

The Disabilities Trust

Hollyrood

Inspection report

Buxshalls Hill
Ardingly Road
Lindfield
West Sussex
RH16 2QY

Tel: 01444483883

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Hollyrood is a residential care home providing accommodation and personal care for up to 25 people with autism. The registered manager reported at the time of the inspection they were only using 15 bedrooms and would not accommodate more people.

The service had not been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. The service was institutional and much bigger than most domestic style properties. The provider had tried to mitigate the effects of the environment by dividing the service into smaller living areas and supporting people to increase their access to community facilities. Further work was planned to provide more suitable accommodation for people.

People's experience of using this service and what we found

The systems to support people to take the medicines they were prescribed were not safe and increased the risk that people may be harmed. Staff did not keep accurate records of the medicines they supported people to take.

Records of support for people were not always completed in ways that maintained their dignity and privacy.

The systems for checking how the service was operating did not always identify shortfalls. Checks had been completed but did not identify poor medicines practice or issues with people's records.

Relatives were happy with the support people received at Hollyrood and said they felt they were safe. Staff knew what to do to keep people safe and were confident any concerns would be taken seriously.

Risks to people's well-being and safety were assessed, recorded and kept up to date. Staff supported people to manage these risks effectively.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People had support plans that were specific to them. These plans were reviewed with people and their relatives regularly, to ensure they were up to date. The plans contained clear information about people's communication needs. Staff had worked with people to ensure information was accessible for them and they used the communication methods people preferred.

People were supported to maintain good diet and access the health services they needed.

The registered manager provided good support for staff to be able to do their job effectively.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 22 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvements. Please see the Safe, Caring and Well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Hollyrood

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was completed by two inspectors.

Service and service type

Hollyrood 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service short notice of the inspection. This was because people have complex needs and we needed to be sure the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law. We used all of this information to plan our inspection.

During the inspection

We spent time observe people's interactions with staff. We looked at records, which included four people's

support plans and multiple medicines records. We also looked at a range of records about how the service was managed. We spoke with the registered manager and five support staff.

After the inspection

We received feedback from five relatives and three health and social care professionals who have contact with the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medicines were not managed safely. The staff administering medicines were not always the ones who recorded that the person had taken it. Records of medicines did not match the number of tablets actually held in the service. The provider was not following the National Institute for Health and Care Excellence (NICE) guidelines for managing medicines in care homes.
- We observed a staff member complete a medicines administration record (MAR) to state a person who was not in the home at the time had received their medicine. On discussion with the staff member, they said they had received a phone call from a colleague to say they had supported the person to take the medicine. A senior support worker told us this system was used occasionally when people were out when they needed their medicine. This did not follow NICE guidance as the MAR had not been completed by the staff member who supported the person. The person completing the MAR had not witnessed whether the person had received their medicine.
- We checked the number of tablets held for eight different medicines. Of these, five medicines had a different amount held in the cabinet to the number recorded as being held. Due to the discrepancy it was not possible to say whether people had been supported to take the medicines they were prescribed. This did not follow NICE guidance which states records of medicines held must be accurate and up to date.
- There were two tubes of a medicated cream that had been opened longer than the manufacturers stated limit. One of the tubes had two different dates written on them to state when they had been opened. All of the recorded opening dates meant the medicine had been opened more than three months, with one of the recorded dates indicating the tube had been open for six months. This particular medicine should be used within three months of opening. Using cream medicines after their expiry date increases the risk that the medicine will not be effective. Staff told us the person was no longer using this medicine. However, they were unable to access the electronic MAR charts to say when the person last used this medicine.
- The provider had introduced an electronic system to record medicines in the service. Staff told us they were finding this difficult due to a poor internet connection in some parts of the building. This had resulted in the system not syncing properly and staff not having access to the records they needed. This increased the risk that people would not receive their medicines in the way they were prescribed.

The failure to follow safe medicines management practice was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection the registered manager told us they had stopped using the electronic recording systems until they had resolved internet connection issues in the home.

Systems and processes to safeguard people from the risk of abuse

- The service had effective safeguarding systems in place. Relatives felt people were safe at Hollyrood.
- Staff had a good understanding of what to do to make sure people were protected from harm. Staff had received regular training in safeguarding issues.
- Staff were confident the registered manager and senior staff would take action to keep people safe if they raised any concerns. Staff were also aware how to raise concerns directly with other agencies if they needed to.
- The provider had worked with the local safeguarding team when concerns had been raised to ensure people were safe.

Assessing risk, safety monitoring and management

- Risk assessments were in place to support people to be as independent as possible, whilst staying safe. Examples included support for people to manage their epilepsy and to take part in a range of activities.
- People had positive behaviour support plans in place where needed. These set out the support people required to manage behaviours that challenged staff and other people. The plans included clear information about signs for staff to look out for and actions needed to de-escalate situations.
- There was information about any physical interventions staff may need to use to ensure people remained safe. Staff received regular training in these intervention methods to ensure they knew how to support people safely.
- Staff demonstrated a good understanding of the plans and actions they needed to take to keep people safe.

