

First 4 Care Limited The Hollies

Inspection report

3 Cardinal Gardens,
Burghwallis
Doncaster
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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	

Overall summary

The inspection took place on 1 December 2015 and was announced, 48 hours' notice of the inspection was given because the service is small and we needed to be sure that the registered manager was available and that people who used the service would be in. At the last inspection in August 2014 the service was judged compliant with the regulations inspected.

The Hollies is a small care home for people with learning difficulties. The property is built to a high specification and bedrooms are spacious and decorated to each person's tastes. It is situated in the village of Burghwallis,

near Doncaster. There are good transport links into Doncaster. It can accommodate up to four people. At the time of this inspection there were two people living at the service.

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.

Summary of findings

People we spoke with told us they felt safe while staying at the home. One person said, “I like living here and I like the staff.” Staff had a clear understanding of potential abuse, which helped them recognise how they would deal with situations if they arose.

There were enough skilled and experienced staff and there was a programme of training, supervision and appraisal to support staff to meet people’s needs. Procedures in relation to

recruitment and retention of staff were robust and ensured only suitable people were employed in the service.

Medicines were stored and administered safely. Staff and people that used the service were aware of what medicines to be taken and when.

Staff were aware of the Mental Capacity Act and the Deprivation of Liberty Safeguards. At the time of this inspection the registered manager told us they had not found it necessary to use the safeguards. This legislation is used to protect people who might not be able to make informed decisions on their own.

People were encouraged to make decisions about meals, and were supported to go shopping and be involved in

menu planning. We saw people were involved and consulted about all aspects of their care and support, where they were able, including suggestions for activities and holidays.

People had access to a wide range of activities that were provided both in-house and in the community. This included walking groups and socialising at discos and meals to pubs for lunch and evening meals.

We observed good interactions between staff and people who used the service. People were happy to discuss the day’s events and people told us they were looking forward to Christmas and all of the festive parties that they would be attending.

People told us they were aware of the complaints procedure and said staff would assist them if they needed to use it.

There were effective systems in place to monitor and improve the quality of the service provided. We saw copies of reports produced by the registered manager. The reports included any actions required and these were checked each month to determine progress.

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.

Staff knew how to recognise and respond to abuse correctly. They had a clear understanding of the procedures in place to safeguard people from abuse.

There were enough qualified, skilled and experienced staff to meet people's needs. We saw when people needed support or assistance from staff there was always a member of staff available to give this support. There were robust recruitment systems in place to ensure the right staff were employed

Medicines were stored and administered safely. Staff and people that used the service were aware of what medicines to be taken and when.

Good



Is the service effective?

The service was effective.

Each member of staff had a programme of training and were trained to care and support people who used the service safely and to a good standard.

The staff understood the importance of the Mental Capacity Act in protecting people and the importance of involving people in making decisions. The registered manager demonstrated a good awareness of their role in protecting people's rights and recording decisions made in their best interest.

People's nutritional needs were met. The food we saw, provided variety and choice and ensured a well-balanced diet for people staying in the home. We observed people being given choices of what to eat and what time to eat.

Good



Is the service caring?

The service was caring.

People told us they were happy with the support they received. We saw staff had a warm rapport with the people they cared for. Relatives spoke positively about the staff at all levels and were happy with the care.

People had been involved in deciding how they wanted their care to be given and they told us they discussed this before they stayed at the home.

Good



Is the service responsive?

The service was responsive.

We found that peoples' needs were thoroughly assessed prior to them staying at the service. Communication with relatives was very good. One family member we spoke with told us that staff always notified them about any changes to their relatives care.

Relatives told us the registered manager was approachable and would respond to any questions they had about their relatives care and treatment.

Good



Summary of findings

People were encouraged to retain as much of their independence as possible and those we spoke with appreciated this.

The service had a complaints procedure that was accessible to people who used the service and their relatives. People told us they had no reason to complain as the service was very good.

Is the service well-led?

The service was well led.

The systems that were in place for monitoring quality were effective. Where improvements were needed, these were addressed and followed up to ensure continuous improvement.

People were regularly asked for their views. Regular meetings were used to ensure continued involvement by people living at the home.

Accidents and incidents were monitored monthly by the registered manager to ensure any triggers or trends were identified.

Good



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 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 1 December 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service was a small care home for younger adults who are often out during the day; we needed to be sure that someone would be in.'

The inspection was undertaken by an adult social care inspector. At the time of the visit there were two people using the service. We spoke with both of them and we also

contacted a relative of one person living at the home. We spoke with two support staff and the registered manager. We also observed how staff interacted and gave support to people throughout this visit.

Before our inspection, we reviewed all the information we held about the home including notifications that had been sent to us from the home. We also spoke with the local council contract monitoring officer and a Community Nurse for Learning Disabilities who also undertakes periodic visits to the home.

We looked at documentation relating to people who used the service, staff and the management of the service. We looked at two people's written records, including the plans of their care. We also looked at the systems used to manage people's medication, including the storage and records kept. We also looked at the quality assurance systems to check if they were robust and identified areas for improvement.

