Holly Hall Care Limited

Holly Hall House

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

This unannounced inspection took place on 17 January 2019. Our last inspection of the service took place on 14 February 2017. The provider was rated overall as `Requires Improvement`. We found that improvements were required with the way medicines were managed, the accuracy of medication records and the effectiveness of quality assurance audits. At this inspection we found that these improvements had been made.

Holly Hall House is a 'care home'. People in care homes receive accommodation and nursing or 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. Holly Hall House accommodates up to 10 younger people, with learning disabilities, physical disabilities, or mental health conditions, in one adapted building.

There was a registered manager. 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 had received safeguarding training and were aware of their responsibilities in raising and supporting safeguarding. They knew what type of events would cause them to raise safeguarding concerns and who they would report them to.

The registered manager ensured people's needs were met, by having sufficient staff, with the appropriate knowledge and skills. Safe recruitment practices were in place. Staff had access to training and supervision to support them in their role. Staff understood the importance of gaining peoples consent in keeping with the Mental Capacity Act 2005. The registered manager understood their legal responsibilities and had completed deprivation of liberty applications for those people whose liberty was being restricted.

Medicines were securely stored and safely managed and administered. Medicine recording charts were in use. On a few occasions records had been amended, by overwriting, making it difficult to determine the record. We discussed this with the registered manager who agreed to raise this issue with the staff.

Staff followed infection control procedures and used gloves and apron when assisting people with personal care or when preparing and serving food. We found the home to be clean and tidy. Food storage areas, including the fridge were clean and neatly stocked.

Relatives were involved in the planning and reviewing of care plans. The service had links with external health care professionals, examples included the district nursing service, physiotherapists, and day centres.

At this inspection we found Holly Hall House was presented in a homely way and to be odour free. There were some internal decorations in progress in the communal areas. There was a programme of building and

equipment safety checks in place to keep people safe in their home.

We could see that staff had positive relationships with people. People were visibly happy, smiling and laughing with staff. Interaction between people and staff members was kind, friendly, and naturally caring. People were treated with dignity and given privacy. We saw staff knocking on people's doors and gaining consent to enter.

The registered manager was supportive of training and staff were very positive about training events attended. We found that staff were proud to work for the service. They felt well supported by the registered manager.

The registered manager effectively analysed various quality assurance indicators and used this information to improve outcomes for people. The provider had notified us about events that were required to be law and had on display the previous care quality commission rating 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 was safe.

The registered manager and staff were aware of their responsibilities in raising and supporting safeguarding.

Risks were managed through a range of risk assessment information, contained within care plans.

Safe recruitment practices were in place.

Medicines were securely stored and safely managed and administered.

Is the service effective?

Good

The service was effective.

Relatives were involved in the planning and reviewing of care plans.

People were moving independently, without restriction, around all areas of their home.

People independently accessed the community.

Is the service caring?

Good

The service was caring.

Members of staff had positive relationships with people.

People were treated with respect and members of staff respected their privacy.

People were actively engaged in meaningful activity.

Is the service responsive?

Good

The service was responsive.

Staff were genuinely responsive to people in a person-centred

way.

The service responded positively to people's choices.

People knew how to make a complaint.

Is the service well-led?

Good

The service was well led.

People living at the home, their relatives and staff were all involved in giving their views for improving services.

Staff were proud to work for the service.

The service worked in partnership with a range of health care professionals.

Holly Hall House

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 comprehensive inspection took place on 17 January 2019 and was unannounced. The inspection was carried out by one inspector.

Before this inspection we reviewed information, we held about the service. Providers are required by law to notify us about events and incidents that occur; we refer to these as `notifications`. We looked at the notifications the provider had sent to us. We also contacted the local authority who monitor and commission services, for the information they held about the service. We used the information we had gathered to plan what areas we were going to focus on during this inspection.

We spoke to five people, four relatives, four members of care staff, one senior care worker the registered manager and the operations director. We looked at three people's care records, four people's medication records and two staff recruitment and training files. We also looked at quality assurance records and records relating to the management of the home. We spoke with the pharmacy service used by the home.

Good

Is the service safe?

Our findings

At our last inspection we found that the service required improvement. This was because people did not always receive their medicines as prescribed and the reason for giving required medicines and the outcomes of these, was not always recorded. At this inspection we found that improvements had been made.

People we spoke to knew when they would receive their medication, one person told us, "I get my medication when I get out of bed". We saw that medicines were securely and safely stored and managed. Medicine recording charts were in use. We found that on a few occasions records had been amended, by overwriting, making it difficult to read the record. We discussed this with the registered manager who agreed to raise this issue with the staff. We saw that people were encouraged to be as independent as possible with their medicines. One staff member told us, "I'm confident giving people medication, people get it at the right time".