Learning lessons when things go wrong

- Incidents were well managed and lessons were learnt when things went wrong.
- Staff had recorded detailed information about incidents and the immediate actions they had taken to keep people safe.
- The registered manager had reviewed all incident records and recorded any actions that had been taken as a result. Actions included referrals to external health and social care professionals where necessary and changes to people's support plans. Changes had also been made to the environment. This had resulted in a reduction of similar incidents and the need for physical interventions.

Staffing and recruitment

- There were enough staff working to meet people's needs. Relatives told us staff were available to provide support when they needed it.
- The registered manager had effective systems to plan staffing levels based on people's needs. They had developed 'core teams' for people with more complex support needs. This ensured there were staff with the specialist training and knowledge needed to support people.
- Effective recruitment procedures ensured people were supported by staff with the appropriate experience and character. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant's past performance and behaviour. A DBS check allows employers to check whether the applicant has any convictions or whether they have been barred from working with vulnerable people.

Preventing and controlling infection

- The service had infection control procedures in place and staff were observed following good hygiene practice.
- Staff were trained in infection control and demonstrated a good understanding of the systems in place.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed when they first started using the service and regularly reviewed to ensure staff had up to date information.
- Assessments were completed with input from relevant specialists, including the positive behaviour support specialist and epilepsy nurse. Assessments referred to guidance from the National Institute for Health and Care Excellence (NICE). This ensured care was delivered in line with current good practice and the law.
- Relatives told us staff provided the support people needed.

Staff support: induction, training, skills and experience

- Staff received the training they needed, which gave them the skills necessary to do their job.
- Staff said training was relevant to their role. The registered manager had a record of all training staff had completed and when refresher courses were due. New staff spent time shadowing experienced staff members as part of their induction.
- Training was specific to people's needs. Examples included training in physical interventions that may be needed to keep people safe and the administration of epilepsy rescue medicine. Staff did not support people until they had completed the relevant training.
- Staff had regular meetings with their line manager to receive support and guidance about their work and to discuss training and development needs. Staff told us they received good support.
- Relatives and health professionals said staff had the necessary skills and knowledge to meet people's needs.

Supporting people to eat and drink enough to maintain a balanced diet

- The service had a planned menu, which was designed with input from people, their relatives and staff observations.
- Menus were flexible to take into account any specific dietary needs and people's preferences. Examples included supporting people to follow gluten free diets and diets with no pork products.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service had systems in place to plan referrals to external services and to maintain care and support. Staff supported people to access community health services where possible, with clear information about the support they needed to do this. Where this was not possible, the service worked with health professionals to provide home appointments.

- A specialist dentist told us the service worked with them to meet people's needs, commenting, "They are always willing to work closely with our team preparing patients for appointments and supporting residents during these too. As such we manage more of the treatment in the surgery setting rather than in the hospital than might otherwise be considered possible."
- Staff had recorded the outcome of appointments in people's care records, including any advice or guidance. Support plans contained details of health staff involved in people's care and when staff should contact them, for example if people's health was deteriorating.

Adapting service, design, decoration to meet people's needs

- Hollyrood is a large campus style service and the buildings did not meet the principles and values of Registering the Right Support and other best practice guidance. This was because the buildings were institutional in style and did not give people the opportunity to live in a normal domestic setting.
- Staff had worked to improve the buildings where possible through the use of decoration and pictures they thought people enjoyed. Buildings had also been adapted to provide individual space for people where needed. People's bedrooms had been specifically adapted to meet their needs. Examples included creating a room with no reflective surfaces and rooms with minimal décor and furnishings.
- The registered manager was aware of the limitations of the building and the provider was working on plans to build new accommodation for people. The provider will need to demonstrate how any new buildings meet best practice guidance as part of any application to change their registration.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Everyone who lived at Hollyrood had a DoLS authorisation in place. Support plans contained details of any conditions of these authorisations. Records demonstrated conditions were being met. The registered manager had regular contact with the authorising bodies to review the support being provided.
- Restrictions in place for people were kept under regular review to ensure support was being provided to them in the least restrictive way to keep them safe.
- We observed staff working in line with the principles of the MCA. Staff checked that people consented before providing support where possible.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- Records of support for people did not always maintain their privacy and dignity. A record of support for one person contained photos which compromised their privacy and dignity. These were photos to illustrate the activities the person participated in, as staff were supporting them to try out activities they had historically refused. Although the photos showed staff were supporting the person to achieve their goals, this could have been achieved without the use of photos.
- The registered manager initially told us they did not feel the photos compromised the person's privacy and dignity. However, on reflection, the registered manager said they would remove the photos.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with kindness and relatives were positive about the staff's caring attitude. Comments from relatives included, "They put people before anything. There is genuine care and affection" and "The team are caring, proactive and determined to get the best quality of life possible for [my relative]."
- We observed staff interacting with people in a friendly and respectful way. Staff responded to requests for support. Staff were aware of people's different needs and responded to them in an individual way.
- People's diverse needs, such as their cultural or religious needs were reflected in their care plans.

