

# United Response The Hollies

## 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?

Good 

# Summary of findings

## Overall summary

The Hollies is a care home registered to accommodate up to 14 people who have a learning disability, between the ages of 18 to 65. The service comprises a building with two distinct houses with separate entrances known as The Hollies and Number 84. The houses are connected by an internal door. Each building has its own communal areas and people have their own rooms. At the time of the inspection there were nine people living at the service.

A registered manager was in post when we visited. 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.

At the last inspection, in October 2015, breaches of legal requirements were found in six areas and we issued Warning Notices in relation to repeated breaches of regulations associated with staffing and good governance. The provider was required to ensure these regulations were met by January 2016.

We also asked the provider to take action to make improvements in respect of person centred care, need for consent, safety and suitability of the premises and safe care and treatment. We received a provider action plan which advised us of the steps taken by the provider to address the breaches.

At this inspection we found evidence which demonstrated the warning notices and requirement notices had been met and the service was now complying with requirements. A manager had been in post since December 2015; they registered with the Commission in February 2016. They clearly demonstrated they were responsible for improvements that had been made with regard to the quality of care and the service provided. However, in some areas additional time and work was needed to ensure improvements were implemented and sustained to demonstrate good outcomes for people.

There were sufficient numbers of staff on duty in each house with the necessary skills and experience to meet people's needs.

Documentary evidence we looked at demonstrated how the provider monitored the service to maintain and improve, the quality of care.

Improvements had been made to the standard of cleanliness throughout the premises. There were plans in place to improve facilities, including the bathrooms, toilets and kitchens, in each house.

The registered manager had begun to carry out capacity assessments on identified people, to ensure their rights were protected in accordance with the principles of the Mental Capacity Act 2005 (MCA) and requirements of the Deprivation of Liberty Safeguards (DoLS). We have made a recommendation about recording of capacity assessments and ensuring staff were equipped with appropriate training in line with

the principles of the MCA.

People told us they were satisfied with the care provided. Our observations indicated staff knew how to provide the care and support each person needed. Work had begun to make improvements to care records to ensure people received the care and support required. This would include making sure care had been planned and reviewed with them, or their relatives, to ensure that it met their wishes and expectations.

People told us they felt safe. They knew what to do if they had concerns about their treatment or if they wished to complain. Staff confirmed they had been trained in how to identify and report any incidents of abuse they may witness. Any potential risks to individual people had been identified and appropriately managed.

People's medicines had been administered and managed safely. Guidance needed to be drawn up for staff to follow for people who have been prescribed as required medicines such as for pain relief.

People were provided with support to access health care services in order to meet their needs.

Positive, caring relationships had been developed with staff to ensure people received the support they needed.

The culture of the service was open, transparent and supportive. People and their relatives were encouraged to express their views and make suggestions which could be used by the registered manager to make 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?

The service was not always safe.

Medicines were managed safely. However, we noted that improvements could be made to written guidance for 'as required' medicines.

Improvements have been made to the standard of cleanliness throughout the premises. A programme of refurbishment has begun to update kitchens, bathrooms and toilets to ensure appropriate standards of cleanliness can be maintained.

There were sufficient numbers of suitably qualified, skilled and experienced staff on duty at all times. However additional improvements were planned to ensure funding was available for appropriate staffing levels as people's needs changed.

Risks to people were identified, assessed and reviewed regularly to ensure that any changes reflected people's current care needs.

Staff had received safeguarding training and knew how to recognise and report abuse.

**Requires Improvement** 

### Is the service effective?

The service was not always effective.

Staff received appropriate training to enable them to provide care skilfully and effectively.

They also received support and supervision on a regular basis to ensure they understood what was expected of them.

People's rights had been protected as the principles of the Mental Capacity Act 2005 (MCA) and requirements of the Deprivation of Liberty Safeguards (DoLS) had been followed. Further improvements were needed to ensure capacity assessments were clearly recorded and that all staff had a clear understanding of the principles of MCA.

People were supported to have sufficient to eat and drink.

**Requires Improvement** 

People had access to community healthcare services.

### Is the service caring?

Good ●

The service was caring.

People's day to day activities had been planned and reviewed with them, or their relatives, to ensure that they met their needs and wishes.

