times, but I love it. The (registered manager) has taught me a lot. She pushes me and that’s good”. Two staff told us Holly Bank Trust was a good organisation to work for.

During our inspection we observed the registered manager offering to assist staff with their duties, we also saw her respect staff’s need for concentration when issuing medication to people, waiting discretely until they had finished administering the person’s medicine before speaking to the staff member.

We saw staff meetings were held at regular intervals. We saw minutes from meetings held throughout 2014 and from January and February 2015. The minutes detailed the names of the attendees and the topics which were discussed. This included health and safety, audits, activities and duty rotas. Staff meetings are an important part of the provider’s responsibility in monitoring the service and coming to an informed view as to the standard of care and treatment for people living at the home.

We looked at the systems in place to assess and monitor the safety and quality of the service provision. We saw the registered provider had an online incident management system where staff recorded any accidents, incidents, safeguarding matters and complaints. The head of

residential services showed us how staff entered information onto the system. We saw staff had to provide detail about the nature of the incident and the impact it had had upon the person. They told us when an incident was logged into the system, the registered manager received a computer generated alert to ensure they were aware of the matter. This enabled the registered manager to ensure appropriate action had been taken to address the situation.

We saw there were a number of systems in place for monitoring the quality of service provision.

Audits included infection prevention and control, medicines and individual support plans. We saw where issues were identified, staff had signed to confirm the action needed had been addressed. We were also shown an audit document the registered provider was developing to ensure the home was compliant with its regulatory and contractual obligations.

This demonstrated the registered provider had a system in place to monitor and assess the quality of the service provided to people.

We asked how people’s views and opinions were gained regarding the service they received. One relative told us, “Recently I think they have been trying to set up a parents’ forum. Some things do come through the post”. The registered manager told us the forum (residential advisory group) met three times a year. They explained the group was made up of the chief executive of the trust, managers, departmental heads and parents of people who used the service. We saw minutes from the meeting held in January 2015 which related to the Conkers. The meeting reported on a number of issues including, safeguarding, the environment, activities and staffing. The registered manager said this forum helped to involve parents in the decision making process for Holly Bank Trust.