

Mrs P A Burgin







Holly House Residential Home

Inspection report

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Ratings

Overall rating for this service	Inadequate	
Is the service safe?	Inadequate	
Is the service effective?	Inadequate	
Is the service caring?	Good	
Is the service responsive?	Inadequate	
Is the service well-led?	Inadequate	

Overall summary

The inspection was unannounced, and the inspection visit was carried out over two days; 19 November and 20 November 2014. The home was previously inspected in October 2013, where no breaches of legal requirements were identified.

Holly House Residential Home is a 12 bed care home, providing care to adults with learning disabilities. At the time of the inspection there were ten people living at the home.

Holly House is located in the Parkgate suburb of Rotherham, South Yorkshire. It is in its own grounds in a quiet area.

Summary of findings

The service has 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 and associated Regulations about how the service is run.

During the inspection people told us, or indicated, that they enjoyed life at the home, and staff we spoke with and observed understood people's needs and preferences well. Staff were able to describe people's interests and behaviours in detail.

Throughout the inspection we saw that staff showed people using the service a high degree of respect and took steps to maintain their privacy and dignity. Staff we spoke with could describe how they respected people and ensured their privacy, and why it was important to do so.

We found that monitoring and quality assessment arrangements were insufficient to ensure people were cared for safely or in accordance with their needs. This included the management of people's personal finances

and their medication. There were arrangements in place to regularly review people's needs and preferences, however, changes to people's needs were not always appropriately acted upon.

Where people lacked the mental capacity to make decisions about their care and welfare, the correct legal procedures were not followed. The home's management team did not show a strong knowledge about this area and information about how people made decisions was lacking.

We found the provider did not have effective systems in place to ensure people's safety. Risk assessments were lacking in detail or didn't cover all areas of risk that people were vulnerable to. Staff's knowledge of safeguarding procedures was weak, and the provider's own safeguarding policy did not describe the appropriate steps to follow should safeguarding concerns be identified. The checks that the provider carried out before staff started work were inadequate to ensure people's safety.

You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not safe. Staff were lacking in knowledge about how to keep people safe from the risks of harm or abuse, and some had not received training in relation to this for several years. The provider's safeguarding policy did not describe the appropriate steps that should be taken if abuse was suspected.

Medicines were stored and handled safely. However, the arrangements in place for over the counter medications were not personalised to people's needs and there was no guidance about when people should be offered these medicines.

Where people were at risk of injuring themselves or others, risk assessments were not always in place to manage this, and where risk assessments were in place they were not sufficiently detailed to keep people safe.

Inadequate



Is the service effective?

The service was not effective. Training arrangements were disorganised, and the registered manager had little oversight over what training staff had received.

Not all staff had a good understanding of the Mental Capacity Act or the procedures to follow should someone lack the capacity to give consent.

Inadequate



Is the service caring?

The service was caring. We found that staff spoke to people with warmth and respect, and day to day procedures within the home took into account people's privacy and dignity.

Staff had a good knowledge of people's needs and preferences, and people using the service told us they felt valued and well cared for by the staff.

Good



Is the service responsive?

The service was not responsive. There were arrangements in place to regularly review people's needs and preferences, however, changes to people's needs were not always appropriately acted upon.

There was a complaints system in place, although it did not direct people to the correct agencies should they wish to complain externally.

Inadequate



Is the service well-led?

The service was not well led. The home's registered manager had failed to make certain legally required notifications to the Care Quality Commission.

There were systems in place to audit people's care and the quality of the service, however, these systems had not identified serious shortfalls in the way people's finances were recorded.

Inadequate



Holly House Residential Home

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 checked 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.

The inspection was unannounced, which meant that the home's management, staff and people using the service did not know the inspection was going to take place. The inspection visit was carried out over two days; 19 November and 20 November 2014. The inspection was carried out by an adult social care inspector, and on the second day of the inspection an inspection manager observed the inspection for training purposes.

During the inspection we spoke with four staff, the registered manager and seven people who were using the service at the time of the inspection. We also checked the personal records of six of the ten people who were using

the service at the time of the inspection. We checked records relating to the management of the home, team meeting minutes, training records, medication records and records of quality and monitoring audits carried out by the home's management team. We also looked at the arrangements for managing people's personal finances and managing their medication.

