Hollybank Trust

The Sycamores

Inspection report

60 Stockingate
South Kirkby
Pontefract
West Yorkshire
WF9 3RA

Tel: 01977652638
Website: www.hollybanktrust.com

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection of The Sycamores took place on 22 December 2015 and was unannounced. We previously inspected the service on 21 October 2013. The service was not in breach of the Health and Social Care Act 2008 regulations at that time.

The Sycamores is a converted property with a purpose built extension. It is part of the Holly Bank Trust which is an organisation specialising in providing education, care and support for young people and adults with profound complex needs. The home provides care and support for up to eight people. On the day of our inspection, seven people were living at The Sycamores.

At the time of our inspection the registered manager was not available, a temporary manager was providing support to the home in the short term. 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.

Relatives we spoke with told us their family member was safe. Thorough recruitment practices reduced the risk of employing people who may be unsuitable to work with vulnerable people. Systems for managing people's medicines were safe.

There were regular staff handovers throughout the day to ensure relevant information was communicated to staff.

New staff received induction and all staff received on-going training and supervision to support them in their role.

Where people living at the home had their liberty restricted, an authorisation was in place to ensure this was lawful and their rights were protected.

People were provided with appropriate support to eat and drink, from staff who were kind, caring and attentive. People's privacy, dignity and independence were respected.

Holly Bank Trust supported people to participate in a range of activities. People's care plans were person centred and recorded people's likes, dislikes and preferences.

There was a system in place to manage complaints in the event a complaint was raised.

Relatives felt Holly Bank Trust was a good organisation. Feedback from staff was also positive. The organisation had various systems in place to continually monitor the quality of the service to ensure people

received safe and effective care.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Relatives told us their family member was safe.

Recruitment practices were thorough.

Medicines were managed safely.

Is the service effective?

Good

The service was effective.

Staff received training and supervision.

People received support from a variety of healthcare professionals.

The layout of the home was conducive to people with profound complex needs.

Is the service caring?

Good

The service was caring.

Relatives told us staff were kind and caring.

People's privacy and dignity was respected.

Staff were using assistive technology to support people's independence.

Is the service responsive?

Good

The service was responsive.

People participated in a range of activities.

Care and support records were person centred and reviewed at regular intervals.

Relatives told us they felt able to complain should the need arise.

Is the service well-led?

Good

The service was well led.

Feedback about the management of the service was positive.

The registered provider had a system of quality assurance and governance in place to continually monitor the service provided to people.

There were regular staff and service user meetings.

The Sycamores

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 22 December 2015 and was unannounced. The inspection team consisted of one adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience on this occasion had experience in caring for a person living with a learning disability.

Prior to the inspection we reviewed all the information we held about the service. We also spoke with the local authority. At the time of the inspection a Provider Information Return (PIR) was not available for this service. 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. On this occasion we had not asked the provider complete this document.

We spent time in the lounge and dining rooms observing the care and support people received. Not all the people who lived at the home were able to communicate verbally, and as we were not familiar with everyone's way of communicating we were unable to gain their views; therefore we spoke with three relatives of people who lived at the home by telephone. We spoke with the head of direct services, the temporary manager, a senior support worker and two support workers. We also spent some time looking at two people's care records, two staff recruitment and training files and a variety of documents which related to the management of the home.

Good

Is the service safe?

Our findings

Everyone we spoke with said they were confident their relative was safe living at the home. One relative said, "(Relative) is perfectly safe there". Another relative said "Oh yes (relative) is definitely safe."

Staff we spoke with told us they received training in safeguarding vulnerable adults and we saw from the registered providers training matrix that 31 of the 35 staff listed had completed this training. Staff were able to describe to us the types of abuse they would be looking out for and the action they would take if they were concerned that a person was at risk of harm. One of the staff told us how they would escalate their concerns if they felt appropriate action had not been taken. This showed that staff were aware of their responsibilities for safeguarding people who lived at the home.

