

Oakview Estates Limited

Hollyhurst

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection visit took place on the 15,16 and 18 February 2016. This was an unannounced inspection which meant that the staff and provider did not know that we would be visiting.

The service had undergone major changes since our last inspection. The service had developed a two person service called Hollyhurst Lodge in a bungalow in the grounds. This service had transitioned two people with complex needs who had moved there from a hospital environment. The service had worked with the NHS to ensure this transition was managed with the minimum of impact for the two people concerned and some of the staff who had worked with these people in hospital, now supported them at Hollyhurst Lodge and were employed by the provider. The service also de-registered from providing hospital care in 2015 although it still provides nursing care to people with a learning disability. As a result of this change, some people left the service as they continued to require hospital care and other people who remained at the service were re-assessed and consulted about this change. There were currently 15 people using the service.

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. The manager of the service took over in January 2016 and they had already applied to be registered with the Care Quality Commission.

Four people who used the service told us they felt safe at Hollyhurst and we observed care and support for people who were not able to communicate with us. This support was provided in a caring and dignified manner. We discussed safeguarding with staff and all were knowledgeable about the procedures to follow if they suspected abuse. Staff were clear that their role was to protect people and knew how to report abuse, including the actions to take to raise concerns with external agencies.

Staff had received a range of training, which covered mandatory courses such as fire safety, infection control, food hygiene, as well as condition specific training, such as working with people who had behaviour that may challenge. We found that the staff had the skills and knowledge to provide support to the people who lived at the service. People and the staff we spoke with told us that there were sometimes not enough staff on duty to meet people's needs. We saw that the service had suffered with extreme staff shortages from before Christmas due to unfortunate staff sickness but was now actively recruiting and staff were returning to work from their sick leave. During the course of our visit there were sufficient staff on duty to meet the needs of the people and the staff team were very supportive of the manager and of each other.

Due to several key staff members being off sick at the latter part of 2015, staff supervision had not been carried out consistently. Many staff were new to the service and spoke to us about their induction and support which they said was good but records were not always in place to evidence this. We saw there was now a regular programme of staff meetings where issues were shared and raised with the manager but this

had not been consistent in 2015.

Staff were aware of the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS) which meant they were working within the law to support people who may lack capacity to make their own decisions. Records in relation to DoLS were well maintained.

The service encouraged people to increase their independence. People were supported to be involved in the local community as much as possible. People were supported to use public transport and in accessing local amenities such as the local G.P, shops and leisure facilities, as well as using the facilities in the service such as their kitchens for cooking meals. We found that people were encouraged and supported to take responsible risks and positive risk-taking practices were followed. People went out routinely with staff and accessed the community. One person told us that they made their own choices and decisions and these were respected.

There was a system in place for dealing with people's concerns and complaints. Three people we spoke with told us that they knew how to complain and felt confident that the manager and staff would respond and take action to support them. People we spoke with did not raise any complaints or concerns about the service. There were other mechanisms in place to seek the views of people living at the service such as regular 'house meetings'.

People told us they were involved in choosing their meals and were encouraged to help prepare food with staff support if they wished. We saw people had nutritional assessments in place and people with specific dietary needs were supported. Specialist advice was sought quickly where necessary. We observed the lunchtime and evening meal and saw people had a wide variety of choice and were encouraged to take healthy options by staff.

We saw that detailed assessments were completed, which identified people's health and support needs as well as any risks to people who used the service and others. These assessments were used to create plans to reduce the risks identified as well as support plans. Two people we spoke with discussed their support plans and how they had worked with staff to develop and review them. Some work was required to ensure plans were reviewed on a regular basis and that that they accurately reflected the current needs of the person.

We reviewed the systems for the management of medicines and found that people received their medicines safely and they were securely stored. Some improvements could be made to the recording of as required' medicines and ensuring peoples medicines were recorded and stored safely when they were on home leave, the manager told us they would action these improvements straight away.