Positive relationships had been developed between people staff.

People were treated with dignity and respect.

### Is the service responsive?

Requires Improvement ●

The service was not always responsive

People's care had not been planned and reviewed with them, or their relatives, to ensure it met their needs.

People received person-centred care.

People, or their relatives, were able to share their experiences and concerns and knew that they would be listened to by the management of the service.

### Is the service well-led?

Good ●

The service was well-led.

The registered manager promoted a positive culture which was open and inclusive.

Staff were well supported and were clear about their roles and responsibilities.

Quality monitoring systems were in place to ensure the quality of the service provided to people.

Although some aspects of the service required further development, these had been identified by the management and a plan was in place to implement further changes.

# The Hollies

## 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 inspection checked whether improvements had been made following the previous inspection in October 2015.

This inspection took place on 5 and 7 July 2016 and was unannounced. The inspection was carried out by one inspector.

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 any improvements they plan to make. We reviewed this and information we held about the service, including statutory notifications and previous inspection reports to help us to decide which areas to focus on during our inspection. Statutory notifications are specific incidents which the registered person is required to tell us about, such as injuries to people which require hospital treatment and incidents which involve the police.

During the inspection, we spoke with all of the people who used the service, a relative, the registered manager, and six staff who were on duty. We also carried out observations of the care and support provided to people during the day. We also reviewed the care records and medicine administration records for three people and the supervision records for one member of staff.

We asked the registered manager to send us information relating to the management of the home including the provider's quality assurance records, staff rotas for a period of four weeks, minutes of recent staff meetings and the training records of all the staff employed at The Hollies. This was sent to us during the course of our inspection.

# Is the service safe?

## Our findings

At the comprehensive inspection of 15 and 16 October 2015 we found the service was not safe. We served a Warning Notice on the provider as appropriate arrangements were not in place to ensure adequate staffing levels. The provider was required to take appropriate action by 4 January 2016.

At this inspection we found the warning notice had been met and the service was complying with safe staffing requirements. The registered manager informed us that, between 8am and 10pm each day, two members of support staff were on duty. One support worker was based in The Hollies whilst the other worked in Number 84. In addition to this a second support worker was rostered in each house to work an eight hour shift. We were advised this was a flexible shift and would be allocated dependent on people's medical appointments or planned activities in the community. One person had recently returned from hospital and was at risk of falls. As a result a further support worker was allocated from 8am to 11am and from 7pm to 9pm each day in The Hollies to provide additional support for this person. We were advised this would be provided for approximately two weeks after the person had been discharged from hospital. Support staff were also responsible for preparing and cooking meals and ensuring people's rooms and the communal areas were kept clean. During the night, there was one member of staff asleep and on call in each house. We were provided with copies of staff rotas covering a period from 27 June 2016 to 24 July 2016. They confirmed these staffing levels had been maintained throughout this period.

We spoke with two people and a relative about staffing levels. They confirmed they thought there were enough staff on duty. One person told us, "It's all right. The staff have told me, if I want any help, if I don't feel too good, they will be there for me." The relative said, "I think there is enough staff on duty. I have not been hearing anybody say they are understaffed."

Staff told us they did not think there was enough staff provided. Their concerns were based on the view that people accommodated were getting older and therefore needed more support. The Registered Manager confirmed they were aware of this and had plans to meet with the funding authority to review people's needs. The registered manager explained how staffing levels had been determined. The number of hours provided were in line with the number of contracted hours agreed with the funding authority. The provider's action plan confirmed that the registered manager was responsible for checking rotas to ensure staffing levels provided had been maintained as per this contract. The registered manager demonstrated they had done so.

From our own observations, staffing levels provided were sufficient to meet the current needs of people accommodated and to carry out additional tasks, such as cooking and cleaning. There were nine people accommodated in total, four people in The Hollies and five people in Number 84. When we arrived at 9.50am there were two support workers and the home's registered manager on duty in the Hollies and two support workers on duty in Number 84. Staff were observed providing people support with cooking, cleaning and laundry tasks. They also provided support to people in community. Activities provided included a picnic lunch, a shopping trip, and a trip to a local day centre to collect tickets for a concert. We were also informed the shopping trip and the trip to the day centre included lunch or a cup of tea whilst they

were out. We accompanied one person with a member of staff who wanted to walk round the extensive gardens surrounding the service. People's care records confirmed that such activities had been routinely provided. They also confirmed that staffing levels ensured people had been supported to attend appointments with GPs and other health care professionals.