The two care plans we reviewed both contained a variety of risk assessments. These included moving and handling, nutrition and pressure area care. Specific risk assessments were also in place which pertained to the particular equipment people required, for example, moving and handling equipment and wheelchairs. The risk assessments included photographs which clearly demonstrated how equipment was to be fitted and used. This meant people's care and support was planned and delivered in a way that reduced risks to their safety and welfare.

Staff told us any accidents or incidents were logged on the registered provider's online management system. The head of direct services explained the reports were reviewed by the head of risk and compliance to ensure all appropriate actions had been completed and any relevant analysis completed.

We asked one member of staff if they had participated in a fire drill. They told us the fire system was checked weekly to ensure everything was in working order but staff did not participate in a drill to practice the action they may be required to take. They told us the temporary manager had already highlighted the need to ensure this was actioned for all staff. Participating in regular fire drills helps to ensure staff are confident in their role in the event the fire alarm is activated.

The building was clean, tidy and well maintained. The temporary manager told us maintenance issues were logged via the online management system and the work was actioned promptly by the registered provider's maintenance team or through external contractors. This demonstrated the registered provider had a system in place to ensure maintenance matters were addressed in a timely manner.

There were effective recruitment and selection processes in place. We looked at two staff files and saw candidates had completed an application form which included their employment history and employment references were also obtained. Potential employees were checked with the Disclosure and Barring Service (DBS) before they started work at the home. The DBS helps employers make safer recruitment decisions and reduces the risk of unsuitable people working with vulnerable people.

We asked relatives if there were enough staff, one said, ""Yes there are enough staff." Another relative said, "I think there are usually enough staff on duty". One relative told us, "Staffing levels can vary and there is a high

turnover of staff at the moment so it takes some getting used to them." Staff told us that staffing had recently improved at the home and the daily staffing numbers changed dependent upon the activities that people were participating in. One staff member told us some agency staff had been used earlier in the year to cover shortfalls in staff but they said they tried to ensure the agency sent the same staff where possible to ensure people who lived at the home had continuity of care from people who knew them.

We found people's medicines were stored safely. Medicines were kept in a locked unit in peoples individual bedrooms and there was also a locked medicines room. Some medicines were supplied in a monitored dosage system (MDS) while others were supplied in boxes or bottles. We looked at a random selection of medicine administration records (MARS) and saw the information on the MARs was legible, a record was maintained of medicines which were brought into the home and there were no gaps. We saw where people were prescribed a medicine which was to be taken 'as needed'(PRN) information was kept with the MAR which detailed when and why the medicine may be needed. We noted one person was prescribed PRN analgesia; the records detailed the behaviours the person may exhibit which may indicate they were in pain. This meant there were clear guidelines for staff to follow to ensure people received their medicines safely.

Staff we spoke with told us they had completed training to enable them to administer people's medicines and they had their competency assessed to ensure they were administering people's medicines safely. The head of direct services told us medicines training and assessment of competency was reviewed at regular intervals. They also said that in the event of any concerns being raised about a staff member's performance when managing people's medicines, then more support would be provided for them. This showed people received their medicines from people who had the appropriate knowledge and skills.

The home was clean and tidy. We saw personal protective equipment was available throughout the home and guidelines for effective hand washing were on display at communal sinks. This showed there were systems in place to manage infection control and prevention at the home.

Good

Is the service effective?

Our findings

Staff told us there were regular handovers throughout the day when information relevant to the people who lived at the home was shared and passed on to staff as shifts changed over. One of the staff told us the diary and communication book was taken into each handover to ensure all relevant information was passed on. Effective handovers are essential in ensuring staff have all the relevant information they need to support people safely and effectively.