We found that the building was very clean and well-maintained. Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety. We found that all relevant infection control procedures were followed by the staff at the service and there was plenty of personal protective equipment to reduce the risk of cross infection. We saw that audits of infection control practices were completed.

We saw that in 2015 a full programme of audits had not been completed. The manager showed us the new audit programme for 2016 and we saw other immediate audits for areas for improvement such as care plan reviews had already been undertaken. The service did regularly seek the views of people using the service and provided feedback to them but a more sustained quality assurance programme needed to be implemented throughout 2016 and the manager and regional manager agreed with this.

We found the provider was in breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 You can see what action we took at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Staff we spoke with had training and knew how to respond to emergency situations.

Medicines were safely stored and administered. We discussed improvement to records relating to 'as required' medicines and medicines for when people go on leave with the manager for action.

Staff knew how to recognise and report abuse. Staffing levels were improving following shortages and the service was actively recruiting, there was still a presence of agency staff but these were usually consistent people.

Is the service effective?

Requires Improvement ●

This service was not always effective.

People were supported to have their nutritional needs met. People's healthcare needs were assessed and people had good access to professionals and services designed to help them to maintain a healthy lifestyle.

Staff had not received regular supervision in 2015 and although people had received training, records could not always demonstrate this.

The staff had a good understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) and they understood their responsibilities.

Is the service caring?

Good ●

This service was caring.

The service demonstrated support and care in a range of challenging situations and staff we spoke with spoke of how they were encouraging people to achieve further independence.

It was clear from our observations and from speaking with staff

they had a good understanding of people's care and support needs.

Wherever possible, people were involved in making decisions about their care and independence was promoted. We saw people's privacy and dignity was respected by staff.

Is the service responsive?

This service could be more responsive.

People's support plans were written from the point of view of the person who received the service. Plans described how people wanted to be communicated with and supported. Plans did not show consistent review but the manager had identified this via an audit.

The service provided a choice of activities based on individual need and people had 1:1 time with staff to access community activities of their choice when staffing levels enabled this to happen.

There was a clear complaints procedure in easy read format. People and staff stated that staff were approachable and would listen and act on any concerns.

Requires Improvement ●

Is the service well-led?

This service required some improvements to be well-led.

There were systems in place to monitor and improve the quality of the service provided however due to key staff absence in 2015 these were not up-to-date. Audits had not been consistently carried out or actions from previous audits monitored. The new manager had identified areas for improvement and had a clear plan in place to address these.

Accidents and incidents were monitored by the management team to ensure any trends were identified and lessons learnt.

Staff and people said they could raise any issues with the management team and were very supportive of the new manager who had come into post in January 2016.

People's views were sought regarding the running of the service and changes were made and fed-back to everyone receiving the service.

Requires Improvement ●

Hollyhurst

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 15, 16 and 18 February 2016 and was unannounced. The inspection team consisted of one adult social care inspector and a pharmacist inspector.

Before the inspection, we asked the provider to complete 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 service provided this to CQC in September 2015 and it was used to help plan this inspection although we also gained a verbal update from the manager and regional manager.

We reviewed all of the information we held about the service including statutory notifications we had received from the service. Notifications are changes, events or incidents that the provider is legally obliged to send us.

We contacted professionals involved in caring for people who used the service, including commissioners, safeguarding staff and the infection control team. No concerns were raised by any of these professionals. We spoke with two commissioners who were positive in their feedback of the service at Hollyhurst. We spoke with two relatives of people who lived at Hollyhurst. We looked at four care plans and all medicine administration records.

During our inspection we spent time with ten people who lived at the service, twelve care staff, three nurses, the activity co-ordinator, the chefs, the manager and regional manager. We observed care and support in communal areas. We also looked at records that related to how the service was managed, looked at staff records and looked around all areas of the home including people's bedrooms with their permission.

Is the service safe?

