

Holly Cottage LLP

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Inspection report

Holly Cottage
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Tel: 01353661297

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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

About the service

Holly Cottage is a residential care home providing personal care to six people who all have a learning disability.

Holly Cottage accommodates six people in one adapted building over two floors.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the nominated individual at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people. No restrictive intervention practices were used.

People's experience of using this service and what we found

People showed they were happy living at Holly Cottage, they felt safe and comfortable with the staff team.

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

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

The provider had systems in place to manage risks and keep people safe from avoidable harm. Staff

followed good practice guidelines to prevent the spread of infection and gave people their medicines safely. People were supported to be as active as possible. The staff looked for ways to continually make improvements, worked well with external professionals and ensured that people were part of their local community.

Staff were kind and caring and knew each person well. Staff enjoyed working at the service and felt they received good support. There were enough staff to support people in the way they wanted. Staff received training, supervision, guidance and support so that they could do their job well. Staff respected people's privacy and dignity and encouraged independence wherever possible.

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

Rating at last inspection

The last rating for this service was good (published 4 March 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

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.

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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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Holly Cottage is a 'care home'. People in care homes receive accommodation and personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a registered manager. This means that when registered 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

We gave the service four hours' notice of the inspection. This was because the service is small, and people are often out, and we wanted to be sure there would be people at service to speak with us.

What we did before the inspection

Before the inspection visit we looked at information we held about the service and used this information as part of our inspection planning. The information included notifications. Notifications are information on important events that happen in the service that the provider must let us know about. In July 2019 the provider had sent us a completed provider information return (PIR). The PIR 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 all of this information to plan our inspection.

During this inspection

We saw how the staff interacted with people. This helped us understand the experience of people supported by the service. We spoke with five people who lived there. We spoke with three members of staff and the nominated individual (NI). The nominated individual is responsible for supervising the management of the service on behalf of the provider. They also worked as part of the staff team. We also spoke to two relatives.

We looked at two people's care records as well as other records relating to the management of the service, such as medicine administration records and audits.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems continued to be in place to protect people from abuse and avoidable harm. Staff had undertaken training and were confident about what they should look out for and to whom they should report any concerns.

Assessing risk, safety monitoring and management

- Risk assessments were in place which detailed what actions staff needed to take to minimise and protect people from avoidable harm.
- Risk assessments relating to the environment had been completed and these clearly stated what steps were needed to manage these risks.
- Regular servicing of the gas supply, electrical items and fire safety equipment was undertaken.
- Staff undertook regular checks of all equipment and systems in the service, such as the fire safety monitoring system, to make sure people, staff and visitors to the service would be safe. Staff had completed a personal emergency evacuation plan (PEEP) for each person so that emergency services would know how to support them in the event of a fire.

Staffing and recruitment

- Safe recruitment practices continued to be in place. Staff confirmed appropriate background checks with the Disclosure and Barring Service and references were obtained prior to staff commencing their employment.
- Staff were satisfied that there were enough staff to support people with their personal care and to do what they wanted to do. Staff told us that additional staff were provided if needed to meet people's care and support needs.

Using medicines safely

- Staff managed medicines safely and gave people their medicines as prescribed.
- Medicine storage was secure, and staff audited medicines weekly.

Preventing and controlling infection

- Staff had undertaken training and were fully aware of their responsibilities to protect people from the spread of infection.
- There were safe practices around food hygiene. The kitchen was regularly cleaned, and the service had been awarded the highest rating by the Food Standards Agency.

Learning lessons when things go wrong

- The nominated individual told us that when an accident or incident occurred they would ensure that these were reviewed and appropriate action is taken.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The registered manager ensured that staff delivered up to date care in line with good practice and that the service had equipment available that would enhance people's care and promote independence.
- Everyone living at the service had done so for the past twenty years. The NI told us they would always complete a thorough assessment before they would admit a new person, this would also include a transition period of short stays. This would be to ensure the person would be as compatible as possible with people already living at the service.

Staff support: induction, training, skills and experience

- Staff were satisfied that they had received enough training so that they could do their job well and support people effectively. One member of staff said, "We do yearly training and I feel it enables me to do my job well."
- Staff continued to feel well-supported by the registered manager and each other.

