

Mrs P A Burgin

Holly House Residential Home

Inspection report

Holly House, Greasbrough Road
Parkgate
Rotherham
South Yorkshire
S62 6HG

Tel: 01709523241

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13 December 2016
21 December 2016

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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?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 13 and 21 December 2016. The home was previously inspected in September 2015, and at the time was meeting all regulations assessed during the inspection, but was overall rated requires improvement.

Holly House is a care home providing accommodation for 12 younger adults. It is situated on the edge of Parkgate, an area of Rotherham. It stands in its own grounds and has off road parking. It provides accommodation on both the ground and first floor and has accessible gardens which surround the building.

The service had a registered manager in post at the time of our inspection. 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.

People who used the service who we spoke with, told us they were happy with how care and support was provided at the home. They spoke positively about the staff and the way the home was managed.

We saw there were systems in place to protect people from the risk of harm. Staff we spoke with were knowledgeable about safeguarding people and were able to explain the procedures to follow should an allegation of abuse be made. Assessments identified risks to people, and management plans to reduce the risks were in place to ensure people's safety.

We found the service to be meeting the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The staff we spoke with had a satisfactory understanding and knowledge of this, and people who used the service had been assessed to determine if a DoLS application was required.

People were involved in menu planning, shopping and meal preparation. We saw snacks were available throughout the day and people had access to the kitchen and were able to access drinks and food when they wanted.

Staff respected people's privacy and dignity and spoke to people with understanding, warmth and respect.

There was a recruitment system in place that helped the employer make safer recruitment decisions when employing new staff. Staff had received a structured induction into how the home operated, and their job role, at the beginning of their employment. They had access to a varied training programme that met the needs of the people using the service.

There was a system in place to tell people how to make a complaint and how it would be managed. We saw the complaints policy was easily available to people using and visiting the service.

There were systems in place to monitor and improve the quality of the service provided. The registered manager was introducing more robust systems at the time of our inspection and these needed to be fully implemented and embedded into practice.

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 told us they felt safe. Staff were knowledgeable about how to recognise signs of potential abuse and aware of the reporting procedures. Assessments identified risks to people and management plans to reduce the risks were in place.

We found recruitment processes were thorough so helped the employer make safer recruitment decisions when employing new staff. There was sufficient staff on duty to meet people's needs.

Systems were in place to make sure people received their medications safely.

Is the service effective?

Good ●

The service was effective.

Staff had completed training in the Mental Capacity Act and understood how to support people whilst considering their best interest.

A structured induction programme and a varied training programme was available which enabled staff meet the needs of the people they supported.

People received a well-balanced diet that offered variety and choice.

Is the service caring?

Good ●

The service was caring.

People were treated with respect and kindness. Staff demonstrated an awareness of how they respected people's preferences and ensured their privacy and dignity was maintained.

Is the service responsive?

Good ●

The service was responsive.

People received personalised support that was tailored to their individual needs and preferences.

People were provided with opportunities to take part in things they enjoyed doing. People felt comfortable to raise any concerns with staff or management and were confident that they would be dealt with appropriately.

Is the service well-led?

The service was well led but new systems needed fully implementing and embedding into practice.

There were new, more robust systems in place to assess if the home was operating correctly. Action plans had been produced to address any areas that needed improving.

People told us the staff were always ready to listen to what they wanted to say and acted promptly to address any issues or concerns.

Requires Improvement ●

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 was planned to check whether the provider was 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 took place on 13 and 21 December 2016 and was unannounced on the first day. The inspection team consisted of one adult social care inspector.

At the time of the visit there were 10 people who used the service. Prior to the inspection visit we gathered information from a number of sources. We looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. We also spoke with the local authority, commissioners and safeguarding teams.

The provider had completed a provider information return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

As part of this inspection we spent some time with people who used the service talking with them and observing support. We looked around the service including bedrooms, bathrooms and communal areas. We looked at documents and records that related to people's care, including two people's support plans. We spoke with six people who used the service.

During our inspection we spoke with five staff, the registered manager and the provider. We also spoke with two visiting health care professionals to seek their views. We also looked at records relating to staff, medicines management and the management of the service.

Is the service safe?

Our findings

People who used the service told us they felt safe living at Holly House. One person told us, "I feel safe here, its absolutely brilliant."

Interactions we observed between staff and people were inclusive. We saw staff used appropriate methods to ensure people were safe when they were supporting them. For example, making sure people knew where to go to get the bus and that they had their mobile phone to call if there were any problems.

The provider had safeguarding policies and procedures in place to guide practice. Safeguarding procedures were designed to protect people from abuse and the risk of abuse. Staff we spoke with were very knowledgeable on procedures to follow. Staff were also aware of whistle blowing procedures and explained how they would do this if necessary.

During our inspection we saw there were staff in sufficient numbers to keep people safe and the use of staff was effective. Staffing was determined by people's needs and was flexible. Staff we spoke with told us they thought there was adequate staff to meet people's needs.

