

Mrs P A Burgin

Holly House Residential Home

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Good



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

The inspection was unannounced, and the inspection visit was carried out over two days; 9 September 2015 and 15 September 2015. The home was previously inspected in November 2014, where multiple breaches of regulations were identified. In response to this, we took enforcement action.

Holly House Residential Home is a 12 bed care home, providing care to adults with learning disabilities. At the time of the inspection there were ten people living at the home. The home's deputy manager told us that it was unlikely the other two bed spaces would ever be used as they were beds in twin occupancy rooms, which the

Summary of findings

home used as single occupancy instead. They told us that these rooms would, however, give them flexibility should they ever admit partners or relatives who wished to share a room.

Holly House is located in the Parkgate suburb of Rotherham, South Yorkshire. It is in its own grounds in a quiet and secluded area.

The service has a registered manager. 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 and associated Regulations about how the service is run.

During both days of the inspection people told us that they were very happy with their experience of life at Holly House. Staff we spoke with and observed understood

people's needs and preferences well. Staff promoted choice in their interactions with people, and we observed staff emphasised a positive environment within the home and respected people's rights to privacy and dignity.

The provider had taken appropriate steps to ensure that people's mental capacity was assessed and that care was provided in accordance with people's consent. However, we found improvements could be made to ensure judgements about people's capacity were taken at the correct level.

The provider had effective systems in place to ensure people's safety. This included staff's training and knowledge about safeguarding, and up to date and thorough risk assessments. Medicines were handled safely and were well managed.

There was an effective and improved audit system in place, which monitored the quality of care provided and the safe running of the service. This system was relatively new, so it was not yet clear whether it was contributing to long term improvements in the home.

Summary of findings

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 safe.

There were arrangements in place to ensure people were protected from the risk of abuse, and staff had received appropriate training in relation to this.

People's medication was safely managed, and there were effective arrangements in place for order, storing recording and administering medicines.

Good



Is the service effective?

The service was effective, but improvements were needed to be made in the way the provider complied with the requirements of the Mental Capacity Act 2005.

People's healthcare needs were identified and acted upon, and staff supported people to access external healthcare facilities where required.

Requires improvement



Is the service caring?

The service was caring.

Staff knew people's needs well, and people told us they felt well supported by the service. Staff ensured people's dignity and right to privacy was respected.

Good



Is the service responsive?

The service was responsive, but improvements could be made in relation to personalising activities and acting on people's stated preferences or plans.

Requires improvement



Is the service well-led?

The service was well led.

Improvements had been made in relation to how the provider monitored the quality of the service, but sufficient time had not yet passed for us to assess whether this was embedded into practice.

Requires improvement



Holly House Residential Home

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.

The inspection was unannounced, which meant that the home's management, staff and people using the service did not know the inspection was going to take place. The inspection visit was carried out over two days; 9 September and 15 September 2015. The inspection team consisted of an adult social care inspector and a specialist advisor. The specialist advisor had expertise in the Mental Capacity Act, the Deprivation of Liberty Safeguards and consent.

During the inspection we spoke with three staff, the registered manager, a visiting healthcare professional and four people who were using the service at the time of the inspection. We also checked five people's personal records. We checked records relating to the management of the home, training and medication, team meeting minutes and records of quality and monitoring audits carried out by the home's management team. We also looked at the arrangements for managing people's personal finances and managing their medication.

Prior to the inspection, we reviewed records we hold about the provider and the location, including notifications that the provider had submitted to us, as required by law, to tell us about certain incidents within the home. We also gained feedback from one of the local authorities which funds people's places at the home.

Is the service safe?

Our findings

We spoke with three people using the service about whether they felt the home was safe. They told us that they felt it was. One person told us it was “always” safe. Another described that staff gave them advice which helped to keep them safe, including advice about travelling independently in the local area, and how to use public transport safely. A guide was provided to each person, which they kept in their bedrooms. This included information about how the provider kept them safe, and steps they could take.

We looked at training records, and found that all staff had received training in the safeguarding of vulnerable adults. We asked one staff member about their knowledge of this, and found that they could describe well the appropriate steps to follow should they have concerns or suspicions about abuse. We checked the provider’s policies and procedures in relation to safeguarding, and found they had a newly written policy which appropriately reflected the local authority’s procedures. Other records showed that this policy was discussed in team meetings and staff supervisions.