Some people had medicines to be taken as required. We saw the reason for people receiving as required medicines and the outcome of taking them, was recorded. We spoke with the superintendent pharmacist of the pharmacy providing medicines to the home. They told us that they had provided training for the staff in November 2017 and March / April 2018 and this had covered the importance of recording why as required medicines had been given and the outcome for people, of taking them. We checked the balance of medicines for four people and found that the amount balanced with the records of what medicines people had taken.

People told us they felt safe in their home and when supported by staff. People told us, "I have a key to my door" and "I am safe". Relatives we spoke to said, "[Relative's name] is safe, there are always staff around including through the night", and "[Relative's name] is safe, well looked after, when I'm there I take in what is happening, if there was anything wrong I would do something about it". Staff told us, "I would report incidents to management and if they didn't listen I would go higher".

The registered manager told us they were aware of their responsibilities in raising and reporting any safeguarding concerns. The registered manager had just attended a safeguarding training session provided by Dudley Borough Council. There was a system in place where staff's understanding of safeguarding was regularly tested, staff were asked questions about safeguarding at each supervision meeting they attended. We could see that safeguarding events were investigated and that lessons were learned. For example, following a safeguarding relating to behaviour that challenged, because of lessons learnt, additional training for staff was planned for March of this year and people living at the home are now invited, monthly, to express their concerns directly with the registered manager at one to one meetings.

One staff member told us, "If I have any safeguarding concerns I raise them with the manager, if I needed to I would raise them with the area manager and the Care Quality Commission". Staff that we spoke to were aware of their responsibilities in raising and supporting safeguarding, they knew what type of events would cause them to do so and who they would report them to. Staff knew where to find the safeguarding policy

and had received safeguarding training, both in a class room setting and as computer based learning. We saw this training was recorded in the training records.

Care plans sampled had risk assessments to keep people safe. Examples were, behaviours that challenge, keeping safe in the kitchen and finance management. We found that the care plan information about behaviour that challenges, clearly set out the triggers to this behaviour and how to de-escalate such issues to keep people safe. Staff were seen to be following the information provided in the care plans, for example in the kitchen, people were assisted to carry hot drinks to the tables and others did this independently as set out in care plans.

Checks of the building took place to keep people safe in their home. Examples include, electrical and gas safety certificates, portable appliance testing (PAT), legionella risk assessment checks and certification, as well as fire detection and alarm system inspection and servicing report.

One relative told us, "There are always staff around". The registered manager agreed staff rotas and rest days with the staff on a weekly basis. We sampled rotas for the two weeks prior to inspection and the plan for the following two weeks. The rota clearly identified who should be contacted in the event of safeguarding concerns. Staff told us that they considered there were enough staff available to meet the needs of people. One member of staff told us, "Enough staff, yes definitely, rarely any staff sickness here".

We reviewed staff recruitment records and found that safe recruitment practices were in place. The service could not evidence the date they had received references. We discussed with the registered manager, the importance of evidencing references had been received prior to staff starting their role. The registered manager agreed to amend the form and change the process. References were taken from the most recent employer and a check was carried out with the Disclosure and Baring Service, (DBS). This check would show if someone had a criminal record or had been barred from working with adults. We found that any information gathered about perspective staff during recruitment, for example medical conditions, were risk assessed to ensure the staff could safely deliver the service.

Staff told us they had induction training and other training opportunities on a regular basis. One member of staff said, "I had four shadowing shifts, so I got to know the residents, got to know the layout of the home, their level of independence and how to effectively communicate with them". Examples of training included safeguarding, whistleblowing, behaviours that challenged, infection control, moving and handling and food hygiene. We saw a training matrix that clearly set out what training each member of staff had completed. There was also a training plan in progress. We could see that training had been planned to help support specific needs, examples of this were Parkinson's awareness, Makaton communication training and managing behaviours that challenge.

At this inspection we found that staff followed infection control procedures and used gloves and aprons when helping people with personal care or when preparing and serving food. We found the home to be clean and tidy. Food storage areas, including the fridge, were clean and neatly stocked.

Good

Is the service effective?

Our findings

People indicated they were effectively supported by staff. One person told us, "Definitely get on with the staff" and another said, "The staff cook for me". Relatives told us, "I have no complaint about the staff, they interact and talk with [relatives name]", "Staff have learned to understand how to communicate with [relative]" and "I got a really warm nice feeling the first time I went to the home".

There was a staff information hand over system in place. We saw that this included information about the key things that had happened during each shift, examples included information received from external health care professionals about changes in people's needs, any recent changes to medication and information received from or given to relatives.

