

Livability

# Livability Holly Close

## Inspection report

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23 February 2018  
27 February 2018

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Holly Close is a 'care home' for people with learning disabilities. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Holly Close accommodates three people in one adapted residential house on a residential estate; two people were living there at the time of the inspection. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

This inspection took place on the 22, 23 and 27 February 2018 and was announced. At this inspection, we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection. We had previously inspected this service in March 2016, at that inspection the service was rated 'Good'. We found that at this inspection the service had remained 'Good'.

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 continued to receive safe care. Staff were appropriately recruited and there were enough staff to provide care and support to people to meet their needs. People were consistently protected from the risk of harm and received their prescribed medicines safely.

The care that people received continued to be effective. Staff had access to the support, supervision, training and on-going professional development that they required to work effectively in their roles. People were supported to maintain good health and nutrition.

People developed positive relationships with the staff who were caring and treated people with respect, kindness, dignity and compassion. People had detailed personalised plans of care in place to enable staff to provide consistent care and support in line with people's personal preferences.

People knew how to raise a concern or make a complaint and the provider had implemented effective systems to manage any complaints that they may receive. Information was available in various formats to meet the communication needs of the individuals.

The service had a positive ethos and an open culture. The registered manager was approachable, understood the needs of the people in the home, and listened to staff. There were effective systems in place to monitor the quality of the service and drive improvements.

## 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 remains good.

### Is the service effective?

Good ●

The service remains good.

### Is the service caring?

Good ●

The service remains good.

### Is the service responsive?

Good ●

The service remains good.

### Is the service well-led?

Good ●

The service remains good.

# Livability Holly Close

## 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.

This was an announced comprehensive inspection, which took place on 22, 23 and 27 February 2018 and was undertaken by one inspector. We gave the service 24 hours' notice of the inspection visit because the location is a small care home for younger adults who are often out during the day. We needed to be sure that they would be in.

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. The provider completed and returned the PIR in January 2018 and we considered this when we made judgements in this report.

We also reviewed other information that we held about the service such as notifications, which are events, which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies.

We sought feedback from commissioners who had placed people and monitored the service.

During this inspection we met with the registered manager and two deputy managers at the provider's office base; we then visited the home and spoke with one person who lived there. In total, we spoke with 10 staff who worked across the provider's five care homes. This included seven support staff, two deputy managers and the registered manager.

We looked at the care records of two people to see whether they reflected the care given and three staff recruitment records. We looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information for care staff, and minutes of meetings with staff and people and arrangements for managing complaints.

# Is the service safe?

## Our findings

People were being cared for safely and staff provided consistent safe care and support. There were risk assessments in place, which gave staff clear instructions as to how to keep people safe. For example, an assessment had been undertaken to identify any risk of people falling, where risks had been identified appropriate controls had been put in place to reduce and manage the risk.

Staff understood their responsibilities in relation to keeping people safe from harm. There was a safeguarding procedure in place and the registered manager knew that if any safeguarding issues arose that they would have to complete the relevant notification for the local authority and Care Quality Commission. There had been no safeguarding concerns raised within the last 12 months. Safeguarding was discussed at house meetings with the people who lived in the home and at staff meetings to maintain awareness amongst both the people and staff.

Staff recruitment processes protected people from being cared for by unsuitable staff and there were sufficient staff to meet the needs of the people. Staff were visible and responded to people in a timely way.

Medicines were safely managed. Staff had received training and their competencies were tested annually. There were regular audits in place and any shortfalls found were quickly addressed. We saw that people received their medicines within appropriate periods. One person told us that they were going to take control of administering their own medicines. We saw that a risk assessment had been undertaken and that plans were in place to support the person to take control and be independent with their medicines. The person expressed how happy they were to be able to do this.

People were protected by the prevention and control of infection. We saw that all areas of the home were clean and tidy, and that regular cleaning took place. Staff were trained in infection control and had the appropriate personal protective equipment to prevent the spread of infection.