Our findings

We spoke with members of staff about their understanding of protecting vulnerable adults. They had a good understanding of safeguarding adults, could identify types of abuse and knew what to do if they witnessed any incidents. Staff told us; "I'd go straight to the office and report it to the nurse in charge," and "We are encouraged to speak up and report anything." Two people both told us they felt safe at Hollyhurst and they would report anything they had concerns about to the staff. Throughout the course of our visit we saw staff had positive interaction with people and often asked if people were happy and felt okay.

Two relatives we spoke with also told us they felt the service was safe.

The service had policies and procedures for safeguarding vulnerable adults and we saw these documents were available and accessible to members of staff. We saw local safeguarding contact details on display in the office and this ensured that staff had easily to hand the contact details and information they would require to raise an alert. The staff we spoke with told us they were aware of who to contact to make referrals to or to obtain advice from at their local safeguarding authority. This helped ensure staff had the necessary knowledge and information to make sure people were protected from abuse. We saw that information was available for people using the service in an easy read format to encourage people to speak up and regular meetings were held with people in which they were asked if they felt happy and safe.

Each person had a Personal Emergency Evacuation Plans (PEEP) that was up to date. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency. Staff told us they felt confident in dealing with emergency situations.

We looked at the medication administration records (MAR) for eight people. Clear records were kept to show when people had their medicines. People who used the service had their medicines at the times that they needed them and in a safe way. All medicines were available for administration as prescribed.

We saw a nurse giving people their medicines. They followed safe practices and treated people respectfully. One person was self-administering their medicines and we saw that a detail of how this was done was clearly documented.

Two people spent time away from the service and we discussed with the manager that action is taken to ensure that medicines supplied for this leave is provided in line with the guidance in the service's medication policy. The manager agreed to address this immediately.

Medicines were kept securely in locked cupboards. Records were kept at room temperature and the fridge temperature was recorded to ensure they were safely kept. Resuscitation equipment and the expiry dates of emergency medicines were checked regularly.

We looked at the guidance information kept about medicines to be administered 'when required'. Although

there were arrangements for recording this information we found this was not kept up to date and information was missing from some medicines. This information would help to ensure people were given their medicines in a safe, consistent and appropriate way. For example, one person was prescribed a medicine that could be used for anxiety. The maximum daily dose was unclear as it was listed differently on two information sheets stored alongside their MAR. For another person a medicine had been changed on the MAR but the guidance sheet had not been updated. This meant that people could be at risk of not receiving their medicines safely.

Audits in relation to medicines were in place.

The home was clean, spacious and suitable for the people who used the service. We saw that personal protective equipment (PPE) was available around the home as well as liquid soap and staff explained to us about when they needed to use protective equipment. This meant people were protected from the risk of acquired infections.

All staff we spoke with including the manager, deputy manager and regional manager said the service had been impacted by the development of Hollyhurst Lodge and unforeseen staff sickness by three lead nurses in the last three months of 2015. One staff told us; "It's been difficult but we know the reasons why. Nights has been the main problem and there is lot of agency which can make you feel unsafe if there was to be an emergency either here or next door (Hollyhurst Lodge)." One of the management team told us; "The sickness was awful, it was really difficult but the team were brilliant, everyone was physically exhausted but they supported each other." The manager told us the service was still using agency staff but they were generally consistent staff and we saw that they were given training. The service currently had six support worker vacancies and advertisements and recruitment was ongoing at the time of our visit.

The service provided housekeeping staff, two chefs and an activities co-ordinator as well as maintenance staff. We viewed the rota and discussed the staffing levels with the manager. We saw that at Hollyhurst Lodge there were four support staff on duty during the day and three staff at night. At Hollyhurst there were two nurses on duty during the day and one at night and seven care staff during the day and three at night. These were the minimum levels the service staffed to and for activities and appointments they staffed additionally to this. The manager told us they offered additional shifts to their own staff first before seeking agency staff support. At the time of our inspection, the manager offered three candidates posts following interview and were keen to recruit three additional staff to the team to reduce the use of agency staff. The regional manager told us they intended to 'over recruit' so that they could provide cover for leave and absence with their own staff rather than use agency staff. We saw people's needs were met but were told by people and staff that sometimes activities especially community activities had been curtailed as staffing levels were not available to support people safely. Activity care plans also demonstrated that on occasions community activities had not taken place due to low staffing levels. The manager and regional manager agreed that staffing levels needed to increase further and we saw this was taking place through recruitment.