As part of the inspection, we undertook a Short Observation Framework for Inspection (SOFI) SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well

and improvements they plan to make. This was returned prior to the inspection. We also reviewed records we hold about the provider and the location, including notifications that the provider had submitted to us, as required by law, to tell us about certain incidents within the home.

Is the service safe?

Our findings

We spoke with four people using the service about whether they felt the home was safe. They told us that they felt it was. One person said: “Of course it’s safe.” Another told us that staff at the home kept them safe.

We asked staff and the registered manager about whether there were staff in sufficient numbers to keep people safe. The staff said that they were happy with the staffing numbers and thought people were safe. All the staff we spoke with described that it was easy to obtain additional staff when required, and that they had never felt there were any restrictions when doing this.

We found that all but one staff member had received training in the safeguarding of vulnerable adults, however, only one of the four staff we spoke with could describe the steps to take if they suspected abuse was taking place. Three of the staff records we checked showed that they had not received training for over three years in this topic. One of the home’s deputy managers told us that they did not have a written policy in relation to how frequently this training should take place, but said that it should be every two years.

We looked at the provider’s procedures relating to safeguarding. They did not reflect the local authority’s safeguarding procedures. They had been written earlier that year, but did not describe the correct steps that should be followed by staff suspecting abuse. If staff followed these procedures when suspecting abuse, it would not ensure people’s safety. This is a breach of Regulation 11 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Recruitment procedures were not adequate to ensure that people were kept safe. Policy records we checked showed that all staff had to undergo a Disclosure and Barring (DBS) check before commencing work, in addition to providing a checkable work history and two referees. However, we checked one staff member’s recruitment records which showed that there were gaps in their employment history. Another staff member’s recruitment records showed they had worked for a large employer prior to joining Holly House Residential Home. However, no reference had been supplied by this employer; instead, a reference had been sought from a private individual at their home address who stated that they had been the staff member’s line manager.

We asked the deputy manager about how the veracity of this had been checked, but they told us it had not. This is a breach of Regulation 21 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010

We looked at the risk management arrangements in place for three of the people using the service. One person had specific behaviours which put them at risk of harm, however, the arrangements in place for managing this risk were not adequate. There were no systems in place for formally monitoring incidents, and the guidance for staff to follow was imprecise. We asked the registered manager and one of the deputy managers about this person. They told us that they talked about this person’s risk of harm “all the time” but said that they did not document these discussions.

We looked at the evacuation plans in case of a fire. They recorded that one of the people using the service presented a specific risk of harm to themselves and others. We checked this person’s file but found there was no risk assessment in place in relation to how this risk should be managed to keep the person and others safe. We asked the registered manager and one of the deputy managers about this. They said that the risk referred to was “ages ago” and they believed it was no longer a risk. They couldn’t explain why the plans for keeping people safe in the event of a fire contained out of date information. This is a breach of Regulation 9 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010

The arrangements in place to ensure that people’s medicines were safely managed were not robust. Medication was securely stored, although records of the temperature of the medication storage room were not kept. We checked records of medication administration and saw that these were not always appropriately kept; we found that a staff member had hand written an item of medication onto one person’s medication administration record (MAR) but there was no signature or witness to ensure that this was accurate. We checked this again on the second day of the inspection and it had not been addressed, despite us raising it on the previous day with one of the deputy managers.

There were systems in place for stock checking medication, and for keeping records of medication which had been returned to the pharmacy. The records relating to

Is the service safe?

medication which was returned to the pharmacy were clear and up to date, however, stock numbers were not always carried forward onto MARs so stock records were not accurate.

The home kept a central supply of “homely remedies.” These are medications that can be bought over the counter and used to treat common ailments. We asked how the suitability of each medication had been assessed. The deputy manager showed us a printed sheet taken from NHS Choices’ website detailing each item of medication and said that it had been supplied by the local GP. There was no information available about when each person could be given any of the medication or for what specific ailments. One of the medications was an antihistamine, normally used for treating allergies including hay fever. We

asked one of the deputy managers how staff would know whether someone’s symptoms were those of hay fever or of the common cold. They told us that the time of year would indicate which ailment the person might be suffering from. When homely medicines were administered, they were recorded in a central homely medicines book, but not recorded on the individual person’s MAR chart. This is a breach of Regulation 13 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010

We asked two staff members what the provider’s policy on restraint was, and whether restraint was used in the home. They both said that restraint did not take place and that they were not allowed to restrain anyone. The registered manager and both deputy managers confirmed that this was the policy in place.