The provider had ensured that environmental risk assessments were in place. There were effective systems in place to monitor the health and safety of people, which included regular fire tests, and maintenance checks of equipment and the building. Accidents and Incidents were monitored and action taken to address any identified concerns.

Any lessons learned from incidents were discussed and action plans put in place to ensure similar incidents did not happen again. For example, when errors in recording of medicines were found staff were reminded of their responsibilities and further training was given. Protocols and procedures were revised.

# Is the service effective?

## Our findings

People's needs were assessed prior to them moving into Holly Close to ensure that the service was able to meet their care and support needs. Particular attention was also paid to the compatibility of the people living in the home. At the time of the inspection, the people had lived together for several years. The deputy manager explained that everyone would be involved in deciding who would take up the vacant room. Thorough assessments of needs were completed and individual plans of care developed to guide staff in providing personalised care to people.

People were encouraged to make decisions about their care and their day-to-day routines and preferences. One person was out visiting their family, the other person was happy in their room watching television. They told us that they had been out at a local day centre and liked to meet up with their relative which, they did most days. Staff offered a choice of meal for dinner and the person talked about putting some washing on later. Detailed assessments had been conducted to determine people's ability to make specific decisions.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes are called the Deprivation of Liberty Safeguards. Staff were able to demonstrate they worked within the principles of the MCA and there was satisfactory documentation to support this.

People received care from staff that were competent and had the skills and knowledge to care for their individual needs. Staff training was relevant to their role and the training programmes were based around current legislation and the Social Care Institute for Excellence (SCIE) best practice guidance, training and research.

All new staff undertook a thorough induction programme; staff were encouraged to take relevant qualifications. One member of staff said, "The induction was very good; my line manager could not have done more for me." We saw from staff training records that training such as manual handling, infection control and safeguarding were regularly refreshed. Staff received regular supervision and annual appraisals, which gave them the opportunity to discuss their performance and personal development.

Staff said they were well supported and encouraged to do more training. One member of staff told us about training they had undertaken in relation to dementia care. This had been organised specifically to support staff to help a person who was living with dementia. They said, "It was a good learning experience for all of us."

People were supported to maintain a healthy balanced diet and those at risk of not eating and drinking enough received the support that they required to maintain their nutritional intake. We saw that referrals to the dietitian and diabetes nurse had been made when required and their advice was followed. People were involved in deciding what meals they had each day and were encouraged to help to prepare them.

People had regular access to healthcare professionals and staff sought support from health professionals when needed. A health professional commented, 'Staff clearly demonstrate how much they care about the health and welfare of the people they are supporting.'

Holly Close was a detached house, which had been modified to meet people's individual needs. The registered manager ensured that the environment was maintained and free from hazards. There was accessible garden space for people to use in good weather, and people had space for privacy when they wanted it. There was an on-going programme of maintenance and people had been encouraged to personalise their bedrooms.



# Is the service caring?

## Our findings

People had developed positive relationships with staff and were treated with kindness and respect. We observed good interactions between the people and staff.

People were relaxed in the company of staff. We observed that staff knew people well and there was good communication with people.

People's choices in relation to their daily routines and activities were listened to and respected by staff. People told us they got up and went to bed when they liked and could choose how they spent their day. One person said, "I like watching the TV, [Name of registered manager] is sorting out getting more channels for me to watch as I am getting bored with what I have now." People were encouraged to maintain their relationships; families and friends were welcomed at any time.

People's individuality was respected. Care plans contained detailed information to inform staff of people's past history, likes and dislikes, their preferences as to how they wished to be cared for and their cultural and spiritual needs. People were supported by staff to maintain their personal relationships. This was based on staff understanding who was important to the person, their life history, their cultural background and their sexual orientation.