One relative told us; "Sometimes staffing can be an issue. Christmas was terrible for them we saw people were run ragged."

We saw that recruitment processes and the relevant checks were in place to ensure staff were safe to work at the service. We saw that checks to ensure people were safe to work with vulnerable adults called a Disclosure and Barring Check were carried out for any new employees and also on a three yearly basis for established staff members. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to prevent unsuitable people from working with children and vulnerable

adults. We looked at the recruitment records of two staff who had been recently recruited to the service. As well as scenario based questions at interview which showed that potential applicants understood the nature of the service and type of support to be given, potential staff members could visit the service and meet with people using the service.

Risk assessments had been completed for people in areas such as risks associated with going out into the community. We saw that generic risk assessments covering areas such as the management of violence and aggression, nurse call, use of vehicles had been due for review in August 2015. We saw that the new manager had begun to review each risk assessment and they were aware that these were out of date and were addressing this. We also saw meetings to address issues of health and safety had not been carried out since April 2015 but the new manager had undertaken a meeting at the beginning of February 2016 and had a programme of meetings planned for the future. We saw copies of incident and accident review forms, which were electronically recorded and analysed for any trends. We did note that one person had an incident in the community that was not recorded electronically, it was just in their daily care record so we asked the manager to ensure staff were reminded to record incidents correctly so they could be monitored more effectively.

We saw that records were kept of weekly fire alarm tests and monthly fire equipment and electrical appliances tests. There had been a recent fire drill in the last ten days and it was recorded that two people refused to leave the service. There were also specialist contractor records to show that the home had been tested for electrical, legionella and gas safety and portable appliances had been tested.

Is the service effective?

Our findings

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We discussed DoLS with the manager and one staff member, who were aware of their responsibility with regard to DoLS. One support worker told us; "It's there to protect people who can't make decisions for themselves in a safe way." We saw there were 11 people using the service who needed an authorisation in place and one person remained on a Community Treatment Order. We looked at their care plans and saw they had been assessed as lacking capacity and best interest decisions had been made in relation to their care. We saw that a multidisciplinary team and their relatives were involved in making such a decision and that this was recorded within the person's plan. We saw evidence of authorisations and review date had been agreed. Most people had an up to date assessment of capacity for being able to manage their finances and for medication carried out by a psychiatrist and this was discussed with people and their family at their three monthly review meetings. We saw a recent audit by the deputy manager had identified those that were not up to date or were required in people's care plans. We found the location to be meeting the requirements of the Deprivation of Liberty Safeguards.

Staff were aware of their roles and responsibilities and had the skills, knowledge and experience to support people who used the service. Staff we spoke with told us they received mandatory training and other training specific to their role. One person said; "I've had more training than I know what to do with," and another staff member said; "The epilepsy training was really good, it was interesting and I could understand why people might behave in the way that they do due to their epilepsy." We were told that new staff had undertaken corporate induction training. This included: food hygiene, positive behaviour support, fire awareness, infection control, manual handling, safeguarding and first aid. Training records for individual staff were not always up-to-date and we could not locate induction training records for staff who had transferred to Hollyhurst Lodge from the NHS earlier in 2015. We saw that the manager in their monthly performance report for January had actioned the administrator to liaise with the provider's training department to address this issue. We saw that the in house induction records for two recent starters in 2015 had either not been completed or were very incomplete. We discussed this with the manager who stated they would address this and ensure all management, administrators and nursing staff would ensure these were completed. The current training matrix showed that health and safety, induction training, positive behaviour support and MAYBO (conflict management) had the highest proportion of staff trained and up to

date (over 93%) however other areas such as Mental Capacity and DoLS, food safety and equality and diversity training only had between 43% and 63% of staff currently trained in these areas. we saw this was part of the manager's monthly performance report and they would address this through staff meetings and supervisions.