There were effective staff recruitment and selection processes in place. Applicants were expected to complete and return an application form and to attend an interview. In addition, appropriate checks and references were sought to ensure any potential candidate was fit to work with people at risk. Recruitment records showed that, before new members of staff were allowed to start work, checks were made on their previous employment history and with the Disclosure and Barring Service (DBS). The DBS provides criminal records checks and helps employers make safer recruitment decisions.

We also found evidence at the inspection in October 2015 which demonstrated breaches to regulations with regard to safe care and treatment. This included not managing medicines safely and not reviewing care plans regularly to ensure they reflected people's current needs. We issued requirement notices in respect of the identified breaches and we asked the provider to take action to make improvements where required. The provider provided us with an action plan which confirmed the breaches had been addressed. At this inspection we confirmed that improvements had been made and the requirements met.

At this inspection people confirmed they were happy with the way their medicine had been administered. One person told us, "The staff are always on time. They never forget to make sure I get my medicine." Staff understood how to administer medicines safely and advised us they had received training in this area.

Storage arrangements for medicines were secure and were in accordance with appropriate guidelines. MAR (Medicine Administration Records) sheets were up to date, with no gaps or errors, which documented that people received their medicines as prescribed. There were also MAR sheets for people where they had been prescribed 'when required' (PRN) medicines. This documented how and when the medicine had been given with the reason why it was required. PRN medicines had been prescribed for pain relief and helping to manage behaviours which might challenge. However we found no written guidelines for staff to follow to ensure they knew when, how and why PRN medicines should be administered. This meant there was a risk that people may not receive their medicines when required. We brought this to the attention of the registered manager who agreed to address this. The provider's PIR stated, 'Medications are regularly audited and records kept. There have been three medication errors in the last 12 months. These are recorded on an incident form and followed up by the manager.' The registered manager confirmed that this had been done to reduce the risk of reoccurrence.

At this inspection we found evidence to confirm that care records and risk assessments had been reviewed and updated to ensure they reflected people's current needs. We looked at care records of two people whose needs had changed recently. One person had returned from hospital after surgery on their hip. Their care record had been updated in June 2016 to include information and guidance for staff to follow with regard to ensuring this person has been helped to walk with a frame safely. The registered manager confirmed that this had been discussed with the person and their wishes had been taken into account, but this had not been recorded. Changes to the health of a second person also required their care plans to be reviewed recently. We found evidence that this had taken place in March 2016.

We issued a further requirement action after our inspection in October 2015, with regard to the poor standard of cleanliness of the premises. This was in relation to several bathrooms and toilets, one person's room and the corridor which joined the two houses which were in a poor state of hygiene. The registered manager advised us of the actions that had been taken. Support staff had been reminded of their roles and



responsibilities to maintain hygiene standards. Although people accommodated have had been encouraged to take some responsibility to clean where they were able, the support staff were expected to ensure appropriate standards had been maintained for the safety of everyone living there. From our observations we found improvements had been made to the standard of cleanliness of the premises. One relative told us they had seen improvements and their family member's room was much cleaner. They told us "(family member's) room is much tidier, it is so much better." We also saw that another person had agreed to move into another bedroom which had recently been redecorated for them.

The registered manager advised us that they had managed to obtain funding to have toilets, bathrooms and kitchens upgraded as they were described as 'tired.' We have since been advised this work commenced on 11 July 2016 and was expected to be completed by 3 October 2016.

People told us they felt safe living at The Hollies. They confirmed they were treated well by staff. We observed that interactions between people and staff were positive, warm and friendly.