Each of the staff we spoke with told us they received regular training in a variety of subjects. This included, moving and handling, infection prevention and control, health and safety and fire. We reviewed the registered providers training matrix and saw they listed the staff employed at the home and recorded the date each training session had been completed. The records did not show the timeframe in which staff should refresh their training but we saw from the variety of dates that there was an on-going programme in place for staff to regularly update their skills. Ensuring staff receive regular updates to their training means staff have up to date skills and knowledge to enable them to meet people's needs in line with current standards of good practice.

Staff told us they received regular supervision. One of the staff we spoke with told us their role had recently changed and they had taken on more responsibilities, as a result they had received extra supervision to support them through the transition. They also explained that staff employed for over a year received an annual appraisal of their performance which included setting development targets for the year ahead. We saw evidence in both staff files we reviewed the staff had received supervision although for one of the staff the most recent record was dated June 2015.

One of the staff we spoke with described the induction procedure for new staff. They explained new employees completed a four day classroom based induction at Holly Bank Trust head office and then they commenced a period of shadowing at the home. They said new staff shadowed for at least two weeks to enable them to gain skills, confidence and learn about the individual needs of people who lived at the home. This demonstrated that new employees were supported in their role.

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) within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

The head of direct services told us that DoLS applications were managed from the head office. They showed

us records which showed the person's name, the date the application had been made to the local authority, the date it was approved and the date the authorisation needed to be reviewed. They said an application had been submitted for each person who was living at the home, although they had not yet received the outcome of this application for two people. This meant that although some people had been deprived of their liberty, the home had requested DoLS authorisations from the local authority in order for this to be lawful and to ensure people's rights were protected.

We saw from the organisations training matrix that all except one staff member had completed MCA training. Each of the staff we spoke with understood the principles of the MCA and throughout our inspection we saw examples of staff supporting people to make decisions and choices about their daily activities. One of the staff we spoke with told us about one person's level of capacity and how a best interest meeting had been held where a specific decision was required which the person lacked the capacity to make.

In both care plans reviewed we saw evidence of capacity assessments, and where appropriate, best interest meetings and decisions. For example in one person's file capacity assessments relating to medication, bed safety rails and finances. This showed that the best interests of the people who lived at the home were considered in line with relevant legislation.

We asked one person who lived at the home what they thought about the meals, they said, "I like the food". A relative said "The food is excellent, they have a well-balanced diet. They are weighed frequently and any change is controlled".

During our inspection we observed breakfast and lunch time to be flexible around individuals. For example breakfast was served as people got up. At lunchtime, homemade soup was served. We saw staff offered people alternatives and a choice of dessert. We also noted staff offered drinks and snacks, for example, biscuits and chocolate regularly throughout the morning. We saw most people who lived at the home required support from a staff member to eat and drink.

One of the staff told us about the specific dietary needs of two people who lived at the home. They told us meals were fortified, where required, such as adding cream to mashed potatoes to increase the calorific content for people. Both care plans we looked at included details as to the individual's likes and dislikes. One of the care plans contained a picture of the beaker and spoon the person used. This ensured staff were provided with clear instructions as to the specific equipment the person needed to use. Another care plan recorded the person had limited verbal communication but the care plan provided clear information to staff as to how the persons actions would indicate if they liked the food they were being offered or not.

The temporary manager told us it was the policy of Holly Bank Trust to provide 24 hour support to people in the event they required an admission to hospital. One relative we spoke with said, "They (staff) go above and beyond, their support was invaluable whilst (person) was in hospital, they stayed with (person) 24 hours a day and that helped me."

Staff told us people used the local GP surgery and appointments could either take place at the surgery or at The Sycamores depending upon the circumstances. We saw evidence in people's care plans that people received the input of a variety of healthcare professionals, for example, the district nurse, speech and language therapist and physiotherapist. This showed people using the service received additional support when required for meeting their care and support needs.

People's bedrooms were individually decorated and each one had an en-suite wet room. There was a

communal bathroom with an assisted bath should a person prefer to have a bath instead of a shower. The corridor was wide to enable access for people in wheelchairs. The lounge and dining room were homely in character and had natural light. This meant the design and layout of the building was conducive to providing a homely, safe and practical environment for people who lived at the home.