We saw and were told that supervisions and appraisal meetings with staff had not taken place as regularly as the provider's policy stated. Many staff had not had an appraisal in 2015 and we saw for 12 staff members who were new starters and on a probationary period, only five had received a recorded supervision. One staff told us; "They have slipped with all staff being on shift, if I had a problem I could still talk to someone, we used to have them a few times a year." Another staff said; "We have supervisions in fits and starts, it's been down to staffing. If I asked for one I'm sure I would get one." Staff we spoke with all confirmed they could speak with nurses and the manager but the lack of formal supervision especially for new starters meant that issues of conduct, performance and training needs were not addressed.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staff must receive the support, training, professional development, supervision and appraisals that are necessary for them to carry out their role and responsibilities.

We saw the staff team monitored people's dietary intake due to physical health needs and that as far as possible they worked to make menus healthy and nutritious. People were weighed on a regular basis, although we noted that there were some gaps in the monthly recording in one file we viewed and the person had not been weighed since November 2015. One staff told us; "We try to make sure people eat healthily, although it's difficult with young people often, they like sweets!" Another staff member said; "You try and support people to eat well but it's about their choice." Some of the staff team had training in basic food hygiene and in nutrition and health and we saw that the kitchens were clean and tidy and food was appropriately checked and stored. We also saw staff wearing personal protective equipment and dealing with food in a safe manner.

We joined in with two meals, one at lunchtime and one at tea time and saw people were given a choice of food at meal times, which people had chosen previously. The chef serving the meal also checked with people individually to see if they had changed their minds. People had hot dogs and soup at lunchtime with fruit and at tea-time people had lasagne or liver and there was a variety of fresh vegetables available.

The manager told us that dieticians and speech and language therapists visited and supported people who used the service regularly. We saw records of such visits to confirm that this was the case. The manager told us that all people who used the service were registered with a GP.

People were supported to have annual health checks. Everyone had a Health Action Plan in place and a Hospital Passport although we noted several of these had not been reviewed, one we saw since April 2015. These are documents that make it easier for staff in healthcare environments to understand people's communication. People were accompanied by staff to hospital appointments. This meant that people who used the service were supported to obtain the appropriate health and social care services that they needed.

Is the service caring?

Our findings

We were shown around the premises by a member of staff who had worked at the service for over 20 years and demonstrated an exceptional knowledge of people using the service, describing their personalities, likes and dislikes as well as their care and support needs. One of the people using the service was experiencing difficulties with their mental health and staff asked that we be mindful of this during our visit. We witnessed staff discussing their concerns internally and with the consultant psychiatrist as they were all concerned about this person's health and presentation.

One person we spoke with told us; "I like it here, I like the staff," and another person said; "The staff are good, I can talk to them and they help me."

We asked staff how they would support someone's privacy and dignity. They told us about ensuring people's bedroom doors or bathrooms were kept closed and we witnessed staff calling people by their preferred names. We were shown people's rooms which were all very different and reflected their individuality. One person had just had their room completely re-decorated and they told us how they had picked the wallpaper and all the soft furnishings. They were delighted with how their room looked and were very proud to show it to us. They told us; "This is my issues board. My keyworker told me I write the things down that are bothering me on it and then we throw them in the bin." Staff explained this was a visual way of supporting this person to let go of their worries or concerns.