We found that the home had links with external health care professionals, such as the district nursing service, physiotherapists, and local learning disabilities centres. A relative told us, "They called in the physiotherapist, as [relative's name] was leaning to one side, now [relative] has a more supportive chair". Another relative told us, "[Relative] has lost weight recently, following a brief hospital admission. The service arranged for a medical assessment, [relatives name] is weighed every week and staff are encouraging [relative] to eat. The service has told me [relative] is now putting on weight".

We found that people were able to attend their GP surgery independently and could be supported by staff to make an appointment. The service had a good working relationship with the GP surgery, to ensure they had the most up to date information regarding people's needs and care plans were regularly updated to reflect changes in need. The registered manager also organised for peoples hearing and eyesight to be checked at the home and for a chiropodist to visit, for people who preferred this.

People were consulted in changes to the decoration of their home. A meeting was planned to consult with residents on their choices of pictures for their newly decorated hallway areas. There was a choice of seating type in the lounge. Tables were positioned to enable people to navigate with ease from the kitchen to the dining area.

During this inspection we saw that the registered manager spent periods of time in the communal areas speaking with residents. The registered manager told us that she had a high level of presence in the home and monitors interaction between people and staff on a day to day basis. The information was used in one to one meetings with residents and at staff supervision meetings. We saw that residents were happy in the company of the registered manager.

We discussed supervision meetings with the staff. Staff told us, "Supervision meetings are really good, you can talk to [registered manager] about anything", and "Had supervision last month, have it every three months, it's good, if you raise something it is covered at the next staff meeting".

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. We found the service was working within the principles of the MCA. The registered manager had completed capacity assessments for people, when these were needed. Where Deprivation of Liberty Safeguards, (DOL's), were in place, these had been notified to the care quality commission. Staff were aware of any conditions on DOLs in place.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. We checked whether the service was working within the principles of the MCA. We heard from people using the service, their relatives and staff, that consent was obtained and recorded within the persons support plan as part of the support planning process.

People told us, "Had a McDonalds", "I like chicken the staff cook it for me", and "Food is good I like spaghetti bolognaise". People discussed their choices of food at resident's meetings. People were involved in the shopping for their meals as well as the preparation of them. The daily menu was displayed on a blackboard by the serving hatch. We saw some people independently helping themselves to snacks and drinks and others were supported to do so by staff. Support varied from assistance to get hot drinks to the table, to full assistance with the preparation of the snack. Care plans reflected what support people required. Staff were fully aware of people's dietary requirements and knew who was at risk and needed to be monitored, to make sure they had enough to eat and drink.

At this inspection we found people were moving independently without restriction around all areas of their home. Holly Hall House was presented in a homely way and was odour free. There were some internal decorations in progress in the communal areas. The outside area was mainly used by those that smoked, as a smoking area. The registered manager explained that she was hoping to turn this into an outdoor eating area to enable barbeques to take place in the summer.

Good

Is the service caring?

Our findings

People told us, "[Staff], paints my nails, [Staff] is good, she puts on two coats she knows I like two", "I get on with the staff", and, "I Like [staff]". Relatives told us, "I think well of the staff and I know my [relative] does to", "Staff are good, they interact with [relative] and communicate with [relative], they make [relative] as happy as they can be" and "When I couldn't collect [relative] because of work, they supported them to ring me, they are really caring like that".

We could see that staff had positive relationships with people. During the inspection we saw that people were visibly happy, smiling and laughing with staff. Interaction between people and staff members was kind, friendly, and naturally caring. One example was where people had independently got ready to go out and a member of staff then automatically helped with the finishing touches, before they went out, such as arranging collars, cuffs and buttons. This was done in a natural and unobtrusive way and people welcomed this.

Members of staff told us, "I know them all we get on really well", and "I like the atmosphere here, the residents, you care for them it's a happy job you look forward to coming to work here". Another member of staff said, "Person centred, it's all about what they need not what the staff think they should have, but what they like and how they want it".

People were assisted in a caring way, to be independent. Following meals, people assisted staff in washing up and putting away the items that had been used. People were encouraged to help in a safe way, for example, people would wash and dry up plates, but staff would wash and clean roasting tins to ensure thorough cleaning.

People were treated with dignity and given privacy. One person told us "I have a key", they showed us how they lock their door. A staff member told us, "You knock before entering, you do not enter without their permission". During this inspection we saw staff knocking on people's doors and gaining consent to enter.

We saw that where people were happily engaged in meaningful activity, staff did not disturb them, however they were on hand to step in and support people if the need arose. For example, one resident was happily using a typewriter, but then struggled to get a piece of paper out of the typewriter case, a member of staff, wandered by, offered help, and then calmly moved away when the paper had been removed from the case.

