

G Elliott and Mrs Brenda Mary Furse

Holly House

Inspection report

32 Chapel Street
Newport
Isle of Wight
PO30 1PZ

Tel: 01983825886

Date of inspection visit:
06 January 2016

Date of publication:
03 February 2016

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Holly House is a residential home which provides accommodation for up to four people with learning disabilities. At the time of our inspection there were three people living at the home.

There was a registered manager in post. 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.

People lived in a homely environment and were treated with kindness and compassion. We observed supportive positive interactions between people, the registered manager and the provider. There was an open, trusting relationship; it was clear they knew each other well and the registered manager understood people's needs. People were involved in planning the care and support they received.

People felt safe at Holly House. The registered manager and staff had received appropriate training in a range of subjects, including how to protect people from the risk of abuse. People were supported by staff who had received the appropriate training to meet their individual needs. Staff were available when people required them.

The home was meeting the requirements of legislation designed to protect people's rights. People's needs were met effectively and they were supported to make their own decisions.

The risks relating to people's health and welfare were assessed and these were recorded along with actions identified to reduce those risks in the least restrictive way. They were personalised and provided information to promote independence.

There were suitable systems in place to ensure the safe storage and administration of medicines. Healthcare professionals such as GPs, chiropodists, opticians and dentists were involved in people's care where necessary.

People enjoyed their meals and received a choice of suitably nutritious meals based on their needs and preferences. People were supported to engage in a range of work and leisure activities of their choosing.

People were satisfied with the way the service was run. None wished to move from the home and none could suggest any ways that the service could be improved. The provider sought informal feedback from people and had a process in place to deal with any complaints or concerns.

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.

People felt they were safe and staff were aware of their responsibilities to safeguard people. Risks had been assessed individually and action taken to ensure people's safety without placing unnecessary restrictions on them.

People received their medicines at the right time and in the right way to meet their needs. There were enough staff to meet people's needs.

Arrangements were in place to manage emergency situations.

Is the service effective?

Good ●

The service was effective.

People's rights and freedom were protected. The registered manager and care staff understood their responsibilities in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberties Safeguards (DoLS).

People were supported to have enough to eat and drink. Their health and well-being were monitored effectively and they were supported to have their medical needs met.

Staff received appropriate training and support to enable them to meet the needs of people using the service.

Is the service caring?

Good ●

The service was caring.

Staff developed caring, and positive relationships with people and treated them individually and with dignity and respect.

Staff understood the importance of respecting people's choices and their privacy.

People were encouraged to maintain friendships and important relationships.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care and support that met their individual needs. People were supported to make choices about how they lived their lives.

Care plans and activities were personalised and focussed on individual needs and preferences.

The provider sought informal feedback from people and had a process in place to deal with any complaints or concerns.

Is the service well-led?

Good ●

The service was well-led.

The provider's values were clear and understood by staff. The registered manager stated they aimed to provide a homely environment where people could be happy and as independent as possible.

There were informal systems in place to monitor the quality and safety of the service provided and manage the maintenance of the building.

The provider and registered manager understood the responsibilities of their roles.

Holly 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 inspection took place on 6 January 2016. We gave the provider forty-eight hours' notice of our intention to undertake the inspection to ensure the people we needed to speak with would be available. The inspection was conducted by one inspector.

Before the inspection we also reviewed information we held about the home including previous reports.

We spoke with the three people living at the home. We also spoke with the provider, registered manager and one care staff member. We looked at care plans and associated records for two people and records relating to the management of the service. We observed care and support being delivered in communal areas of the home. Following the inspection visit we spoke with one health professional who regularly visited the home.

We previously inspected this service in May 2014 when no concerns were identified.

Is the service safe?

Our findings

People told us they felt safe at Holly House. One person said, "Yes, It's safe here." Another person responded "yes" when we asked if they were safe at Holy House. The third person also responded positively to this question. We saw people were at ease in the company of, and communicating with, the provider, registered manager and each other.

The provider, registered manager and staff had the knowledge necessary to enable them to respond appropriately to concerns about safeguarding people. They had received safeguarding training and knew what they would do if concerns were raised or observed. The registered manager described the action they had taken when they had safeguarding concerns about a person living at the home. The action taken was appropriate and ensured the safety of the person. Staff and the registered manager were aware of how to contact the local authority safeguarding team and when this may be necessary.

The registered manager understood the risks to people's health and well-being. These were assessed, monitored and reviewed regularly. People were supported in accordance with their risk management plans which identified action to mitigate those risks. Risk assessments and management plans were personalised and written in sufficient detail to protect people from harm whilst promoting their independence. For example, there were risk assessments relating to people helping in the kitchen and accessing the local community.