We looked at four care plans for people who lived at Hollyhurst. They were all set out in a consistent way and contained information under different headings such as a one page profile (a summary of how best to support someone), a key information sheet, a nursing assessment, what support needs people had and what outcomes the service was assisting people to achieve. The care plan was written with the person if they were able and was written from the perspective of the person and shared through reviews with relatives and other professionals who knew the person. This showed that people received care and support in the way in which they wanted it to be provided. There were very clear proactive strategies for staff to follow if people became anxious so that the staff approach was consistent for the person. We also saw that specific protocols for example to support someone with epilepsy had been developed with the GP and psychiatrist so the service had sought multi-disciplinary advice and support to ensure the best outcome for the individual.

We observed the care between staff and people who used the service. We saw people were treated kindly and positively by staff who had an in-depth appreciation of people's needs. People were treated with kindness and compassion. Staff were attentive and interacted well with people, there was lots of banter and laughter. Staff were very aware of people's likes and dislikes and we saw that in reading the one page profiles in care plans that staff adhered to these with everyone throughout the day so people were supported and communicated with in a consistent and meaningful way. We witnessed one staff member very calmly and gently re-direct someone when they began to get anxious. We saw they followed the directions in this person's care plan for their behaviour support and they gave them lots of verbal praise.

We spoke with one relative who told us they thought the staff were; "Very kind," and another relative said; "They are working well as a team and my relative always looks clean and presentable which is reassuring."

People were actively encouraged and supported to maintain and build relationships with their friends and family. There were no restrictions placed on visitors to the home and people who used the service were able to visit their relatives with support from the service.

We saw a daily record was kept of each person's care. They also showed staff had been supporting people with their care and support as written in their care plans. In addition, the records confirmed people were attending health care appointments such as with their GP and dentist. Staff told us that any changes or issues regarding people was discussed at daily handovers and if there were any changes to risk assessments or care plans this was also recorded in the communication book so staff could read them and be aware.

Posters were on display at the home about advocacy services that were available and staff told us that advocates would be sought if anyone felt this was required. People had used advocacy through the Deprivation of Liberty Safeguards assessment process and also where required at key review times.

Is the service responsive?

Our findings

We asked people about activities they undertook and one person told us; "I've been to the cinema and out for a pub lunch, today I've been doing healthy living all about salad and exercise and going to the gym. I don't like going to the gym and I don't like sport. I do cook and eat and I do my personal shopping." This person also told us; "I do my bedroom cleaning I am good at that. I don't do my laundry here like I used to at X (their previous placement). I was told I could but I haven't yet. We explored this last comment with staff who showed us that a washing machine and tumble dryer had been installed in the training kitchen but it was just waiting to be checked for safety by the maintenance staff and then they would begin supporting people to do their own washing in a domestic setting. We joined in a cook and eat session with two people who were being supported by staff to make chicken curry. These people had planned and shopped for their menu earlier in the day and were supported to cook and then eat their meal together with staff. We witnessed staff prompting and supporting people to chop and prepare the vegetables and people were given lots of praise and guidance.

We met with the activity co-ordinator who worked during the week on a full-time basis. They told us; "It's getting better now after Christmas, we are all pulling together." They told us they had met with the new manager and had explained their session planners and the plans to resurrect the ASDAN programme that had lapsed. ASDAN is a pioneering curriculum development organisation and awarding body, offering programmes and qualifications that explicitly grow skills for learning, skills for employment and skills for life. They told us; "The first aim is to get staff to understand about observing and evidence gathering so people have the evidence for their portfolio when staff are supporting them with activities or tasks."

They told us the range of places and activities the service supported people to attend such as local gyms, swimming centres, climbing walls, trampolining, and told us they were exploring art therapy for the future. The service also had its own sensory room which was being developed and an aromatherapy room where a trained practitioner visited every two weeks. They told us; "There are no obstacles if I need something like equipment I get it, I can get advice from the nurses and I meet regularly with other co-ordinators from other services and our occupational therapist."

