

Darlington Borough Council

Holicote

Inspection report

93 Newton Lane
Darlington
County Durham
DL3 9HH

Tel: 01325469707

Date of inspection visit:
31 January 2017
03 February 2017

Date of publication:
06 March 2017

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

This inspection took place on 31 January and 3 February 2017 and was announced. We gave the registered provider two hours' notice to ensure someone would be available at the service.

Holicote provides respite care for adults from the Darlington borough who have a learning disability and some may also have physical disabilities.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

We last inspected the service in August 2015 and rated the service as 'Good.' At this inspection we found the service remained 'Good' and met all the fundamental standards we inspected against.

Staffing was provided at safe levels and any staff absences were covered by the registered provider's own permanent and bank staff.

Accidents and incidents had been appropriately recorded and risk assessments were in place for people who used the service and staff.

We found that safe recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. This included obtaining references from previous employers to show staff employed were safe to work with vulnerable people.

One person and carers we spoke with told us they felt safe at Holicote. Staff were aware of procedures to follow if they observed any concerns.

Appropriate systems were in place for the management of medicines so that people received their medicines safely. Medicines were stored in a safe manner.

Staff were suitably trained and training was arranged for any due refresher training. Staff received regular supervisions and appraisals.

The registered provider was working within the principles of the Mental Capacity Act 2005 (MCA).

People were protected from the risk of poor nutrition and staff were aware of people's nutritional needs. Care records contained evidence of visits to and from external health care specialists.

One person who used the service and family members were complimentary about the standard of care

provided by the staff at Holicote.

Care records showed that people's needs were assessed before they started using the service, they were supported to transition to the service at their own pace and care plans were written in a person centred way.

Staff supported people who used the service with their social needs. We observed that all staff were very caring in their interactions with people at the service. People clearly felt very comfortable with staff members and there was a warm and positive atmosphere in the service and people were very relaxed. We saw people being treated with dignity and respect and relatives and people told us that staff were kind and professional.

People who used the service and family members were aware of how to make a complaint.

Staff felt supported by the registered manager and home manager and were comfortable raising any concerns. People who used the service, family members and staff were regularly consulted about the quality of the service.

The service had a comprehensive range of audits in place to check the quality and safety of the service and equipment at Holicote and actions plans and lessons learnt were part of their on-going quality review of the service.

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 Safe.

Is the service effective?

Good ●

The service remains Effective.

Is the service caring?

Good ●

The service remains Caring.

Is the service responsive?

Good ●

The service remains Responsive.

Is the service well-led?

Good ●

The service remains Well-Led.

Holicote

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 registered 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 31 January and 3 February 2017 and was announced. We gave the registered provider two hours' notice to ensure someone would be available at the service. One Adult Social Care inspector carried out this inspection.

Before we visited the service we checked the information we held about this location and the service provider, for example, inspection history, safeguarding notifications and complaints. A notification is information about important events which the service is required to send to the Commission by law. We also contacted professionals involved in caring for people who used the service, including commissioners and safeguarding staff. We also contacted Healthwatch. Healthwatch is the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work. Information provided by these professionals was used to inform the inspection.

During our inspection we spoke with three people who used the service and three family members. We also spoke with the registered manager, the in house manager and three care staff.

We looked at the records of seven people who used the service and observed how people were being cared for. We also looked at the personnel files for four members of staff and records relating to the management of the service, such as quality audits, policies and procedures. We also carried out observations of staff and their interactions with people who used the service.

Is the service safe?

Our findings

Staff we spoke with had a good understanding of abuse. We observed staff reassuring someone sensitively. People at the service appeared comfortable and happy with the staff supporting them. Relatives we spoke with told us, "I have no concerns about Newton Lane," and "They are very helpful and proactive, any issues they let me know straight away, I don't worry when [name] is there."

Staff we spoke with told us they had received training in respect of abuse and safeguarding. They were all well able to describe the different types of abuse and the actions they would take if they became aware of any incidents. Staff also told us they would report anything directly to safeguarding if a manager wasn't available. We looked at training information which showed that staff had completed training in regard to safeguarding which was updated regularly. This showed us staff had received appropriate training, understood the procedures to follow and had confidence to keep people safe.

We saw records that demonstrated the service notified the appropriate authorities of any safeguarding concerns.