Recruitment procedures were appropriate to ensure that people were kept safe. Policy records we checked showed that all staff had to undergo a Disclosure and Barring (DBS) check before commencing work, in addition to providing a checkable work history and two referees. In our inspection of November 2014, we had found that this policy had not been appropriately followed. We spoke to the registered manager and one of the home’s deputy manager about recruitment. They confirmed that they understood how they needed to proceed in the future, and where they could get advice from. However, they had not recruited anyone since the last inspection so they could not provide practical evidence to show that they were now following procedures.

We looked at the risk management arrangements for five of the people using the service. We found that they were detailed, and set out the steps that staff should take to ensure people were kept safe both in and out of the home. We found that risk assessments were tailored to each

individual and their specific needs. We spoke with the registered manager and both deputy managers about risk assessments within the home. They told us that they had undertaken a review to ensure that risk assessments were appropriate to each person and the areas that presented specific risk to them.

We looked at the evacuation plans in case of a fire. Each person’s ability to evacuate the building had been detailed, and this had been recently reviewed. Records of fire drills showed that full drills took place approximately every six months, and each person’s response had been recorded. We saw that staff had given people appropriate advice about what they would need to do when they heard the alarm sound.

The arrangements in place to ensure that people’s medicines were safely managed were robust and appropriate. Medication was securely stored, and records of the temperature of the medication storage room were kept. There were no controlled drugs kept in the home, although there were appropriate storage arrangements should the need arise to store such medication. We checked records of medication administration and saw that these were appropriately kept. Records showed who had administered medicines, and any reasons for missed or refused medication were recorded.

There were systems in place for stock checking medication, and for keeping records of medication which had been returned to the pharmacy. The records relating to medication which was returned to the pharmacy were clear and up to date, and stock numbers were carried forward onto each medication administration record (MAR) so stock records were accurate.

The home kept a supply of “homely remedies” for each person. There were specific to each person, and there were records from each person’s GP showing which homely remedies the person could take, and for what ailments. When homely remedies were administered, a record was made on the person’s MAR chart showing when and why it had been administered.

Is the service effective?

Our findings

The people we spoke with said staff were friendly and kind in the way they worked, and we received only positive comments about people's experience of how staff understood their needs. One person said: "They know all about me, that's a good thing."

We found staff had the right skills, knowledge and experience to meet people's needs. The registered manager told us that a training programme had been updated since the last inspection. A new policy had also been devised to set out the training all staff were required to undertake. We noted that one type of training appeared to be missing from the policy, but saw that this was addressed during the inspection.

The provider had training matrix which recorded what training staff had completed and identified any shortfalls. One of the home's deputy managers told us that they kept this under review, and it allowed them to spot when any staff required additional or refresher training. We saw that training undertaken included food hygiene, fire safety, medicines management, infection control and first aid. In addition to this, some staff had undertaken additional, more specialised training, including dementia awareness and nutritional screening. The staff we spoke with told us that they found the training they had undertaken to be useful.

We checked records of the support staff received from the management team. This showed that staff received regular supervision, and staff we spoke with confirmed this. Records of supervision showed that management feedback was included as part of this process which identified areas of need and development. However, we noted there was little evidence of reflective discussion in relation to staff members' interactions with people using the service. The registered manager told us this was because they were a small staff team and such reflective practice took place more informally.

The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment. We found managers

had an awareness of the Mental Capacity Act 2005 and had received training in this topic, although staff knowledge and involvement in this process appeared to be more limited.

Records in relation to assessments of people's capacity showed that assessments had been made consistently by a member of the management team, or by external professionals. The Mental Capacity Act Code of Practice states: "The person who usually assesses an individual's capacity to make a decision will usually be the person who is directly concerned with the individual at the time the decision needs to be made." For more complex decisions it states that whilst a professional opinion may be necessary "the final decision about a person's capacity must be made by the person intending to make the decision or carrying out the action... not the professional, who is there to advise." We discussed this with one of the deputy managers, although they told us that they believed there was no need for all staff to undertake mental capacity assessments as "they can be supporting service users" instead.

We found the service to be meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Deprivation of Liberty Safeguards (DoLS) are part of MCA 2005 legislation and ensures that, where someone may be deprived of their liberty, the least restrictive option is taken. Staff had a basic knowledge of this subject and said they would talk to the management team for further advice if needed. No one living at the home at the time of the inspection was subject to DoLS. We looked at one person's records, which showed that they voluntarily allowed staff to look after their bus pass. We asked the person whether they could go out without asking for staff's permission, but they were unsure about this. We spoke with the deputy manager and asked what they would do if the person wished to go out when it was thought to be unwise, for example, late at night. The deputy manager told us that they could not deprive the person of their liberty, and that the MCA states that they must allow a person to make an unwise decision. This information had not been recorded in the person's records.