Is the service effective?

Our findings

We asked four people using the service about the food available to them at Holly House Residential Home. They told us the food was good and that they always received their favourite foods. One person said: “They [the staff] know what I like and what I don’t like. I don’t even need to tell them, they just know.” We checked people’s care plans and found they contained information about people’s food preferences. We asked the registered manager and one of the deputy managers about people’s food preferences. They spoke with knowledge about each person, and understood well what food people liked.

We checked whether people had given appropriate consent to their care and where people did not have capacity to consent, whether the requirements set out in the Mental Capacity Act 2005 had been adhered to. The Mental Capacity Act 2005 sets out how to act to support people who do not have the capacity to make a specific decision, and also sets out the legal framework in which a person who lacks capacity can be deprived of their liberty.

We asked three staff members about The Mental Capacity Act, and whether people had capacity to consent. The staff we spoke with did not have a good knowledge of this issue. One of the deputy managers told us that not all staff had received training in this area yet. We asked one of the deputy managers about the arrangements in place for depriving a person of the liberty in accordance with the Mental Capacity Act. They told us that they would contact the local authority’s learning disability team for advice about this issue as they were not familiar with the procedures.

We checked one person’s file and found that there were specific restrictions in place within the way that they were cared for. For example, staff prevented them accessing certain things, or leaving the building without staff. The file stated that the person did not lack mental capacity. However, the file contained no information about any assessment of the person’s mental capacity to make specific decisions about the restrictions being put in place. The file contained a document written nine months prior to the inspection, in which the person had recorded: “I feel

safe going on my own, I like going on my own.” There was no evidence that they had consented to the restrictions placed upon them. This is a breach of Regulation 18 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010/18

Another person’s file showed that they regularly exhibited a certain behaviour which put them at risk of harm. We asked to see the monitoring records relating to this. The registered manager and one of the deputy managers stated that each incident was recorded in the person’s daily notes. We asked how any patterns or triggers could be monitored, but they both said that there were no triggers or patterns and therefore it could not be monitored, however, without monitoring the incidents they could not evidence that there was no pattern. The registered manager said that they thought the imminence of a Christmas meal may be a trigger and was therefore not telling the person about this. This strategy was not documented and there were no systems in place for measuring whether it would prove to be effective.

We checked a third person’s file which made reference to them having had a complex health issue. However, there was no care plan or risk assessment in the file to detail how the person should be supported to manage this complex health issue. The registered manager and one of the deputy managers told us they had a good understanding of this person’s health needs, but acknowledged that a care plan and risk assessment was required to ensure that the person’s needs were met. This is a breach of Regulation 9 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010

One of the deputy managers described the systems in place for staff training. They told us that most staff had received all the “mandatory training” but did not have a list of what the provider considered to be mandatory training. Evidence of training was kept in the form of training certificates. In some cases the centralised register stated that staff had received training, but there were no certificates to evidence this. The deputy manager told us that this was because the training provider had given the certificates to the staff but staff had not brought them to the home.

Is the service caring?

Our findings

During the inspection we held an informal discussion with a small group of people using the service. We asked about their experience of the care and support they received. They told us that they were happy about how the staff supported them. One said: “They are all very nice, I like some better than others but that’s normal life, they are all good.” Another said: “Yes, I’m happy, they are happy as well.”

We asked the same group whether they felt staff respected their privacy. They told us that staff knocked on their bedroom door and respected their privacy. One person told us that staff had helped them understand how important privacy was, and said they enjoyed having their own space.

People told us they knew what was in their care plans. One person said: “It’s my file, it’s all about me. Everyone has one, it says what is important.” We asked this person whether they had been involved in deciding what was written in this file, they laughed and said: “Of course, it’s my file.” We looked at one person’s file with them, they told us they knew it was their file, and pointed out some of the things in it to us.