The training information we looked at also showed staff had completed other training which enabled them to work in safe ways. This included fire, first aid and health and safety training, which we saw was regularly updated. Staff we spoke with confirmed they knew the procedures to follow in the event of an emergency. They gave examples of steps to take in the event of the fire alarm sounding or if a person had a collapse. We saw staff commented on people's ability to leave the building when drills took place e.g. "[Name] needed a little support to leave the building in the rain." This showed the service supported staff to keep people and themselves safe.

Care plans contained risk assessments that were regularly reviewed to ensure people were kept safe. We also saw the service had generic risk assessments in place regarding the environment and these were reviewed by the service manager. The four care plans we looked at incorporated a risk assessment. This covered areas such as the risks around moving and handling, behaviour, falls, and nutrition and hydration. We were told how control measures had been developed to ensure staff managed any identified risks in a safe and consistent manner. We saw that individual measures such as locks on external doors and a bedroom door alarm were implemented when one service user visited due to risks they presented to themselves, but these were not in place routinely. This helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restriction. The risk assessments and care plans we looked at had been reviewed and updated regularly.

There were effective recruitment and selection processes in place. We looked at records relating to the recruitment and interview process. We saw that the provider had robust arrangements for assessing staff suitability; including checking their knowledge of the health and support needs of the people it provided a service to.

We saw that before commencing employment, the registered provider carried out checks in relation to

staff's identity, their past employment history and a Disclosure and Barring Service (DBS) check. A DBS check confirms that people are eligible to work with vulnerable people. The service manager explained the recruitment process to us as well as the formal induction and support given to staff upon commencing employment. Since our last inspection there had been no new staff employed at the service.

The service manager told us that staffing was provided flexibly by the team as it was dependent upon how many people were booked to use the service. At the time of our inspection there were two care staff and the service manager. Staffing was rostered so that support was available at key times in the evenings, early mornings and weekends. Staff and the service manager told us that they provided cover amongst themselves where possible and had no need to use agency staff.

Care staff we spoke with told us they had completed medicines training, and the registered manager showed us a new medicines competency assessment they were implementing every six months with staff. Staff confirmed there was always a member of staff on duty who had been trained to administer medicines and we witnessed staff signing in medicines in a thorough and systematic manner.

All medicines were stored securely. Medicines that were liable to misuse, called controlled drugs, were stored appropriately. Additional records were kept of the usage of controlled drugs so as to readily detect any loss. Medicine storage was neat and tidy which made it easy to find people's medicines. Room and refrigerator temperatures were monitored daily to ensure that medicines were stored within the recommended temperature ranges.

We saw guidance was in place for 'as and when required' medicines so staff could consistently support people if they needed medicines in this way.

There were effective systems in place for continually monitoring the safety of the premises. These included recorded checks in relation to the fire alarm system, hot water system and appliances. Staff were aware of who to contact should there be any problems with equipment or the environment.

Is the service effective?

Our findings

We spoke with relatives who told us they had confidence in the staff's abilities to provide good care. One relative told us; "The staff are kind, helpful and always do their best to keep [name] happy and relaxed."

The premises were spacious and well-furnished and allowed people where enabled to spend time on their own if they wished or to join in activities that often took place in other areas of the home.

All assessments were completed by the social worker who was arranging the short stays at the service and these were detailed and person centred. Staff and the service manager explained there was a structured transition process for people beginning to use the respite service which included contact with family or carers and tea visits before an overnight stay.

All staff we spoke with said they had regular supervisions and appraisals. One staff member told us their training was discussed at every supervision. Every staff member we spoke with said they felt able to raise any issues or concerns to the service manager or registered manager.

We looked at supervision and appraisal records for three staff members. We saw supervision occurred regularly and people were offered the opportunity to discuss their standard of work, communication, attitude, initiative and providing person centred care. We also saw how at annual appraisals, people's personal and professional development such as courses were also discussed and actioned.

The service manager showed us a training chart which detailed training staff had undertaken during the course of the year. We saw staff had received training in health and safety, moving and handling, safeguarding, autism and fire safety. We saw the service manager had a way of monitoring training which highlighted what training had been completed and what still needed to be completed by members of staff. The service had sought training in relation to autism for people using the service to enable staff to support people with autism more effectively. Staff told us, "We all found it really good and it's helped us with one person understand their behaviours."

We saw records that showed that staff met together regularly on a six weekly basis with the service manager and minutes were kept of these meetings which everyone signed. We saw that as well as day to day issues, staff discussed ways of improving the service. We saw at a recent meeting in December 2016 that the service manager talked about a media story of a person who had died following a choking incident on food that was not correctly prepared. This showed relevant updates were shared with the staff team.