We looked at the provider's policy in relation to consent, but found it was basic and made no reference to the legislation on which it relies. There were no references to the Mental Capacity Act, the Mental Capacity Act Code of Practice or the Statutory Principles. We asked what resources were available to assist staff with their practice

Is the service effective?

and one of the deputy managers told us there was a copy of the Mental Capacity Act Code of Practice and an MCA guide from the local council. They advised that all staff knew about these resources but was unsure if they were being referred to. The notes of the team meetings only indicated one occurrence where MCA had been mentioned and this was the meeting which signposted staff to the resources in the office. There was no other evidence of MCA being commonly discussed as part of their on-going learning in this area.

We observed people choosing what to eat during the two days of the inspection. We saw that this was done flexibly, and people made choices based on their preferences and tastes. Staff told us that although a menu was planned for evening meals, people could choose to eat something else

if they wished. On one of the days of the inspection, we observed that one person was encouraged to take an active part in checking what people wanted and setting the table. They told us they enjoyed doing this.

People were supported to maintain good health and had access to healthcare services. We checked records which showed that external healthcare professionals were consulted whenever required, and had been involved in working with the staff team to plan the best ways to meet people's healthcare needs. One person's records showed that they had a history of reluctance to access external healthcare, however, one of the deputy managers told us that they had worked closely with this person to support them in addressing this, and they had recently attended a medical appointment, with support.

Is the service caring?

Our findings

We spoke at length with four of the people who were using the service at the time of the inspection, and observed staff carrying out day to day care tasks with people. People were consistently positive in their descriptions of receiving care in the home. One person told us: "It's good, they make me coffee on a morning and that's important." Another said: "They help me do the things that I want, swimming, shopping, going out. I like to watch TV and we do that, and we have a laugh." We spoke with people about whether they could have private space. They told us the layout of the home meant they could be away from other people if they wanted. We saw this taking place and staff respecting people's preferences for privacy. The service user guide, which was given to everyone when they began to use the service, emphasised people's rights to privacy.

We saw that staff communicated with people in a positive and open way, and that, where appropriate, a sense of fun underpinned communications. Many of the people we spoke with emphasised the fun they experienced at the home. Staff were respectful when speaking with people, and showed, in all their interactions with people, that people's individual choice and preferences was paramount.

We asked people whether they knew what was in their care plans. Everyone we spoke with knew what this was, and some could tell us that it contained information about what was important to them, about their relatives and what they liked to do. One person said: "I've got a file, it's so staff know about me." We saw evidence in people's files that they had been involved in care planning and reviewing their care, although one person's file indicated that they had not always contributed to their monthly reviews.

In the care plans we checked, we saw that risk assessments and care plans described how people should be supported so that their privacy and dignity was upheld. We cross checked this with daily notes, where staff had recorded how they had provided support. The daily notes showed that staff were providing care and support in accordance with the way set out in people's care plans and risk assessments.

We spoke with two staff about how they understood people's needs. The both exhibited a comprehensive understanding of how each person wished to be cared for, and what their preferences, likes and dislikes were. They knew each person's history well, as well as their idiosyncratic behaviours and methods of communication.

Is the service responsive?

Our findings

People we spoke with told us that there was a lot to do at Holly House. One person told us they enjoyed going swimming, and others told us about a craft group they attended. Each person's record included a full weekly timetable of activities which provided regular structure and opportunities for meaningful activities. One person accurately described their weekly activities which coincided with their activity timetable in their care records. A number of the activities were participated in by most people at the same time as a group activity, and a mini bus was used to transport people to the groups. Whilst there were opportunities also built in for personalised activities such as one person who went running independently, and another going to church, these were in the minority.

We spoke with two staff about the activities available to people. They confirmed our findings that group activities were in the majority, but also described that people could go out with one to one staff support, or independently, if they wished.

We checked the arrangements for visitors attending the home. There was a policy in place which said that visitors could attend the home between 8am and 8pm. One of the deputy managers confirmed that this policy was the current one, although they told us that in reality the home did not receive many visitors. They said that they would be flexible with visiting times if needed.