People's health was monitored and reviewed if any changes had occurred. People identified as being at risk when going out in the community had up to date risk assessments. We saw that some people were supported by staff when they went out during our inspection.

We looked at the systems in place for managing medicines in the home. This included the storage, handling and stock of medicines and medication administration records (MARs) for people who used the service.

Medicines were stored safely, at the right temperatures. However, the room thermometer used was not a minimum and maximum thermometer so it did not record the temperatures it reached throughout the day. The deputy manager agreed to purchase a suitable thermometer to ensure the room temperature was monitored sufficiently to ensure medicines were kept at the correct temperatures.

We saw records were kept for medicines received, administered and disposal of medicines. We found people were receiving medication as prescribed. However, we saw carried over amounts were not always recorded correctly. The registered manager told us stock amounts were recorded on a stock sheet and a running total sheet but would ensure these were also recorded on the MAR. The registered manager looked into the errors identified regarding carried over amounts. They identified the error, this was due to the medication arriving in the service mid cycle so had not been booked in properly when it was received. The deputy manager carried out a full audit after the first day of our inspection, this identified some training requirements for staff. On the second day of our inspection they told us the training had been arranged for January 2017.

The home kept a supply of "homely remedies" for each person. There were specific to each person, and there were records from each person's GP showing which homely remedies the person could take, and for what ailments. When homely remedies were administered, a record was made on the person's MAR chart

showing when and why it had been administered.

We saw people were prescribed medicines to be given as and when required (PRN). For example pain relief. Staff were able to explain how they supported people appropriately to take this medication that they were aware of signs when people were in pain, discomfort or in a low mood to ensure they received their medication when required. However, there was not always a protocol in place that gave details of the PRN medication to determine what medication was prescribed for and signs and symptoms the person could present with when the medication was required. The deputy manager showed us some information in people's plans of care and assured us these would also be placed with the MAR for easy reference.

The recruitment procedures ensured the required employment checks were undertaken for new staff. The registered manager told us that staff did not commence work with people who used the service until references had been received. They also had obtained clearance to work from the Disclosure and Barring Service (DBS). The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

We looked at the recruitment files of two staff and spoke with staff that were on duty on the day of this inspection. Information within the recruitment files, and staff comments, confirmed that the required checks had been carried out prior to commencement of employment at the service.

Is the service effective?

Our findings

People we spoke with told us staff respected people's choices and decisions. One person said, "Staff are lovely, I am happy here." Another person said, "It's a nice house to live in."

The registered and the deputy manager told us staff had received Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) training. Staff we spoke with confirmed that they had received training in the Mental Capacity Act 2005. The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment.

Staff were clear about their roles and responsibilities to ensure people's human rights were protected. They knew people well and were aware of the communications needs and how best to enable them to make decisions for themselves. They were also knowledgeable about the process that needed to be followed when people were unable to make certain decisions for themselves. Staff told us how they would make sure decisions made were in people's best interest. They involved the person using their most effective means of communication and involved relatives and relevant health professionals. However we found best interest decisions were not always clearly documented. The deputy manager told us they were devising a user friendly template for staff to use to ensure these were documented. Following our inspection the deputy manager emailed this to us to confirm it had been implemented and was to be embedded into practice.

People had good access to healthcare services. We saw evidence of involvement of health care professionals in people's care plans. We spoke with a visiting health care professional who told us the service was very good at seeking advice and guidance in order to be able to meet people's needs.

Records we saw showed staff were up to date with the mandatory training required by the provider. Staff we spoke with told us the training was very good. Staff also told us they did additional training to further understand how to meet the needs of people they supported.

Staff told us they felt supported by the management team and confirmed they received regular supervision sessions. Supervision sessions were individual meetings with their line manager. Staff felt they were able to contribute to their supervision session and felt valued.

People's nutritional needs had been assessed and people's needs in relation to nutrition were documented in their plans of care. We saw people's likes, dislikes and any allergies had also been recorded. We saw there were snacks and fresh fruit available throughout the day for people if required. People told us they enjoyed the food and were able to go in the kitchen when they wanted to get drinks and food. During our inspection we observed people preparing food when they wanted to and choosing what they wanted to eat and drink. People also choose where they wanted to eat and who they wanted to sit with during a meal. We saw meal times were very flexible and people came in at different times to prepare their meal. One person told us, "I can eat when I want to eat, I go out shopping for my food and choose what I want."

During the inspection we looked around the service, we identified many areas that required improvements. One was the first floor fire escape. The wood between the door and the metal steps had rotted and was unsafe. This was addressed during our inspection. The deputy manager told us they were aware of the areas identified by us during the inspection but were not formally documented in an action plan. On the second day of our inspection many of the minor improvements had been completed. For example wallpaper repaired in the small lounge, new path from the fire exit on the ground floor and untreated plaster had been painted. The deputy manager also showed us an action plan they had devised to ensure all the improvements were identified and dates for action identified.

Is the service caring?

Our findings

People we spoke with, spoke highly of the service provided. One person told us, "The staff are lovely, they look after me well." Another person said, "I love it here."