Is the service safe?

Our findings

People we spoke with told us they felt safe and supported at the home. One person said, “I like living at The Hollies we are like a family.” Another person said, “I feel safe we get on, it’s great, and I would tell staff if I was worried about anything.” A relative we spoke with said, “My family member is much safer since living at The Hollies. The staff all know how to support them and they tell me if anything is wrong.”

Support staff knew how to identify if a person may be at risk of harm and the action to take if they had concerns about a person’s safety. People’s plans included risk assessments. These told the staff about the risks for each person and how to manage and minimise these risks. People’s needs had been assessed and their care given in a way that suited their needs, without placing unnecessary restrictions on them. The service had an effective system to manage accidents, and incidents and to learn from them, so they were less likely to happen again. This helped the service to continually improve and develop, and reduced the risks to people.

Staff had access to policies and procedures about keeping people safe from abuse and reporting any incidents appropriately. The registered manager had a copy of the local authority’s safeguarding adult procedures which helped to make sure incidents were reported appropriately. We saw there was a notice board on the first floor of the home that had information that was written in a way that the two people could understand. The information told people who they could speak to if they were worried about anything. The registered manager told us no safeguarding concerns had been reported to the council since our last inspection.

The staff we spoke with demonstrated a good knowledge of safeguarding people and could identify the types and signs of abuse, as well as knowing what to do if they had any concerns of this kind. Records and staff comments confirmed they had received periodic training in this subject and the registered manager told us all staff had attended the council’s ‘role of the alerter’ training. There was also a whistleblowing policy available which told staff how they could raise concerns. Staff we spoke with were aware of the policy and their role in reporting concerns.

Staff only administered medication after they had received proper training and been assessed as competent. Their competence was re-assessed annually, in order to make sure they adhered to good practice. There were clear protocols for staff to follow when people were prescribed ‘as and when’ medicines, known as PRN medicines. Staff used a medication administration record (MAR) to confirm they had given people’s medicines as prescribed. We checked a sample of these and found they had been completed appropriately.

The team leader undertook audit checks to make sure medicines were managed safely and according to the policies in place. There was evidence that timely action was taken to address any issues identified for improvement.

There were emergency plans in place to ensure people’s safety in the event of a fire. We saw there was an up to date fire risk assessment and people had an emergency evacuation plan in place in their records.

Where the risk had been identified that people might display behaviour that was challenging to the service, there was clear guidance to help staff to deal with any incidents effectively.

We found that the recruitment of staff was robust and thorough. This ensured only suitable people with the right skills were employed by this service. The registered manager told us that staff could access the local council’s on-line training as well as face to face training which was used to ensure staff had the necessary skills and competencies. New staff also had a thorough induction to the ethos of the home. Most staff had also attained a nationally recognised certificate in care. The registered manager told us that they retained staff and this was confirmed when we spoke with staff they told us they had worked at the home for some time and had no intention of leaving.

We checked five staff files and found appropriate checks had been undertaken before staff began working for the service. These included two written references, (one being from their previous employer), and a satisfactory Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

Is the service effective?

Our findings

People we spoke with told us they liked living at the home, because they were encouraged to be as independent as possible. People said they were supported to attend social venues and one person told us, “I like going to transport club where I like to dance and meet friends.” Another person told us how they liked to join people in the community to go for walks and playing bingo. Both people told us they were looking forward to several parties and Christmas meals out with staff. They were also looking forward to attending a carol service which was taking place at Sheffield Cathedral.

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 are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Staff were aware of the Mental Capacity Act and the Deprivation of Liberty Safeguards. This legislation is used to protect people who might not be able to make informed decisions on their own. At the time of the inspection the registered manager told us they had not found it necessary to use the safeguards.

We looked at the person centred plans for the two people who used the service. They were written in a way that people could understand. We found that they contained information about their likes and dislikes and about the things they did during the day. They also contained information about their family and friends. We looked at the ‘My wellness and recovery action plans’ (WRAP). They were detailed and gave staff information about how people should be supported in relation to eating a well-balanced diet, exercise, and medication. They also told staff how to

manage any behaviour’s that challenged. Care and treatment was planned and delivered in a way that ensured people’s safety and welfare. Records were in place to monitor any specific areas where people were more at risk and explained what action staff needed to take to protect them. This included areas such as staying safe when out in the community and the risks associated with medication administration. Daily journals were used to record activities and aspects of their health and welfare. The two people who used the service were happy for us to look at their journals.

People’s care records showed that their day to day health needs were being met. People had access to their own GP and additionally community psychiatric nurses. Records showed that people were supported to also access other specialist services such as chiropody and dental services. We received information from one of the community psychiatric nurses. They said, “The service is well organised and proactive in ensuring that the two people living there have an active social life and attend for all health appointments as required. The staff have acted on my requests for appointments and referral to be made and has followed up the treatment plan from those appointments.”

The staff we spoke with told us about the training they had received which was specific to the service provided. The staff told us the training helped them to understand how best to support people who live at The Hollies. One relative we spoke with said, “My family member is very well looked after. They are always dressed smartly and look healthy. The manager and staff treat people as an individual and they encourage my family member to eat a healthy diet.”