People's safety had been promoted because staff understood how to identify and report abuse. Staff were aware of their responsibilities in relation to keeping people safe. They were able to tell us the different types of abuse that people might be at risk of and the signs that might indicate potential abuse. Staff also explained they were expected to report any concerns to the registered manager or a senior member of staff. This was in line with local safeguarding procedures. The provider's PIR stated, 'Staff are asked about their understanding of safeguarding and what they would do if they suspected abuse or bad practice. Local leaflets identify who to contact in other agencies if needed.' Records showed that staff had received training to ensure they understood what was expected of them and that the provider's procedures were in line with those of the local authority.

At this inspection, we found improvements had been made to the safe care and treatment people received and legal requirements had been met by the provider. However, further time was needed to demonstrate that changes had been fully implemented and embedded, including negotiating optimum staffing levels with funding authorities and completing on-going refurbishment work.

## Is the service effective?

### Our findings

At the October 2015 inspection, we identified a breach of regulation with regard to the need for consent. The registered person had not obtained lawful consent before providing care treatment and had not acted in accordance with the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for acting and making decisions on behalf of people who lack mental capacity to make particular decisions for themselves. The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring if there are any restrictions on their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm.

At the last inspection we found that, when a DoLS authorisation had been requested, a decision specific capacity assessment had not been completed. As there was no assessment in place and the information recorded stated that people had capacity and were able to make decisions, applications had not been lawfully made. Applications to deprive a person of their liberty should only be made where they have been assessed as lacking capacity to consent to their care placement. We issued a requirement notice in respect of the identified breaches and we asked the provider to take action to make improvements where required.

The provider provided us with an action plan dated 28 January 2016, which confirmed how they would ensure the breach was addressed. The registered manager had contacted the local authority for advice in this area, but at this inspection they stated they had not received a response. They advised us they were unclear if they should carry out general capacity assessments or if they should be decision specific for each person. We advised the registered manager to refer to the 'Mental Capacity Act 2005 - Code of Practice' for further guidance. The registered manager also informed us that, in their view, four of the nine people accommodated did not have capacity to make decisions for themselves. Since our visit the registered manager has informed us that they had begun to carry out capacity assessments. This would mean that records would demonstrate that the principles of the MCA had been followed and that the rights of people who lacked capacity had been maintained.

Staff we spoke with confirmed they had received training with regard to the MCA and how it affected their work. Records we looked at confirmed that staff had received the training in this area. However, their responses indicated they did not fully understand the basic principles of the MCA. For example, one member of explained, "Everyone has capacity to make decisions except if they have a learning disability or a mental illness." This meant that staff may not understand the legal rights of people to whom they provide care and support.

Although the provider had taken steps to ensure the principles of the MCA were implemented and appropriate DoLS applications made, improvements were still needed in the way people's capacity was assessed and documented and consistency of staff understanding in this area. We recommend that the service ensures mental capacity in relation to DoLS applications is clearly recorded and that staff have access to training, based on current best practice, in relation to the principles of the MCA.

During our inspection in October 2015 we found staff had not consistently received appropriate professional development. Supervision records showed that staff had not received regular supervisions or appraisals. We recommended that the provider put systems in place to ensure that staff received the appropriate support and supervision so that staff were able to carry out their duties effectively.

At this inspection staff confirmed that they were now well supported and were receiving supervision on a regular basis. One member of staff told us that this was taking place every three months and that their last one was in April 2016. This provided them with an opportunity to discuss and reflect on care practices and to identify individual training needs. Records we looked at confirmed that, since January 2016, staff were receiving supervision from the registered manager, or a more senior member of staff, every two months. This ensured consistency of staff practice and that any training needs were identified.

People confirmed the care provided met their needs and that the staff understood them and how to provide support for them. One person, who had recently returned from hospital, told us, "I'm alright. It's nice to be back home."

Staff on duty confirmed they had received training which enabled them to perform their role effectively. They said training they had received included, first aid, food hygiene and health and safety. They also told us about training they had received which was specific to the needs of people accommodated. This included, understanding the needs of people living with learning disabilities, supporting people positively, managing the needs of people with behaviours which might challenge, and understanding epilepsy and diabetes. Records confirmed that staff had received the training they told us about. In addition, they confirmed staff had received training in fire prevention and understanding the needs of people living with dementia. Records also confirmed that, where necessary staff had received, or had been booked to receive, refresher training to ensure their training remained up to date.