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

- Staff supported people each week to decide what they wanted on the menu. People could choose an alternative if they wanted to.
- Staff knew each person's likes and dislikes and told us these could also be found in each person's support plan. Staff also joined people at mealtimes which encouraged people to eat.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked closely with a number of other services so that people received effective care and support. These included healthcare services as well as clubs that people attended.

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

- Each person had their own bedroom. They chose what they wanted in their rooms and how they wanted the room decorated and furnished.
- People also had a choice of furniture and fittings for the service.

Supporting people to live healthier lives, access healthcare services and support

- Staff involved other healthcare professionals to support people to maintain their health. These included the GP, dietician, a chiropodist, dentist and optician as well as specialists relevant to the person's condition.

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 when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff knew how the MCA and DoLS applied to their work. One member of staff said, "[The MCA] is about people who can't make decisions for themselves. We give them the chance to make decisions."
- Staff talked to each person about the care and support the person wanted and gained consent before they carried out any tasks. Staff offered people choices in all aspects of their lives.

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by staff who knew them well. Staff told us about people's needs, choices, personal histories and interests. They knew what people liked doing and how they liked to be supported. A relative we spoke said, "The care people get here is second to none, we couldn't ask for better."
- Staff used different aids and adaptations to ensure people could understand and communicate. For example, some people used pictures to aid their meal choices and activities.
- Staff continued to consider people's protected characteristics under the Equality Act 2010. These included religion, race and sexual orientation and they supported people to have their diverse needs met.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People continued to be fully involved in making decisions about their care and support.
- Staff fully respected and promoted people's privacy and dignity. Personal care was offered discreetly and carried out in private.
- Staff encouraged and supported people to do as much as they could for themselves. People helped staff with household chores and meal preparation from time to time. One person told us they cleaned their own bedroom and bathroom and did their own laundry.
- Staff supported people to maintain relationships with relatives and friends. They welcomed visitors to the service and provided transport for people to visit their relatives at their home
- Staff knew people well and knew people's likes, dislikes and how they preferred to be supported.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People continued to be involved in developing and regularly reviewing their support plans and had signed them to demonstrate their involvement. The care plans were written in a personalised way. Pictures had been used so that people could understand the information more easily.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff communicated with each person in the way each person understood best. For example one person used picture cards.
- Documents were available to people in different formats, including easy read.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain friendships with peers from outside the service and in the local community.
- People were supported to follow interests and to take part in activities that were socially and culturally relevant to them including active social club memberships.
- During our inspection people were busy. Two people had been out to the seaside for the day. On their return they were keen to tell us they had enjoyed themselves, they had eaten fish and chips and an ice-cream. Another person had returned with their family they had been visiting.
- People told us they enjoyed regular holidays and had more planned.

Improving care quality in response to complaints or concerns

- An accessible complaints procedure was in place.
- People were supported to complain. Nobody we spoke with had any complaints about the service. A relative told us, "There are no complaints from me the service is excellent."

End of life care and support

- No one was receiving end of life care. People had plans in place that captured their wishes.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There continued to be a good system of communication to keep staff, people and their families informed of what was happening. One relative told us, "I can pick up the phone at any time. We get regular updates on what is happening."
- The registered manager held staff meetings to discuss relevant information and policy updates. Staff told us they valued these meetings.
- The service also provided a day service in the service to people living in the community as a place to meet friends and do activities of their choice.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The nominated individual told us the staff team was always trying to make things even better for people. They said, "I believe that our commitment to the service and continual improvement is apparent in the positive feedback we receive."
- The nominated individual kept up to date with current research and good practice, which they cascaded to staff to ensure that people were given the best possible care and support.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff felt they received good support from the registered manager and nominated individual. They had had regular supervision sessions.
- There continued to be a quality assurance system in place to ensure that staff gave high-quality care. The nominated individual and the registered manager carried out weekly and monthly audits. Action plans were in place to address any shortfalls.

Working in partnership with others

- Staff and the management team worked in partnership with other professionals and agencies, such as the GP, other health care professionals and the local authority to ensure that people received joined-up care.