Good

Is the service caring?

Our findings

One person who lived at the home said, "I like living here." Relatives told us staff were kind and caring. One relative said, "Although there are some new staff, they are very nice. The quality of care there is second to none." Another relative told us, "They are terrific, very helpful and like family, we are very happy with the care there". One of the staff we spoke with said, "It's a home, it's their home".

During our inspection we found the atmosphere in the home to be calm and friendly. We observed interactions between staff and people in the dining room, lounge and an individual's bedroom. People looked relaxed and content and there was lots of friendly banter with staff. We heard staff engaging people in conversation, talking with people in a calm, patient manner and explaining things, on a number of occasions if this was required.

When we spoke with staff they spoke about the people they supported in a kind and caring manner. They referred to people by name and were able to tell us about peoples individual support needs, likes and dislikes. One staff member told us about a person's specific beliefs and why staff needed to be aware of this. This demonstrated staff respected people's individual preferences.
One person who lived at the home said they could choose the privacy of their own bedroom if they wanted, "I watch DVDs on my computer and listen to music with my headphones".

All the staff we spoke with told us how they maintained people's privacy and dignity. For example, closing doors and curtains. One staff member said they ensured the minimum number of staff were in the room when they supported people with personal care and used towels to cover people to ensure they were not overly exposed. We saw a notice on the dining room door which reminded staff not to walk through the dining room unnecessarily if people were eating. Staff told us this was to prevent the dining room being used as a thoroughfare especially when people were dining in there.

We saw peoples care records were kept securely and not left in communal areas. This prevented unauthorised access to peoples records.
The temporary manager told us people who lived at the home had relatives who were involved in their care and support. They said they were aware of how to access advocacy services for people if this was required. An independent advocate is a person who does not know the person who uses the service and comes to support them in making significant decisions if they do not have anyone else that they would want to assist them. Using advocates helps to ensure that people's rights are protected and that their voice is heard when making decisions as an advocate would help them to communicate their wishes.

One of the staff we spoke with told us how assistive technology was helping people at the home to be as independent as possible. They told us how one person had two different coloured switches in their room, one was for their lamp and the other the nurse call. The staff member said this had given the person a degree of independence as they could now switch their lamp on and off and alert staff if they needed them. They also explained how a special switch for the kettle had enabled another person to be able to switch the kettle on without the support of staff. One person had employment in the local community for a couple of

hours a week. This showed people were supported to become more independent and improve their quality of life.

Good

Is the service responsive?

Our findings

A range of activities were available to people, including hydrotherapy, horse riding, carriage riding and, in the summer, sailing was also sourced for people. One person told us, "I like doing art." Another person said "I like going to the pub, I drink coke." We saw certificates on one person's bedroom wall from the sailing club they had attended. The Sycamores is located away from the main Holly Bank Trust site which was where a number of activities took place, staff took people there in the organisation's mini bus. Staff told us that sometimes delays due to traffic meant that on occasions people's time participating in their activity was reduced. Both care plans we looked at contained an activity timetable which detailed the individual program. This showed the service supported people's social needs and enabled them to participate in various activities.

There had been a Christmas party the night before our inspection and staff were keeping the mood going by arranging ' pass the parcel' in the afternoon, which people were enjoying. People were also watching DVDs and interacting with staff throughout the day.
Relatives we spoke with and staff told us family and friends were free to visit whenever they chose. During out visit we observed one person being assisted by a member of staff to communicate with their family via a tablet device. Another person was being taken out by a member of their family. The temporary manager told us that most people at the home would be going to spend time with their families over the Christmas period.

Each of the care plans we reviewed was person centred and detailed the individual care and support needs, including likes and dislikes. One of the care plans we looked at recorded, 'ensure my top matches my bottoms as appearance matters to me'. People's individual routine was recorded in detail, this included details of how the person may indicate to staff if they did not want personal care. One plan detailed the way the person presented if they did not want staff to brush their hair. This level of information was important as not all the people who lived at the home were able to verbally communicate their preferences.