People told us they enjoyed the food provided. We observed two people who were in the kitchen/dining room of The Hollies for the lunch time meal. One person was eating a pasty whilst the other was preparing a sandwich for themselves. Later in the day we also observed one person in Number 84 helping to prepare vegetables for the evening meal. They informed us the meal being prepared was going to be toad in the hole. Later we saw people sitting down together with the staff in Number 84 for the meal. There was discussion and laughter over the meal; people were clearly enjoying the occasion. Apart from cutting up their food, no one needed help with eating. One person needed to be supervised to ensure they did not eat too quickly and choke on their food. At the time of our inspection, no one required any specialist diets. Care records we looked at confirmed the support people needed with food and fluids.

People were supported to maintain good health by having regular access to health care services. The staff would contact the GP on their behalf if they needed an appointment when they were unwell. Arrangements would be made for GPs to visit the person at The Hollies, or, if the person wished, appointments would be made to visit the GP at their surgery. Arrangements would be made to accompany the person if this was required. Where necessary, access to specialist services for people living with a learning disability or mental illness would be arranged via the GP. We saw that GP and hospital appointments had been recorded in each person's care records together with any advice or treatment prescribed.

The provider's PIR confirmed, 'The people we support are registered with a local GP practice. Staff support them to attend appointments when needed and to review medication. Each person has an annual medical check. Each person has a health assessment document and a health action plan which details health needs and regular check-ups. Hospital passports are also available in health files.' Records we looked at confirmed this was the case.

# Is the service caring?

## Our findings

During our inspection in October 2015 we found there were inconsistencies in how people were treated with dignity and respect. We observed several examples of positive and supportive interactions but also identified the language used by staff was not always respectful.

During this inspection our observations of interactions between staff and the people living at The Hollies and Number 84 were consistently positive. Staff had clearly developed caring relationships with people and spent time talking with them and listening to them. We observed the care and support provided just before and over lunch. People were relaxed and engaged in conversation with the staff. Where some people were unable to take part in the conversation, the staff ensured they were included. This was achieved by staff talking to people individually and interpreting smiles or gestures they made so that everybody understood what that person wanted to say.

People felt they were well cared for and well supported by staff. One person commented, "The staff are nice to us. When we go out to Bognor we need help from staff. If I want any help, for example if I don't feel too good at night, they have told me they will be there for me."

We observed staff addressing people in a respectful and dignified manner. A member of staff informed us how they respected people's privacy and dignity. "We knock on doors before entering and wait to be asked to come in." They also told us about how they would help someone to ensure their dignity had been maintained. Staff on duty also explained how they had developed good, positive relationships with people. They told us, "You must be calm and caring and talk to people as you would to anyone. I find it is good idea to put yourself in their position." Another member of staff said, "You need a sense of humour. I treat people as I would like to be treated myself."

There were systems in place for involving people and to give them the ability to choose their day-to-day routines. For example when they wish to get up, how they are involved in daily chores and activities in the community. However we have discussed in the RESPONSIVE domain improvements that need to be made with regard to involving people in care planning.

The provider's PIR identified improvements they planned to introduce in the next 12 months. It stated, 'Although support plans are reviewed regularly by the team, the person we support is not always present. During the coming year we will schedule these review meetings with the individual so that they are always present.' The PIR also identified improvements were required with regard to how staff communicated with people who were unable to speak. It said, 'Work will be undertaken with Positive Behaviour specialists around the use of visual and pictorial boards for activities and rotas. These are important for some individuals with autism and lack of speech.'

Therefore improvements were required in ensuring people were enabled to express their views and be involved in decisions about their care and support. The provider and registered manager had identified this as an area for improvement and were taking steps to make changes.



## Is the service responsive?

### Our findings

We found evidence at the inspection in October 2015 which demonstrated breaches to regulations with regard to person-centred care. The registered person had not ensured care and treatment of service users had met their needs and reflected their preferences. Care plans had not been reviewed monthly in line with the provider's policy to ensure the reflected people's current needs. There were inconsistencies in the knowledge of staff with regard to how to best support people with behaviours which challenge. People had not been able to take part in or attend planned activities. At this inspection we found that improvements had been made and legal requirements had been met, although further work was planned to embed additional changes.