Supporting people to express their views and be involved in making decisions about their care

- Staff supported people and their representatives to make decisions about their support. People and their representatives expressed their views and set out what they wanted to happen during their assessment of care needs. This information was used to support people to develop individual support plans. One relative commented, "We are always consulted about any care or support issues. We are partners in [our relative's] care."
- Staff had recorded important information about people, including personal history, plans for the future and important relationships. Staff demonstrated a good understanding of what was important to people and how they liked their support to be provided.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were supported to make choices and have as much control and independence as possible.
- People had clear support plans, which set out how their individual needs should be met. The plans were specific to people and contained detailed information for staff. Plans had been developed with input from people, their relatives and relevant health and social care specialists. Support plans were updated when people's needs changed.
- Staff knew people's likes, dislikes and preferences. They used this information to provide support for people in the way they wanted. Examples included information about people's preferred daily routines and support they needed to complete community activities.
- Health and social care professionals were positive about the support people received. Comments included, "The care provided at Hollyrood is personalised to meet physical, mental, emotional and social needs."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff had identified people's communication needs and included them in the support plans. Written documents had been made more accessible through the use of symbols and pictures. People were also supported to use objects of reference to aid their communication. Staff were using these communication methods to support people during the inspection.
- People had communication profiles and positive behaviour support plans. These set out detailed information about how to communicate with people, including during periods of distress.
- Relatives gave positive feedback on the support provided to meet people's communication needs. Comments included, "They take time to pick up on subtle communication."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to take part in activities they enjoyed. People had a structured day, based on their individual preferences. Each person had at least one to one support staff, so were able to take part in activities at a time they chose to.
- People were supported to set goals to increase their social experiences. This had resulted in people having new experiences and taking part in activities they had previously struggled with. One relative commented,

"[My relative] is doing things people who have known him for a long time never expected. He has a fulfilling life and a suitable activity schedule."

- People were supported to maintain relationships with family and friends.

Improving care quality in response to complaints or concerns

- Relatives told us they knew how to make a complaint and were confident any concerns would be dealt with. The complaints procedure was given to people and their representatives when they first used the service. Comments included, "They are always responsive to any concerns we have and are keen to discuss solutions."
- Senior managers regularly reviewed any complaints to identify whether there were any trends to them. No complaints had been received in the previous year.

End of life care and support

- The service was not providing support to anyone at the end of their life. The registered manager had recorded in support plans that further work was planned with people and their relatives to ensure they were aware of any specific needs.
- The registered manager also reported they were identifying additional training for staff on end of life support for people.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Quality assurance systems were not always used effectively to enable the registered manager to plan improvements. The provider had quality assurance systems in place. These included assessments of the records kept in the home. However, the checks had not identified the failure to ensure medicines management systems were safe. Medicines and care records audits reported the systems were working effectively and had not identified the shortfalls we found during the inspection.
- The provider had submitted notifications of significant events to us when needed. The incident reporting systems prompted the registered manager to consider whether a notification was needed.
- The provider was aware the service needed to change to improve the service people received. The registered manager said they were working with local commissioners to improve the accommodation for people.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had promoted a person-centred approach in the service. This was evidenced through the content of staff meetings, supervision, appraisals and the training staff received. Staff reported the registered manager worked to increase the opportunities available for people and make the service more specific to people's needs.
- Staff praised the management and told us the service was well run. Comments included, "The manager is really good, positive and approachable" and "Morale is good since [the registered and deputy managers] have been here."
- Health and social care professionals were also positive about the management of the service. Comments included, "The managers at Hollyrood have communicated effectively with my team when required. In addition, any suggestions I have given in the past have been well received and taken on board. I know the residents are given lots of opportunity to access the local community and overall appear to have a good quality of life. It has been a pleasure working in partnership with Hollyrood."
- The registered manager had a good understanding of their responsibilities under the duty of candour.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service involved people, their families, friends and others effectively in a meaningful way. The registered manager responded to issues raised in quality surveys and let people know what action they had taken.
- People were supported to be active members of their community. Examples included people using local shops and services where possible and supporting people to overcome challenges of using community facilities. The registered manager had worked with the local emergency services to help them understand the needs of people living with autism.
- The provider was a member of relevant industry associations to ensure they were updated in relation to any changes in legislation or good practice guidance.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not ensured the proper and safe management of medicines. Regulation 12 (2) (g).