We checked care records belonging to five of the ten people who were using the service at the time of the

inspection. We found that care plans were detailed, and regularly reviewed. One person told us that they wished to join a gym. This was reflected in their care records, where this desire was recorded and regularly reviewed with a view to staff helping them identify a suitable facility. Another person told us that they had a long term aim to develop a relationship and move to a more independent environment. Again, this was reflected in their care records, although records did not show that any steps had been taken at the time of the inspection to assist the person in fulfilling this plan.

We spoke with staff about people's changing needs, and how the service could meet such needs. They described to us that discussions took place at team meetings about how best to support people. They said this was an opportunity to contribute ideas and tailor people's support to them. A visiting professional told us that they felt staff were flexible in meeting people's changing needs.

There was information about how to make complaints in the form of a complaints procedure although it was not contained in the service user guide. One of the deputy managers informed us that information about how to make complaints was given to people separately, when they began using the service. However, for some people this was decades ago. We looked at the complaints policy and found that it did not contain the correct information about who complainants should contact if they required external remedy. The deputy manager told us that they believed this had been rectified, and contacted us shortly after the inspection to confirm this had been completed.

Is the service well-led?

Our findings

People were involved in making decisions about how the home was run, although these were on an informal basis. One of the deputy managers told us that formal meetings had been tried in the past, but had not been effective. One person told us that they had helped to choose the wallpaper in the living room, and another showed us decorations they had chosen for their bedroom, and emphasised to us that it was important this reflected their personal tastes.

A questionnaire was used to glean feedback for visiting relatives, external healthcare professionals and people using the service. We checked recently completed questionnaires and found that the responses were all positive, although returns had been limited. The registered manager told us that it was difficult to get people's families to complete questionnaires as they did not visit very often. We asked if a central report or an action plan had been developed from questionnaire findings, but this had not been carried out.

The home's registered manager was also the owner of the business. She was supported in running the home by two deputy managers. We asked a member of staff about whether they felt supported by the provider. They told us that support came in the form of formal supervisions as well as informal catch ups during handover periods and during the working day. During our observations we saw this to be the case, and staff and managers regularly discussed work plans and activities through the course of their working day.

We checked records, and found that staff received regular supervision, delivered by one of the deputy managers or the registered manager. The management team told us that another deputy manager was beginning to carry out supervisions, although they preferred not to do so as they did not enjoy this aspect of their work. The management team told us they worked around this so that this staff member was appropriately supported.

During the inspection, one of the support workers was carrying out a check of administration systems. This was a new arrangement which had been devised as a method of staff development as well as contributing to the oversight

of records. The staff member concerned told us that they enjoyed this aspect of their work, and the management team told us it had proved to be very useful in contributing to the management of the home.

We spoke with members of the management team about the arrangements for monitoring quality in the home. They told us that, as a result of the 2014 inspection, they had implemented a more comprehensive auditing system than they had previously used. We checked records of this system; we found it comprised a quarterly check of health and safety, premises, care records, supervision, staff training and people's finances. It was carried out by members of the management team, and assisted in monitoring the quality of the service people received. This audit had been completed twice at the time of the inspection, so it was not possible to judge its long term effectiveness. However, the audits that had been completed so far contained evidence that, where issues had been identified, they had been addressed.

We asked the registered manager and one of the deputy managers how they checked people's personal finances were being managed safely, as we had identified concerns in relation to this at the previous inspection. The registered manager told us that this had been overhauled, and that they felt it was a much improved system. The deputy manager told us that they cross checked bank withdrawal receipts with people's cash amounts on a weekly basis. This was then also cross checked with people's bank statements when they were issued. We checked a sample of three people's finance records and found that appropriate checks were carried out, and receipts matched withdrawals and expenditure. This meant that the management of people's finances was carried out effectively.

We looked at records of incidents within the home, and cross checked them with notifications made to the Commission by the provider. We found that, where required, any incidents had been notified to the Commission. There were systems in place for analysing incidents, with records showing that the registered manager had oversight of each incident. For example, a recent medication error had been assessed by the registered manager who had recorded their actions and

Is the service well-led?

devised plans to help prevent any recurrences. This showed that the registered manager had systems in place for learning from, and acting upon, any untoward incidents that occurred in the home.

We checked whether the home's rating, awarded following the last inspection, was on display. It wasn't visible, and the

registered manager indicated that as the rating was "inadequate," they were reluctant to display this. We advised that displaying ratings was legally required, although the registered manager said that they had not been previously aware of this.