At this inspection, we found that, during the morning of the second day, everybody in the Hollies had plans to go out. Two people were going down to the beach for a picnic whilst the other two were going to do the shopping and then they planned to go for coffee. In Number 84, three people went to a local agricultural day centre to collect tickets for a concert that was planned to take place in a few weeks. Afterwards they planned to go out for coffee. We were informed that, the previous day, suggestions for activities had been discussed with people and plans were made to ensure there were sufficient staff available to support what had been decided. The registered manager spent time with the two people who remained at home. After we had interviewed a member of staff, we came into the dining room and found one person was playing a game of cards with the registered manager. There was laughter and talking between them; the person and the registered manager were clearly enjoying themselves. As we were invited to join in, along with the second person who had remained at home, we both sat down to play. One or two others, who had returned home, saw us playing cards and also joined in.

One person told us they had been working with a member of staff to obtain a particular style of wardrobe for their bedroom. They were very excited about it because it was something they had always wanted and it had to be pink. This person had found the one they wanted and we saw that the member of staff was in the process of decorating it for them before it was put in their bedroom.

We also saw examples of art and craft work that people had done. For example, balloons had been covered with papier mache and would be painted to become money boxes. There were paintings displayed in the dining room as well. We saw a stack of board games that people could use.

We asked people how they had been involved in making decisions about the care and support they received. They told us they had been allocated a member of staff, known as a keyworker, who they could talk with about what they wanted and what they needed. This included arranging to go out into the community to shop or to socialise in the community and to take part in activities. Records which had been kept by each keyworker confirmed meetings had taken place to talk about and to arrange the activities described. Therefore we observed that improvements had been made to the provision of person-centred activities to ensure people were engaged in meaningful activities that interested them.

We found no documentary evidence that people or their relatives had been involved in discussing care plans and how care should be provided to ensure people's needs had been met according to their wishes and

preferences. The registered manager advised us this was an area that needed to be improved upon.

The provider's PIR identified improvements they planned to introduce in the next 12 months. It stated, 'Although support plans are reviewed regularly by the team, the person we support is not always present. During the coming year we will schedule these review meetings with the individual so that they are always present.' The PIR also identified improvements were required with regard to how staff communicated with people who were unable to speak. It said, 'Work will be undertaken with Positive Behaviour specialists around the use of visual and pictorial boards for activities and rotas. These are important for some individuals with autism and lack of speech.'

Therefore improvements were required in ensuring people were enabled to express their views and be involved in decisions about their care and support.

People's care plans had been developed from assessments of their needs and risk assessments. There was also evidence that care plans had been reviewed and updated to ensure they reflected peoples' needs. Staff we spoke with confirmed they were expected to consult each person's care plan to ensure the care they delivered was person centred. However, we also found evidence that guidance provided for staff to follow was insufficient or conflicting. For example, one person's assessment advised that, '(Person's name) does not like busy, noisy places, fire alarms or being told what to do.' It also advised that any of these events may trigger aggression or challenging behaviour. However, directions in their care plan for staff to follow when the person displayed behaviour which was challenging stated 'Shout my name to get my attention.' A member of staff advised us what they would do when supporting this person, "Me personally, (when the person displayed aggressive behaviour) I would talk quietly to (person's name). It works for me." It was, therefore, not clear which approach was most effective and ensured their needs been met consistently. We brought this to the attention of the registered manager who confirmed they were aware that care plans needed improvement to ensure staff knew how to support people. Since our visit the registered manager has sent us an action plan with regard to the improvements that will be made to care plans. It advised that improvements will be completed by November 2016. Therefore, although improvements had been made to people's care plans since our last inspection, further time and work was needed to ensure they were person-centred, accurate and up to date.