People received their medicines safely. People told us they received their medicines from staff and that they could request as required medicines, such as paracetamol for a headache if needed. Care files contained forms signed by the person, giving consent for the management of their medicines. Medicines were administered by staff who had received appropriate training. Medicines administration records (MAR) were completed correctly. The MAR chart provides a record of which medicines are prescribed to a person and when they were given. Each person who needed 'as required' (PRN) medicines had clear information in place to support staff to understand when these should be given. There was a medicine stock management system in place to ensure medicines were available at all times. Medicines were stored securely according to the manufacturer's instructions and there was an appropriate process for the ordering of repeat prescriptions and disposal of unwanted medicines.

There were enough staff available to meet people's needs. People told us staff were available when they needed them. They told us staff were able to support them with medical appointments. One person liked to have a staff member with them when they accessed the community and this was provided. The provider and registered manager were supported by one full time staff member and a part time staff member. The duty roster showed staff were available as required by people. The registered manager described how the rotas were managed flexibly to meet people's needs and staff worked additional shifts when others were on leave meaning no temporary staff were required. Staff said they felt they had time to support people and were able to get on-call support from the registered manager whenever this was required.

The provider had not needed to recruit any new staff since the previous inspection. Both staff members

were related to the providers and had worked at Holly House for in excess of ten years. Relevant checks had been completed and we saw that police checks had been completed on everyone who worked at the home in 2012.

Suitable arrangements were in place to deal with emergencies. People told us what action they would take if the fire alarms sounded and where they would meet outside the home. They told us about the fire evacuation drills which had occurred. Personal evacuation and escape plans had been completed detailing the specific support each person required to evacuate the building in the event of an emergency. A fire safety risk assessment had been completed and the provider told us no suggestions had been made following an advisory visit from the fire service several years ago. Improvements had been made to the homes fire detection equipment and emergency lighting systems. Records viewed showed these were checked weekly to ensure they were working correctly. The provider, registered manager and staff member knew what action to take if people required first aid.

Is the service effective?

Our findings

People were positive about the effectiveness of the service. One person told us about the support and extra care they had received when they had been physically unwell. The registered manager was clear about the level of support that could be provided at Holly House and described how they had not accepted some people referred to the home whose needs would have compromised the safety or effectiveness of the service provided to other people.

People's ability to make decisions was assessed in line with the Mental Capacity Act, 2005 (MCA). The 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 decisions made on their behalf must be in their best interests and as least restrictive as possible. The registered manager and staff had completed MCA training and were familiar with the code of practice relating to the MCA.

In line with the code of practice, rather than make decisions on behalf of people, people were supported to make their own decisions whenever possible. This avoided the need to make a best interest decision on behalf of people and promoted their independence. There was information and risk assessments in the care records to assist staff in understanding and supporting people's ability to make specific decisions for themselves. Staff were aware of their responsibilities to protect people whilst at the same time allowing them to make potentially risky decisions. For example, where people were making unwise nutritional choices. The registered manager and staff member were aware of people's rights to refuse care or medicines and explained the action they would take if this occurred. This included trying later and recording the refusal. They would inform the registered manager if the situation persisted who was aware of the action they should take.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. 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. The application procedures for this in care homes are 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 were being met. We found the provider was following the necessary requirements. DoLS applications had been made by the supervisory body with the relevant authority for all of the people using the service. Whilst no-one living at the home was currently subject to a DoLS, the registered manager understood when an application should be made and how to submit one.

People's health and well-being were monitored. People told us they were supported to attend dentists, opticians and doctors. One person described the additional support they had required when they had been physically unwell. Care plans contained information about people's past medical history and current medical needs including how these should be monitored or met. Health action plans had been developed for each person. This information was individual and included guidance as to what may indicate that a

person was at risk of a decrease in their mental or physical health. People were supported to attend regular appointments with doctors and relevant specialists. The registered manager was aware of how to contact external learning disability health specialists and described the support they had received from them in the past. They also described how they had advocated on behalf of a person to ensure they received the medical treatment they should have been receiving. We spoke with an external health professional who said they were contacted appropriately and that any guidance or requests they made were followed by the registered manager and staff.

People were supported to have enough to eat and drink. People were complimentary about meals and told us they were supported to eat the food they liked. One person told us they were vegetarian and that they were provided with an appropriate diet of their preferred foods. Staff who prepared meals were aware of individual likes, dislikes and preferences. Meals were appropriately spaced and flexible to meet people's needs. Mealtimes were a social event. Staff encouraged people to drink throughout the day. We saw people were able to help themselves to drinks or snacks, or request these whenever they wanted them. Care files contained information about people's nutritional needs and any support they required to meet these.

The registered manager and staff had access to training focussed on the specific needs of people using the service, for example, mental health and learning disability via distance learning courses. They were able to demonstrate an understanding of the training they had received and how to apply it. Due to the nature of the service provided formal supervision and appraisal systems were not in place. The family staff member told us they felt supported and could discuss any issues with the provider and registered manager.

Is the service caring?

Our findings

Staff developed caring and positive relationships with people. All three people said they were treated well. People said the staff listened to them, which we observed during the inspection. An external health professional said, "Holly House is very homely, the people living there seem happy and settled".