During our visit we reviewed the care records of four people who used the service. People had a nursing assessment, which highlighted their needs. Following assessment, person centred plans had been developed with people who used the service. Person centred plans provide a way of helping a person plan all aspects of their life and support. The aim is to ensure that people remain central to any plan that may affect their care and support plans had been developed. Care records we reviewed contained information about the person's likes, dislikes and personal choices. This helped to ensure that the care and support needs of people who used the service were delivered in the way they wanted them to be. People told us they had been involved in making decisions about care and support and developing the person centred plans. There was a file for information about multi-disciplinary team (MDT) meetings which were held with the provider's consultant psychiatrist and other professionals such as occupational therapists and the nurse team every two months. Whilst this was a good system of review for those people, we raised with the manager that not every person at Hollyhurst was part of this MDT process as they were supported by their

commissioning authorities healthcare professionals and their review did not take place as often. The manager said they would review this with the nursing team and look at an internal review process so everyone had their progress reviewed in a consistent way.

We saw that a recent comprehensive audit of care plans had highlighted that many documents were overdue for review and we saw that this was being actioned. The provider should note that many documents did not have a date of commencement for example in one file this included a behaviour support plan and a day care plan so it was impossible to know how long the plan had been in place. We also saw that plans did not evidence if they had been reviewed with the person and again, the provider's audit had highlighted this. The manager agreed that the review of care plans required improvement and a plan was in place to address this.

Every person and every staff member had a colourful one page profile on display on noticeboards around the service. A one-page profile captures all the important information about a person on a single sheet of paper under three simple headings: what people appreciate about me, what's important to me and how best to support me and it was positive that staff had shared what was key about them too.

Staff demonstrated they knew people well. They knew about each person and their individual needs including what they did and didn't like. Staff spoke of person centred planning. Staff were responsive to the needs of people who used the service.

Staff also told us that people who used the service were always asked if they had any problems and reminded what to do if they were unhappy during regular meetings. The records of meetings we saw confirmed that people who used the service were asked their opinions and asked if they had any problems. Everyone we spoke with told us they felt able to talk to staff. One person said; "If something was wrong, I would tell the staff." Throughout our inspection we observed people talking openly with staff and raising issues or concerns. For example, one person was getting worried about their shopping, and staff were re-directing them, providing reassurance and offering clear and consistent support. There was a clear policy for complaints and information was displayed around the service in easy read format to guide people to raise any concerns. Advocacy information was also clearly displayed.

Staff explained how they supported the transition of two people into Hollyhurst Lodge. This was a transition of two people who had previously resided in long stay hospital accommodation. The service worked with the previous placement and some staff who had worked with the two people for some time in the NHS transitioned with them to provide consistency of support. The service had a lot of initial support from the NHS to ensure the move worked well and that has now ceased. Whilst it was recognised the service was working well with the two people concerned, it was evident in speaking with the staff team across Hollyhurst that the intense nature of the service at Hollyhurst Lodge and the staffing levels required at the service had impacted on the service at Hollyhurst. The manager had recognised this and had met with staff from Hollyhurst Lodge already to review any concerns and areas for development and they told us they would be meeting with all staff throughout the service for supervision as soon as they were able. We spoke with one of the people's relatives at Hollyhurst Lodge and they told us; "X is starting to settle, their routines and outings are happening and we have lots of positive days." The Hollyhurst Lodge service was beginning to run a core team approach, so that each service user would have their own team of staff supporting them to achieve consistency.

Is the service well-led?

Our findings

The manager had only been in post for several weeks and was appointed following the resignation of the previous registered manager. They had experience of managing services at a high level and particularly in the area of learning disability. They had commenced their registration process with the Care Quality Commission.

The manager had very quickly got to know staff and meet people at the service. We saw they had set up a variety of meetings with staff, relatives and people to understand the current issues and to listen to people's views. The staff we spoke with said they felt the manager was supportive and approachable. One staff member said; "She introduced herself to me straight away and always speaks to me, she is very approachable," and another told us; "We had a bad day with someone on Monday, both myself and the manager were here till 9pm, but I went home and felt ok because X (the manager) was there with me, before that I would have gone home and cried." The activity co-ordinator told us; "X (the manager) is like a breath of fresh air, they are out and about doing things and pushing things to get done, it's very motivating for me." There was also a deputy manager and three senior nurses who had all worked together for sometime and whom staff told us were approachable and helpful.