We were informed that residents meetings took place on a regular basis and were facilitated by the staff. One person told us, "Yes we have meetings each week. The last one was on Sunday. We can talk about what we think about outings and activities and the menu." We were provided with copies of the minutes of the last two meetings. They confirmed that meetings took place on a monthly basis and provided people with an opportunity to make suggestions, give their views or raise concerns about the way the service is run. The provider's PIR confirmed, 'There are various forums for the people we support to express their view and to be involved in decisions about their lifestyles. Within the home, each person has regular 1 to 1 keyworker meetings to discuss anxieties and concerns and to plan for the coming month. Each week, meetings are held on Sunday evenings to raise any issues, to plan the next week's menu and shopping list. Two of the people we support attend Voice meetings which encourage them to share concerns and celebrate achievements.' Voice is an advocacy forum which has been set up by the provider where people living with learning disabilities can meet to raise and discuss issues such as healthy eating and how to access services in the community.

People knew what to do if they wished to make a complaint. People told us they felt able to approach the registered manager if they had any concerns. A complaints procedure was in place. This explained how the provider would investigate complaints with timescales when they would complete their investigation. We were provided with documentary evidence that demonstrated complaints that had been received had been appropriately investigated. The PIR stated, 'Complaints are received and recorded according to the

organisation's policy, whether they are form the people we support, relatives or anyone else.'



## Is the service well-led?

### Our findings

During the last inspection in October 2015 we found some aspects of the service were not well led. There was no registered manager in post, although the provider was in the process of recruiting a new manager. Quality assurance systems were not effective in measuring and evaluating the quality of the service provided. Whilst staff felt able to discuss concerns or challenges with management they were not confident that these would be acted on. We served a warning notice on the provider as systems and processes were not in place to enable the assessment, monitoring and improvement of the quality and safety of the service. The provider was required to take appropriate action by 4 January 2016.

At this inspection we found evidence which demonstrated that improvements had been made and the warning notice had been met. The registered manager provided us with copies of audits which had taken place in February 2016 and June 2016. They included details of financial audits, health and safety checks, audits of care records and risk assessments, discussions with staff and observations of care practices. Where shortfalls had been identified they included details of the actions to be taken to address them and a monitoring system was in place to follow up on any actions required. For example, two care records were identified as requiring to be reviewed during the audit in February 2016. This had been completed by the following audit in June 2016.

A registered manager, who registered with us in February 2016, was in post. They were present throughout the inspection. We discussed the previous inspection report and subsequent warning notices issued. They demonstrated they understood the shortfalls identified and what was required to make the necessary improvements. They explained how they prioritised the need to improve staffing levels and also the cleanliness and maintenance of the premises as this would have an immediate impact on the quality of service provided to people accommodated. They advised us, since their appointment, they had set up staff meetings and supervision sessions to help them identify what the staff required to improve care practices. They had also moved their office into the service to ensure they were readily available to provide support to people and to staff as required. Before their appointment, the provider had set in motion a process of changing and improving methods of keeping care records. During this inspection we noted the service was in the process of changing records to the new method. The registered manager has advised us they expected this process to be completed by November 2016. However, it was also recognised that they had more work to complete to make the improvements required and there was a plan for doing so. This meant that the registered manager clearly demonstrated what was required of them to ensure The Hollies provided a good quality service and had been instrumental in making the changes identified so far.

People and we spoke with made positive comments about the registered manager. One person told us, "It is a lot better now that (registered manager) is here. (Registered manager) has steadied the ship. She is very easy to talk to. I feel I can raise anything with her." People told us they felt at home at The Hollies. The surroundings and the atmosphere were warm and welcoming and contributed to a homely feel.

Staff on duty also made positive comments. One member of staff told us, "In terms of culture, it is a lovely house. The clients are brilliant – I love working here! (Registered manager) is a lovely manager. There has

been a lot of problems. (Registered manager) has been consistent. We are getting the support we need – we have staff meetings once a fortnight and supervisions every three months. It is all very different since (registered manager) has arrived. She has been a stronger manager than the others." Another member of staff told us, "(Registered manager) seems all right. She has been supportive to people and to their staff. She has had to come in hitting the floor running. Things are improving, but it is slow process. (Registered manager) has made a huge difference.

The PIR stated, 'The Hollies has undergone several changes of manager in last year. The staff team have worked very hard to ensure the service has been run safely and effectively for the people we support. The current manager, who has been in post 6 months, believes that the best is brought out of teams with a positive, open culture with every member of the team feeling valued and respected It is vital that staff are well trained and are given the resources to do their job well.'