The provider and registered manager staff spoke with people with kindness and warmth and were observed laughing and joking with them. We observed caring interactions between people and the provider and registered manager. For example, a person was asked how their day had been when they returned to the home. This showed an interest in the person and their life. The registered manager observed that the person appeared anxious and supported them to explain what was worrying them and reassured them that the problem could be sorted out. The registered manager was aware of people's friends and families and knew what mattered to people.

People were cared for with dignity and respect. People had their own bedrooms and said they had locks on their bedroom doors. They shared a communal bathroom and said their privacy was always respected when using the bathroom. The registered manager explained how they had identified and provided equipment to help one person be completely independent when bathing. This promoted the person's dignity and independence. The other two people were also independent with personal care.

People were involved in discussions about their care plans, which were centred on the person as an individual. Care plans contained detailed information about people's life history to assist staff in understanding their background and what might be important to them. People had signed their care plans and were aware of their contents, which were produced in a format accessible to the person whose care plan it was.

Confidential information, such as care records, were kept securely and could only be accessed by those authorised to view it.

Is the service responsive?

Our findings

People told us they were happy with the care and support they received. One person said, "everything is good". The other said they were very happy. Nobody identified anything they would change about the home or way they were supported. People said they were included in discussions about the service and how this met their needs. People had signed their care plans which had been produced in a format suitable for the person.

Care and support was planned to meet people's individual needs. Care plans were comprehensive and provided detailed guidance about the way care and support should be delivered to each person. Records of care and support delivered were maintained and showed people had been supported in accordance with their plans and their needs were met.

The registered manager had an extensive knowledge and understanding of each person's needs and how best these should be met. They were aware of events and things which may place people at risk of deterioration in their physical or mental health and the action they should take should this occur. They were aware of how to contact external professionals should the need arise.

People were supported to make choices about how they lived their lives, what they did and where they spent their time. They told us about how they spent their days and the activities they took part in. These included work placements and attending local support services where they undertook craft or gardening activities. People were also supported to attend family and social events. Two people were independent when accessing the local community and the third person preferred to have staff supporting them. This person confirmed they had the support they needed to visit local shops and amenities when they wished to do so. People were encouraged to assist with household tasks and support was provided when necessary, such as with cleaning their bedrooms.

There were arrangements in place to deal with complaints. People said if they had any complaints they would tell the registered manager. Given the positive, open, relationship the provider and registered manager had with people; they did not need or use formal complaints procedures to resolve concerns. Any issues raised were always dealt with immediately as they arose. The service had not received any complaints. The registered manager explained the process they would follow if any complaints were received.

Is the service well-led?

Our findings

People told us, and we observed, that there was an open, positive, relaxed atmosphere at the home. They were satisfied with the care and support they received and the way the service was run. People told us they did not wish to move from the home and none could suggest any ways in which the service could be improved. One person said "I like it here, I've been here a long time now". The three people at Holly House had all lived there for in excess of six years.

The provider and registered manager had informal systems to assess and monitor the quality of service people received. They were in day to day contact with people including providing direct support when required. They were therefore in a position to continuously monitor the quality of care provided. They stated they met with everyone every day, which provided an opportunity to keep people informed about anything relevant to the home. This also provided an informal opportunity for people to raise any questions and for their opinions to be sought. The provider was aware of the quality of service provided for people although formal auditing procedures and records were not in place.

The registered manager had a clear set of values, which they worked to on a daily basis. These included treating people with honesty, openness, dignity and respect. The registered manager said they aimed for people to be as independent as possible, happy and healthy. They said that "above all else for everyone to be happy". The registered manager demonstrated these values during the inspection. These had helped them build positive, trusting relationships with people. Interactions observed between the provider, registered manager and people showed people were able to discuss anything in a friendly informal manner. People were listened to and their views valued.

Care staff were aware of the provider's vision and values and how they related to their work. Staff meetings were held when required. Minutes of these were seen showing they provided the opportunity for the registered manager to engage with staff and reinforce the provider's values and vision. They also provided the ability for staff to provide feedback and suggestions. Observations and feedback from staff showed the home had a positive and open culture. Staff spoke positively about the management of the service. They confirmed they were able to raise issues and make suggestions about the way the service was provided and these were taken seriously and discussed.

There were systems in place to monitor the safety of the service provided and manage the maintenance of the building and equipment. The provider told us there was an ongoing building maintenance programme. We saw the lounge/dining room and hallway had been redecorated. New carpets and furnishings had been provided in the lounge. People said they were very happy with these and had been asked about this before it was completed.

Staff were aware of different organisations they could contact to raise concerns. For example, care staff told us they could approach the local authority or the Care Quality Commission (CQC) if they felt it was necessary.

The provider was aware of their responsibilities to notify CQC of significant events, such as safety incidents and complied with the requirements of their registration.