Our observations and people's comments indicated that staff respected people's decisions and confirmed they, or their relatives if required, had been involved in planning the care and support staff provided.

We saw staff supporting people in a caring and responsive manner while assisting them to go about their daily lives. We observed staff treating each person as an individual and involving them in making decisions. We saw people were always asked what they wanted to do or what assistance they needed in an inclusive sensitive way.

People's needs and preferences were recorded in their care records. Staff were able to describe the ways in which they got to know people such as talking to them and reading their care files, which included information about people's likes, dislikes and history.

People were well-presented and cared for. We saw staff treat them with dignity and the people we spoke with confirmed their dignity and privacy was respected. One person told us, "Staff always knock on my door before they enter." Another said, "Staff ask me what I want to do and I only do what I want to do."

Staff described to us how they preserved people's privacy and dignity by knocking on bedroom doors before entering, closing doors and curtains while providing personal care and speaking to people about things quietly, so they could not be overheard.

We spoke with a health care professional who told us the staff were very good, understood people's needs and improved people's quality of life by ensuring care needs were met. In particular they explained activities were important for one person and staff ensured they were encouraged and supported.

Is the service responsive?

Our findings

People we spoke with told us they were happy with the care and support provided. People we saw who were using the service looked happy and interacted with staff in a very positive way.

We checked care records belonging to two people who used the service at the time of the inspection. We found that care plans identified people's needs, setting out how to support each person so that their individual needs were met. One person told us they were wanting to become more independent, so were learning to cook and manage their finances. This was reflected in their plan of care detailing their wishes and goals and how they were meeting them.

One person we spoke with told us they had input into their care plan. They brought the plan to show us and sat with us while we looked at it. They were able to explain what was in the plan and why it was in there. For example they were aware at times things could get too much for them and they knew they should talk with staff but didn't always do this. The care need detailed in their care plan documented how they presented when they were becoming anxious and what staff should do to alleviate this. The person was able to tell us, "I don't like staff interfering when I am like that, but I know they need to do it to make things better."

Care plans had been reviewed and rewritten following our last inspection. They had identified people's needs and they were regularly assessed to ensure that they were up to date and captured any changing needs.

We spoke with health care professionals as part of our inspection they told us they were very pleased with the care and support provided to people who used the service.

There was no dedicated activities coordinator employed but care staff provided activities and there were many activities held. There were planned trips during our inspection, people went out to clubs, for meals and some went to a Christmas party. Staff told us that people also attended day centres during the week and in house activities were organised by staff in the evenings. These included crafts, music and games. The service had a mini bus to use if activities were organised outside the service, we were told this was used for activities at weekends, and people often went out. For example shopping and trips to the coast. One person told us they liked to go to church and they were able to attend the local church service every Sunday.

The provider had a complaints procedure which was available to people who used the service and people who visited the home. The procedure was on display in the service where everyone was able to access it. The registered manager told us the procedure was given to all people who used the service when they were assessed. We asked people if they would tell staff if they had a worry and they said they would. One person told us, "I have no problems, but if I did I would talk with staff." We had no concerns raised by anyone during our inspection.

Is the service well-led?

Our findings

At the time of our inspection the service had a manager in post who was registered with the Care Quality Commission. The people we spoke with said they were happy with the overall care provided and how the home was run.

The provider gained their opinions from staff and health care professionals using questionnaires and regular meetings. We also saw the provider gained feedback from people who used the service and their relatives. A questionnaire was sent to people who used the service. We saw a number of completed questionnaires all comments we saw were very positive. One comment from a health care professional stated, 'Happy residents, such a refreshing change to visit such a well run service.'

We found there was an open, fair and transparent culture within the home. Staff told us they felt that they worked well as a team and they all helped each other. They told us they felt the management team were approachable and listened to their concerns and ideas for improvement. One member of staff said, "We work well as a team and are supported."

Staff had told us that they were well supported and received regular supervision. They also told us they had an annual appraisal of their work which ensured they could express any views about the service in a private and formal manner.

We found there were systems in place to monitor and improve the quality of the service provided. These had been improved since our last inspection, however there was still improvement required. For example, environmental audits had not been formally documented and some medication documentation errors had not been identified. These were rectified at our inspection and an action plan developed by the deputy manager. However, these were new they required fully implementing with staff and embedding into practice.

The deputy and the registered manager were aware of what was required and told us following the inspection that they had arranged a staff meeting for 9 January 2017. This was to enable them to discuss the findings of the inspection and outcomes, to ensure staff were aware of what improvements were required and to be able to embed the new systems into practice.

We found that recorded accidents and incidents were monitored by the registered manager to ensure any triggers or trends were identified. We saw the records of this, which showed these, were looked at to identify if any systems could be put in place to eliminate the risk.

Systems were in place for recording and managing complaints, safeguarding concerns and incidents and accidents. Documentation showed that management took steps to learn from such events and put measures in place which meant they were less likely to happen again.