There was information which explained what was most important to people. We saw that the staff had taken into account the information when they were supporting and helping people to make choices for themselves. For example, we saw that one person liked to attend church each week. The person told us that the staff arranged for a taxi each week to take them to their local church.

People were treated with dignity and respect. Staff told us how they maintained people's dignity when providing personal care. They described how they ensured curtains and doors were kept closed, and how they encouraged people to be independent and help themselves. We saw that staff asked people before they entered their rooms.

People had access to an advocate to support their rights to have choice, control of their care and be as independent as possible. The registered manager had a good understanding of when people may need additional support from an advocate. An advocate is an independent person who can help people to understand their rights and choices and assist them to speak up about the service they receive.

## Is the service responsive?

### Our findings

People had individualised care plans, which detailed the care and support people wanted and needed; this ensured that staff had the information they needed to provide consistent support for people.

The plans enabled staff to interact with people in a meaningful way and ensured that people remained in control of their lives. They were reviewed regularly and any changes communicated to staff, which ensured staff remained up to date with people's needs. People were enabled and empowered to be involved in their care plans; staff ensured that review meetings were geared around the person's individual communication method. For example using symbols and pictures to support the person to express their views and any concerns they may have.

At the time of the inspection, nobody was receiving end of life care. The staff had worked sensitively with people to offer support to plan for future events taking into account people's wishes. The community team for learning disabilities (CTPLD) would support them with putting together a detailed bespoke end of life plan.

People were supported and encouraged to follow their interests. One person told us about going out to local events in the community, such as a 'Knit and Natter' group where people from the local community came together who shared an interest in knitting and they were able to share their love of 'Binko' a form of sewing. The people also attended a day centre run by the provider.

If people were unhappy with the service, there was a complaints procedure in place. The information was accessible to meet people's individual communication needs. One person said, "I speak to [Name of registered manager] if I am not happy about anything, they sort things for me." There were house meetings held each month and we saw from the minutes of those meetings that people were given an opportunity to raise any concerns. For example, one person had raised a concern that one of the drawers in their room was not closing properly, the staff had arranged for the handyperson to repair it.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. For example, People were supported through pictorial schedules with pictures and symbols that were meaningful to them. The service had also worked with other health and social care practitioners to provide information for people in a format, which was meaningful to them.

# Is the service well-led?

## Our findings

A registered manager was in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 knew who the registered manager was, staff commented how approachable they were, and that they would not hesitate to speak to them if they needed to. One staff member said, "[Name of registered manager] is very good, they get things done, nothing is left."

There was an open and transparent culture. People, staff and families were asked for their feedback through surveys and care reviews. The provider kept everyone informed about how the service was developing. The provider ensured that any learning from complaints or experiences was shared across the organisation.

People could be assured that the service was well managed. There were procedures in place, which enabled and supported the staff to provide consistent care and support. Staff demonstrated their knowledge and understanding around such things as whistleblowing, safeguarding, equality, diversity and human rights. The supervision process and training programme in place ensured that staff received the level of support they needed and kept their knowledge and skills up to date.

Staff attended regular staff meetings; the minutes of meetings confirmed that staff had the opportunity to raise concerns, share ideas around good practice and learn together from any outcomes to safeguarding investigations or complaints.

There were effective systems in place to monitor the quality of the service. The provider and trustees of the charity, spent time at the service on a regular basis and received monthly reports on audits undertaken; this ensured that the systems in place to monitor the standards and quality of the service were being managed effectively and appropriate action taken to address any shortfalls. For example, we saw that following one audit, protocols had been put in place in the home around people receiving homely remedies.

The provider strived to continuously improve the service. There were plans in place to develop more links within the local community to support the provider's vision of 'Livable Communities'. The provider had a strategy to promote livable communities where people are not isolated and can have an enriched life through being part of their local communities. We saw that people were encouraged to be part of their local community through attending local social and leisure groups. For example, people were enabled to attend local groups, travel to a nearby town and visit various places to eat.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their rating at the service and on their website.