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. Staff had received training in the MCA and the registered

manager was aware of their responsibilities with regard to the MCA. Every person using Holicote had a Deprivation of Liberty Safeguard authorisation in place. We found the service was working within the principles of the MCA.

Relatives we spoke with said they were happy with the communication with the service and felt the service would contact them if there were any issues with their relative. One relative said, "They will ring me if they have any questions or concerns."

Guidance was provided for staff on how to support people with specific dietary needs. We saw one person had a percutaneous endoscopic gastrostomy (PEG) fitted. A PEG is a tube passed into the stomach when oral intake is not adequate. We saw staff had been trained by a nurse in the use of a PEG and the person had appropriate care plans and risk assessments in place.

Staff explained to us the service now planned menus, depending on how many people were staying at the service and what their preferences were. Staff then shopped for food and drink items accordingly and all food was prepared by staff in the kitchen of the service. Everyone had a nutrition and fluid care plan and staff explained to us that they knew people's likes and dislikes from talking to families and the person and also looking at their care file. Staff told us some people needed specially prepared food or items to assist them to eat as independently as possible and staff ensured these were in place. Guidance was provided for staff on how to support one person with a percutaneous endoscopic gastrostomy (PEG) fitted. A PEG is a tube passed into the stomach when oral intake is not adequate. We saw staff had been trained by a nurse in the use of a PEG. There was pictorial information for people who had different communication needs to help them choose foods they wanted. This showed the service supported people to have choices and maintained an adequate dietary intake.

We saw people had access to a range of external healthcare professionals. The service had links with people's G.P's and other specialists such as dietitians and speech and language therapists. One staff member told us, "We are waiting for the occupational therapist to come out and show us how to use a particular piece of equipment for [name] so we are trained and know how to use it correctly." The service manager told us about one person whose needs were changing as they got older, "We have implemented checklists and support plans which we did with mum so we knew they would be the same as at home."

Is the service caring?

Our findings

There was a lovely atmosphere in the home on both our visits. Staff were kind and supportive towards people and people appeared happy to be staying at Holicote.

We spoke with three relatives and carers of people who used the service. The people staying at the service on this visit could not tell us in detail about their care and support although they appeared very happy and comfortable with staff. We asked one person if they liked staying at Holicote, they replied "Yes I do." Relatives we spoke with told us, "It's a lovely place," and "she always comes home happy, she says she has had a lovely time."

People who used the service had complex needs and some had difficulty with communication. Staff told us; "You have to be patient and listen and watch people's reaction and body language."

We asked staff how they would support someone's privacy and dignity. They told us about knocking on people's door before entering rooms and always asking before you helped somebody with a task. We observed that staff asked people's consent and explained what they were doing throughout our visit. We saw people were smiling and clearly knew the staff members working at the service well. Interactions were caring and staff used appropriate physical contact to offer people reassurance and care.

We looked at care plans for four people using the service. People's needs were assessed and care and support was planned and delivered in line with their individual care plan that was initially provided to the service by the person's social worker. People had their own detailed plan of care. The care plans were written in an individual way, which included family information and how people wanted their care to be given. Care plans were reviewed six monthly or earlier if people's needs had changed and daily recording by care staff was detailed and passed on to family when people returned home after a stay. Care plans were person centred and specific to the needs of the individual.

The staff we spoke with demonstrated an in-depth knowledge and understanding of people's care, support needs and routines and could describe care needs provided for each person. The staff team were well established at the home which meant people received consistent care.

All staff said they would have no hesitation in seeking advice from a healthcare professional and contacting people's family or carers straight away if they had any concerns about someone's health or well-being. We saw from care plans appropriate referrals had been made to professionals promptly and any on-going communication was also clearly recorded.

Advocacy services help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities. The registered manager told us none of the people who were using the service at the time of our inspection had advocates supporting them but the service knew to contact the person's care manager if they felt an advocate was required.

Is the service responsive?

Our findings

People used the service for short stay respite care. We saw records confirmed people's preferences, interests, likes and dislikes and these had been recorded in their care plan. Individual choices and decisions were documented in the support plans and reviewed on a regular basis. People's needs were regularly assessed and reviews of their care and support were held six monthly or more frequently if necessary.