We saw care plans were reviewed and updated at regular intervals and staff told us an annual review took place which included other people who were involved in the persons care, for example, family members, and health care professionals. We did not see evidence of the annual review for one of the people whose care plans we reviewed and the other person's annual review was dated 2014. However, we saw evidence of the minutes from recent annual reviews for two other people who lived at the home. We saw they recorded the name and designation of all attendees and detailed all the matters discussed and included a record of how the person had been enabled to participate in the review. These reviews help in monitoring whether care records are up to date and reflect people's current needs so that any necessary actions can be identified at an early stage.

A daily log was completed for each person, staff made entries onto this throughout the day, recording peoples care, diet, behaviours and activities.

Relatives told us they had not had any reason to complain but they were confident they could do if the need arose. We saw information about how to make a complaint was on display in the reception area of the

home. The head of direct services told us there were no current complaints for the home but any complaints received would be investigated and logged on the online management system.

Good

Is the service well-led?

Our findings

Relatives told us they were happy with the management of the home. One said, "The contact is good and they keep us well informed, either by email, phone or letters." Another said, "They can't do enough for us, they are very helpful and flexible."

One of the staff we spoke with said morale at the home had dipped but was 'getting better'. Another staff member told us how the head of direct services had supported them; they said they were 'phenomenal'. A further staff member said they felt Holly Bank Trust was a good organisation to work for, they added that although the home was separate from the main site, people from head office visited regularly including the head of direct services.
From our conversations with the head of direct services, the temporary manager, staff we spoke with and our observations throughout the day it was clear that the safety, welfare and happiness of the people who lived at the home were central to the day to day running of the home.

The registered manager was not present on the day of our inspection but we met with a temporary manager who said they were providing support for the home for the next couple of weeks. We also met the head of direct services, who explained how they were providing additional support to the home while the registered manager was not available.

The head of direct services showed us the organisations online management system. They showed us how staff logged all relevant information into the system and how this was then cascaded to the relevant management personnel for scrutiny and relevant action.

We saw evidence of regular visits by the quality assurance manager to the home. These were documented and recorded the areas they had reviewed and any actions which were required following their visit. We saw these were followed up, where required at the next visit. A copy of this report was forwarded to the senior management and chief executive of the trust.

A variety of audits were completed in the home. Mattress audits were completed and the findings retained in individual care plans. These ensured peoples specialist mattresses were clean and fit for purpose. The head of direct services showed us how the home completed a regular infection prevention and control audit. We saw they used the template used by the local infection prevention and control team. This ensured they were assessing their compliance against a recognised standard. The temporary manager told us they had audited peoples care records but this had not been a formal audit but had enabled them to ensure people's records were current. They said where they had noted changes needed to be made they had spoken to the relevant staff member to request this was actioned.

Staff told us regular staff meetings were held and we saw meeting minutes from meetings held between January and June 2015. We were told a meeting had been held in November 2015 but the minutes could not be located although we saw minutes from a night staff meeting held on 14 December 2015. Staff meetings are an important part of the organisations responsibility in monitoring the service and coming to an

informed view as to the standard of care and support for people living at the home.

We saw minutes of resident meetings from January, June and December 2015, we saw a copy of the most recent meeting minutes in one person's bedroom. Although we noted these were not in an easy read format. The meeting minutes recorded the topics discussed, questions asked and peoples responses. For example, when someone was asked a question they had an unhappy look. This showed people were enabled to express their views and were involved in making decisions about how the home was run.

Relatives told us they had received questionnaires in the past, but not recently. The head of direct services told us quality assurance questionnaires were being developed and the template was currently being reviewed. They said the organisation planned to send feedback surveys to all relevant parties, including family members and external health care professionals during the first quarter of 2016.