We saw that staff addressed people in a respectful and gentle manner, and understood people’s needs extremely well. As part of the inspection, we undertook a Short Observation Framework for Inspection (SOFI) SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. Using SOFI we saw that staff took the time to listen to people and recognised their needs and wants. One person’s behaviour indicated that they preferred to be in their own space and away from other people. Staff respected this, checking that the person was happy and comfortable, but ensuring that their preference for personal space was respected.

During this observation we saw that the atmosphere within the home, and the interaction between staff and people using the service, was positive and engaging. Staff spoke with people in a respectful manner and communicated well with them. Conversations were positive and meaningful, and staff we observed took time to ensure that they understood people.

We spoke with three staff about how they respected people’s privacy and dignity. They described their understanding in this area and talked about the measures that they took, including how they protected people’s dignity when providing personal care. The provider’s Provider Information Return (PIR) stated that there was a staff member who was registered as a dignity champion, and was saw that issues around dignity and privacy were discussed in team meetings and in one to one meetings between staff and their line managers.

We asked three staff about people’s personal histories and preferences. The staff could describe in detail their knowledge about these areas. They had a strong understanding of people’s backgrounds and their experiences prior to moving to Holly House. Staff demonstrated a good knowledge about how people’s backgrounds had influenced their preferences and choices.

We asked the deputy manager about the arrangements in place for advocacy within the home. They told us that the home used a local advocacy service, which is a voluntary organisation supporting people with learning disabilities to exercise their independence. One person was the home’s spokesperson for advocacy, and used the home’s communication book, as well as other more informal methods, to advise other people about the advocacy service and a local self advocacy group.

Is the service responsive?

Our findings

People told us they enjoyed the activities available to them in the home, and the activities they were supported to do outside the home. They were able to describe numerous opportunities to participate in a broad range of activities, and during the two days of the inspection we observed this to be the case. People showed us Christmas cards they had made at a crafts group and told us that they had enjoyed making them. They said that the crafts group was one of many regular activities available to them.

We asked three staff about the activities available. They described the approach as very flexible, and said that staffing was arranged around how people wanted to spend their day and what activities they wanted to do.

We asked one of the deputy managers about the arrangements for people's friends and relatives visiting the home. They told us that visiting was allowed between 8am and 8pm, and we saw a policy relating to visitors which reflected this. The deputy manager said that people's friends and relatives usually rang the home to arrange to visit as people were often out.

We checked care records belonging to six of the ten people who were using the service at the time of the inspection. We found that care plans were reviewed regularly, however, the care plans we checked showed that the provider was not always responsive to people's needs. For example, one person's care plan review showed that by October 2013 they had developed a health condition, however, there was no care plan in relation to this, and they were not referred to an external healthcare professional until seven months later. We asked one of the deputy managers about this. They told us that the person would not attend appointments with healthcare professionals and therefore

the health issue had not yet been addressed. Another person's file showed that they were vulnerable to a specific risk. Their risk assessment in relation to this did not describe any action that staff should take to help the person manage this risk. One of the deputy managers told us that they were rewriting risk assessments but had left this person's until last as their support needs were complex.

We asked one of the deputy managers about people's changing needs and how the provider responded to changes. They told us about an untoward incident that had occurred, and described the measures that they had put in place as a response. However, the measures in place conflicted with the person's expressed preferences. The deputy manager could not describe how the plans were appropriate to keep the person safe while acting in accordance with their preferences. This is a breach of Regulation 9 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010

There was information about how to make complaints in the form of a complaints procedure although it was not contained in the service user guide. The registered manager said that people were given information about how to make a complaint when they moved to the home, although, for some people, this was over 20 years ago. The complaints procedure did not give people accurate information about who they could complain to if they were unhappy with the provider's internal complaints processes.

We asked one person who was using the service about how they would make a complaint. They told us they would "tell [the registered manager or one of the deputy managers] because they are in charge" and said they were confident they would be listened to.

Is the service well-led?

Our findings

There were arrangements in place for involving people in decisions about the way the home was run. There was a book for people to use to make suggestions and give feedback, and we saw that this was well used. People had recently been involved in choosing the new kitchen in the home, and we saw evidence that people had been able to make decisions about the layout of the kitchen. Likewise, wallpaper samples had been made available for people to pick from in order to choose how they wanted the house decorating.