People told us they were supported to maintain relationships that were important to them. One person told us, "I go to [name of another care home] to visit [friend], or they come here". We saw staff were supporting this person to get ready to go out. There were no restrictions on people's visitors and people went out independently to meet their family and friends. Some people went out together, some people walked, some travelled by bus and others went off in taxi's. The home was bustling with people coming and going and they were all enabled by the staff to do so, in a kind, caring and compassionate ways.

People were not currently receiving advocacy services. The registered manager had information on

advocacy services and knew when people may need this service.

Good

Is the service responsive?

Our findings

People told us that they liked Holly Hall House and the staff were good to them. People told us, "It's nice", like it here, just been on a walk", another person told us "I've been shopping, came back in a taxi", another person told us "I love it here, I like all the people here".

Relatives told us that they were involved, with their family member, in the planning and reviewing of care plans. One relative told us, "We have regular reviews, I am invited down for them". The registered manager told us that people and their relatives were involved in the care planning and review process and where appropriate they sign to agree the outcome of reviews. This was reflected in the reviews that we saw as part of this inspection.

We saw that staff were responsive to people in a person-centred way. One person said, "I am writing to you", they were happily using a typewriter. One member of staff told us, "[Person] had been constantly telling the staff that they wanted a typewriter, an old fashioned one in a case. All the staff spent a long time looking for one in charity shops and eventually found one. We went and got it for [person] they were so happy, their face lit up when they saw it".

One person told us, "I like [local shop owner] they help me in the shop". The registered manager explained that the shop owner recognised the residents and helped them when they were in the shop. Seven residents were able to access the community independently and we saw these people going in and out during the course of the day. One member of staff told us, "They all have cards on their person, with basic information in case of an emergency, such as name, medical conditions and how to contact the home".

We observed that when people returned to the home, after going out, members of staff talked to them about their outing, they were genuinely interested in what the person had been doing. We saw that other people living at the service also joined in the conversation. We could see that people were enjoying the conversation, they were smiling and happy.

People enjoyed regular organised outings, as a group. Pictures of these could be seen on the notice boards and people were seen to be looking at and enjoying seeing these pictures. People pointed out to the inspector, pictures of themselves and told us where the pictures were taken. We saw that people discussed outings at the resident's meetings and that the service had responded positively to people's choices.

People knew how to make a complaint. One person told us, "If I wasn't happy, I would see [staff member] about it". There was a complaints policy in place. The registered manager kept a record of all complaints received, how they were investigated and what the outcome was. There had been two complaints in 2018. In one complaint a member of staff involved had signed to agree with the action plan that had been put in place to improve outcomes for the person. The registered manager told us that where a complaint had been made the outcome of the investigation and any actions were fully explained to the person who had raised the complaint.

Good

Is the service well-led?

Our findings

At our last inspection we found that the service required improvement. This was because quality assurance audits were not effective at identifying areas for improvement. At this latest inspection we found that these aspects of their service had significantly improved and we rated this key question as 'good'.

There were a range of quality audits in place, examples were medication, accidents and incidents, infection control, complaints, and outcomes of supervision and appraisals. We found that the questions on the medication audit did not cover the quality of recording, an area where issues had been identified as part of this inspection. We discussed this with the area manager and the registered manager. As a result, some questions have been added. The registered manager has a twice-yearly inspection by the pharmacy providing the medicines. We spoke to the superintendent pharmacist, as part of this inspection and they told us the service took appropriate actions as identified at these inspections.

We found a positive staff learning culture within the home. The registered manager was supportive of training and staff were very positive about training events attended. The registered manager was always seeking new training opportunities and subjects to learn about, an example of this was sepsis awareness training.

We found that staff were proud to work for the service. They felt well supported by the registered manager, had a say in the day to day running of the service and were consulted on future developments. Staff told us, "I think the service is great, activities going on all the time, it's brilliant", "Definitely a good place to work I enjoy it, people are living not existing", "I feel supported, we work as a team, we are pretty good" and "I wouldn't change this job for anything else".

People knew who the registered manager was. The registered manager was seen to mix with people with ease, join in with people's conversations and assist them when the need arose. We saw that people were asked for their views through surveys, at meetings and generally in everyday conversation. Relatives were also asked for their views by taking part in a survey. This feedback was entered into a `strengths and weaknesses` action plan and used to improve people's outcomes. For example, we saw that people, relatives and staff wanted an improved garden area, we found that this had now been included in the business plan for the home. Where external organisations, such as the pharmacy and the care quality commission had given feedback, this had also been entered into the action plan. We saw a `lessons` learnt document that was also used as part of this process.

There was a strong ethos of working in partnership with health care professionals. They were working closely with the local GP surgery. The registered manager was supporting people to attend their own health care appointments independently and also arranged for a range of health care professionals to provide services at the home, examples were opticians, audiology and chiropody.

The provider had the previous ratings, for the service, on display and had been sending in the required notifications.