The service had worked to make the environment and atmosphere more relaxed and homely. There were lots of activities within the service and staff told us that they tried to use community facilities such as local parks and shops as much as possible with people. We spent time in the service with people doing arts and crafts which they really enjoyed. Relatives we spoke to were very happy with activities carried out at the service. One relative said; "[Name] loves it, they enjoy going to stay there." The service also sought to help people access the community even if just going for an ice cream at a drive through. The service had worked to develop activities for summer and winter and had photo pictures so they could communicate with people and help them make choices. We saw the service had taken people shopping, had BBQs, gone to Redcar and had a Pokemon Hunt!

We saw evidence that care plans were regularly reviewed to ensure people's changing needs were identified and met. The service manager and staff all explained that although people only used the service for short breaks periodically, they had good communication with families so if anyone's needs had changed, this was shared with them before someone arrived for their stay. One relative told us, "When I was in hospital, they kept in touch with my other daughter and they really kept me updated so I knew things were ok, they were really good."

The care plans we looked at were person centred, by this we mean the individual needs of the person, their wishes and preferences, were identified and staff only intervened when agreed or the need arose to protect their safety and welfare. Personal enablement plans with a more person centred approach to risk management had been developed and were being put in place for everyone. Everyone had a one page profile including staff members which meant key information about people and how they wished their care and support to be delivered was in place.

The service focused on ensuring people had transitions that were smooth and positive. The service manager told us they met with the person's previous placement to learn more about them and to help decide how Holicote could support the person in a consistent way to reduce anxiety for the person. Staff told us the person visited for tea and an overnight stay and this may go on for sometime. Staff also told us they were proud that the work they did in supporting people to be independent had led to some individuals moving into their own homes with support.

There was easy read information around the home on how to make a complaint. Relatives we spoke with said they had no complaints or concerns and would speak to staff if they did. Relatives we spoke with said, "Any issues or problems we talk about it," and "I have never needed to complain but I know I can talk to [name, the service manager if I need to]."

Is the service well-led?

Our findings

Our observations were very positive. Staff all communicated in a kind and friendly manner and there was a welcoming and warm atmosphere within the service.

Relatives whose family members used the service spoke highly of the service manager. They told us that they thought the home was well led. One relative said; "I can ring [name] about anything, they really are very good."

At the time of our inspection visit, the service had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. The registered manager told us about future plans for the service. They told us they were introducing a new competency assessment for medicines and reviewing training opportunities.

The home had a clear management structure in place led by a registered manager who was not based at the service as they had other roles within the local authority services. The service manager was in day to day charge of the service and worked alongside staff providing support to people. We saw they implemented a service improvement file which included regular meetings for people using the service, complaints and compliments, regular team meetings and health and safety monitoring.

Observations of interactions between the service manager and staff showed they were open and positive. Relatives we spoke with told us the service manager was approachable, supportive and they felt listened to. We spoke with three staff members who all told us they felt supported working at Holicote. One staff member told us how the service manager planned their shifts so they could attend a university course.

Annual quality questionnaires took place, which asked people's relatives and carers who used the service a number of questions regarding the quality of the service. The service also carried out meetings with people using the service where they talked about menus and activities so people were consulted about the care and support they received at Holicote.

We saw records to confirm regular meetings took place with staff. Staff we spoke with felt supported by the registered manager and told us they were comfortable raising any concerns. They told us, "I would feel no hesitation to speak to [registered manager]". Staff also told us they met regularly to discuss training and other issues relating to the service. We were told that the meetings talked about people using the service, keyworkers, safeguarding and health and safety topics as well as an update from the service manager. Staff also told us they had practiced sign language that one person used in a meeting so they would be able to communicate and support them effectively.

The service manager told us of various audits and checks that were carried out on the environment, health and safety and care plans. We saw records of audits undertaken. The registered manager visited the service monthly and also carried out quality checks on records, the environment, policies and health and safety. We saw regular checks were carried out on hoists, and equipment to ensure that it was safe.

Any accidents and incidents were monitored by the registered manager to ensure any trends were identified. The registered manager confirmed there were no identifiable trends or patterns in the last 12 months and also that they passed onto the local authority Health and Safety team where any serious accidents occurred for additional support or advice. This system helped to ensure any trends in accidents and incidents could be identified and action taken to reduce any identified risks.

The law requires that providers send notifications of changes, events or incidents at the home to the Care Quality Commission. We had received appropriate notifications from the service. We saw that records at the service were kept securely and could be located when needed. This meant only care and management staff had access to them ensuring people's personal information could only be viewed by those who were authorised to look at records.