One relative said to us; "I have met with the manager and she was really good, I raised something with her as I am not happy about something and she listened." Another relative said; "X (the regional director) is very involved, I have seen them at the service a lot and it has definitely improved." Staff also told us that they felt supported by the regional manager. One person said; "At the time when staffing was at its worse X (the regional manager) was here a lot and that was supportive."

The manager told us about their values, which were communicated to staff. They told us how they worked with all staff to ensure that people who used the service were treated as individuals. The manager was very focussed on people having choices and as much independence as possible and the feedback from staff confirmed this was the case. We saw that the manager led by example and witnessed them dealing with staff, relatives, professionals and people in a calm, professional manner.

The manager reviewed any incident and accident forms and if they felt there were any triggers or patterns they told us they would seek additional support or staffing if they felt it was needed. The manager also told us about a debriefing process the service used if there had been any incidents, to enable learning and support for the staff team. Additional support from the provider was available to facilitate this and the regional manager confirmed they would support any requests for additional support or resource from the manager if it was requested.

Staff told us that morale and the atmosphere in the service was 'getting better' and that they were kept informed about matters that affected the service. One staff told us; "We pull together as a team, we are relaxing more, it's getting better but there is still a way to go." Another staff member told us; "The mood was very low but it's more settled than it was and staffing is on the way up." We asked what was good about the service and all staff told us that the teamwork especially over the last few months when there were staff

shortages had been 'really good'. The deputy manager told us; "The service is coming back to where it was at the beginning of last year, we've now got lots of plans and improvements ahead and it feels positive."

We saw that there had not been consistent meetings at Hollyhurst in 2015 for the staff team or in relation to specific service areas such as health and safety and the manager and deputy manager told us; "We have now identified a team day every month on the 2nd Wednesday where it will be rostered so we can have all our meetings so they get into a pattern and they do not drift again." We saw that there had been a recent meeting with Hollyhurst Lodge staff and the new manager and a meeting at Hollyhurst where issues such as recruitment, record keeping and the staffing levels had been discussed. We also saw that there was lots of feedback from staff in these meetings in the minutes which showed the service was listening to the views of staff. The manager also told us they had met with the nursing team and people had been allocated clear duties such as medicines, rotas and supporting Hollyhurst Lodge.

The saw the service had a set programme of audits for completion in 2015 but this had been impacted by a staff sickness and had not taken place in the second half of 2015. We saw audits in relation to DoLS, service user monies and confidentiality and one on infection control. The deputy manager had recently undertaken a review of all care plans and had compiled a comprehensive action plan to ensure care plans and all accompanying documentation were up-to-date, relevant and correct and nursing staff had been identified to follow these up so it could be monitored for improvement. We discussed with the manager that the service needs to embed a robust system of quality review that shows a service improvement plan with actions, personnel and dates identified and that enables views of staff, people and relatives and professionals to be included. The manager agreed that the audit process needed to be embedded and sustained and we saw they had plans in place to do this along with the rest of the senior management team at the service and with the regional manager.

We saw that the service had regular meetings with people who used the service to seek their views and ensure that the service was run in their best interests. People were regularly asked; "Do you feel safe? Do you feel staff care about you? What are people happy with? and What can we do better? We saw issues were addressed and fed back at the next meeting. For example, people were fed back to that activities had been 'a struggle recently' due to staffing levels but that things were improving. We obtained feedback from a two community nurses to the service who said; "Staff at Hollyhurst continue to us when there are any incidents or safeguarding alerts. Copies of reports are also sent to us and we are kept informed of our patient's well-being."

The manager had informed CQC promptly of any notifiable incidents that they were required to tell us about.

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	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	Staff must receive the support, training, professional development, supervision and appraisals that are necessary for them to carry out their role and responsibilities.