The home's registered manager was also the owner of the business. She was supported in running the home by two deputy managers. We asked three members of staff about whether they felt supported by the provider. They told us that they did. All three staff said that they had been in post for a long time, and would have left if they didn't feel supported in their role. They were all positive about the support they said they received. We asked whether regular supervision and appraisal took place, and staff said it did. We checked records and found that staff received a supervision session approximately every two months, and an appraisal took place annually. We asked one of the deputy managers about how they delivered supervision. They told us that they didn't like this aspect of their work, and although they had carried out supervision in the past, they preferred not to. They said that they had not received any training in this area.

We asked how staff and the manager communicated with each other. Staff described an informal arrangement where staff would catch up with each other at handover periods, in addition to formal team meetings. One of the deputy managers told us that the team was quite small and longstanding, and that they communicated well. We checked records and found that team meetings took place regularly. Two staff members told us that team meetings were a good opportunity to discuss any issues within the home, but that they could also raise issues with the management team outside the team meetings.

We asked the registered manager about the systems in place for monitoring the quality of the service. She said that she was "always" in the home and monitored quality

visually and by speaking with people. One of the deputy managers had a written system of monitoring various aspects of the service, including checking the standard of cleanliness and the quality of record keeping. However, we questioned whether this was effective as we identified many examples of poor or inadequate record keeping, such as risk assessments which were not completed appropriately, or absent care plans.

We asked the registered manager and one of the deputy managers how they checked people's personal finances were being managed safely. People's finance arrangements consisted of a personal bank account, and an amount of cash which was kept in the home and recorded in a daily cash book. The deputy manager told us that they cross checked bank withdrawal receipts with people's cash amounts on a weekly basis. We asked if they checked that withdrawal receipts matched with bank statements but they said that they didn't. We checked a sample of four people's finance records and found that in three out of four there were cash withdrawals which were not entered into their daily cash books. There were no withdrawal receipts for these withdrawals. The registered manager said that the withdrawals were to pay for people's care home fees and hairdressing, however, there were no receipts to account for this. The deputy manager acknowledged that they had not adequately checked people's financial records. This is a breach of Regulation 10 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010

We looked at records of incidents within the home, and cross checked them with notifications made to the Commission by the provider. We identified four incidents where the provider had contacted the police, however, the provider had not notified the Commission of this, which they are legally required to do. The deputy manager said that there were several more such incidents, but that they were not aware of the need to notify the Commission. The registered manager was also not aware of this legal requirement. We looked at the provider's policy in relation to these incidents. It did not reflect the correct, legally required procedure. The registered manager had therefore failed to have regard to relevant legislation when developing procedures or monitoring the service. This is a breach of Regulation 10 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services

The provider did not have suitable arrangements in place to ensure that people were protected from the risks associate with inappropriate or unsafe care.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines

People who use services were not protected against this risks associated with unsafe management of medicines.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers

The provider did not have appropriate arrangements for checking that staff were suitably qualified, skilled or experienced.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers</p> <p>People were not protected as the provider did not have effective systems in place to regularly assess and monitor the quality of the service provided, or to identify, assess and manage risks relating to the health, welfare and safety of service users. Regulation 10(1)(a)(b) and (2)(b)(iii)(v) and (e)</p>

The enforcement action we took:

A warning notice was issued to the provider requiring that they take action to ensure that effective systems were developed to assess and monitor the quality of the service provided and to identify, assess and manage risks relating to the health, welfare and safety of service users by 23 January 2015

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010 Safeguarding people who use services from abuse</p> <p>The provider did not have suitable arrangements to ensure that service users are safeguarded against the risk of abuse. Regulation 11(1)(3)</p>

The enforcement action we took:

A warning notice was issued to the provider requiring that they take action to ensure that service users are safeguarded from the risk of abuse by 23 January 2015

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment</p> <p>The provider did not have suitable arrangements in place for obtaining and acting in accordance with people's consent in relation to the care provided to them. Regulation 18</p>

The enforcement action we took:

A warning notice was issued to the provider requiring that they take action to ensure that arrangements are made in relation to obtaining and acting in accordance with people's consent by 23 January 2015