The registered manager was aware that all new staff employed would be registered to complete the ‘Care Certificate’ which replaced the ‘Common Induction Standards’ in April 2015. The ‘Care Certificate’ looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings.

Systems to support and develop staff were in place through regular supervision meetings with the registered manager. These meetings gave staff the opportunity to discuss their own personal and professional development as well as any concerns they may have. Annual appraisals were also in place.

Is the service effective?

Staff confirmed to us that they received regular supervision on an individual and group basis, which they felt supported them in their roles. Staff told us the registered manager was always approachable if they required some advice or needed to discuss something. They said regular staff meeting was also used to support staff and they felt able to discuss any problems they may be experiencing.

People had a good well balanced diet with choices and people's individual needs were catered for, and their diet

and weight monitored as necessary. People told us that they helped to develop the menus and helped with shopping and preparing meals. The registered manager told us that everyone sits down together for a 'family meal' which is usually the main meal of the day. We joined people for lunch and the meal was very relaxed and people chatted about Christmas and what they were looking forward to doing.

Is the service caring?

Our findings

People who used the service told us they were involved in developing their person centred plans and both people agreed to show us their records, which were written in a way they could understand. The support plans described how people wanted to receive their support and told us who were important to them and things they liked to do. For example, spending time with family and friends. They also told us how they needed support with hospital and other health appointments.

We spoke with one relative who told us, “Staff know my family member so well. They are always kind and always act in the best interests of them. I would not want my family member to live anywhere else.” They said they were very satisfied with the care provided and felt involved in the care of their family member.

People told us that staff were respectful and spoke to them in a way that made them feel at home. One person we spoke with said, “Staff are great we all get on very well, staff are like family to me.” Another person said, “I get on well with all of the staff they are great.”

People told us they were able to decide how they wanted to decorate their bedrooms. One person said, “I have all my things that I like in my room, I enjoy going to the gym, I think I am doing really well.” Another person told us they liked to go walking with a community group. They said, “I like the people who go walking and when I am at home I like to knit blankets for people.”

We observed staff interacting with people in a positive encouraging way. People were asked what they wanted to do during their spare time and there was lots of encouragement given to people to undertake household tasks. For example, on the day of our inspection people were helping to put up the Christmas trees, and decorated gift boxes.

The registered manager told us that people did not currently need to use advocacy services as they were able to make important decisions about their care. However, we were shown a notice board that had leaflets for one of the leading advocacy charities in the UK for people with a learning disability.

Is the service responsive?

Our findings

We looked at both people's care plans which confirmed that a detailed assessment of their needs had been undertaken by the registered manager before their admission to the service. People and their relatives confirmed that they had been involved in this initial assessment, and had been able to give their opinion on how their care and support was provided. Following this initial assessment, care plans were developed detailing the care, treatment and support needed to ensure personalised care was provided to people.

The registered manager and the team leader shared responsibility for making any changes to the care plans which covered every aspect of people's life and provided a consistent approach to their support. These care plans ensured staff knew how to manage specific health conditions. For example, attending well women and psychiatric appointments

Staff we spoke with told us that they worked flexibly to ensure people who used the service could take part in activities of their choice. They said activities such as attending social events and going for meals were arranged around people who used the service. One person told us that they liked to go to the transport club and the gym. Trips out to local pubs and Blackpool were also favourites of people who used the service.

People were provided with information about the service. This is called a 'Service User Guide.' The information was set out in an easy read format using pictures and words to illustrate the main points.

The registered manager told us there was a comprehensive complaints' policy and procedure, this was explained to everyone who received a service. It was written in plain English and there was an easy read version which was available to those who needed it in that format. They told us they had received no formal complaints in the last 12 months.

People we spoke with did not raise any complaints or concerns about the care and support they received. The relative we spoke with told us they had no concerns but would discuss things with the staff or the registered manager if they needed to raise any issues.

Staff told us if they received any concerns about the services they would share the information with the registered manager. They told us they had regular contact with their manager both formally at staff meeting and informally when the registered manager carried out observations of practice at the home.

Is the service well-led?

Our findings

The service was well led by a registered manager who was registered with the Care Quality Commission. Staff we spoke with told us they understood their responsibilities and felt supported by the registered manager. Because the team was only small they were able to meet together regularly to talk about how to deliver safe, effective care to people who used the service.

Staff were able to attend regular meetings to ensure they were provided with an opportunity to give their views on how the service was run. Daily handovers were also used to pass on important information about how the two people had been and what they had been doing. Staff told us that it was important to communicate information to each other, especially if they had been away from work for a few days.

People and their relatives were actively encouraged to give feedback about the quality of the service. People we spoke with told us, they could choose to live at The Hollies. They said they had chosen the home as the staff were friendly and made them feel at home. One person said, "We are all like family."

'House meetings' also took place regularly throughout the year to enable people to feel part of the planning to improve the service. We looked at the minutes from the last meeting held in November 2015, which looked at plans for activities over Christmas.

The registered manager told us that the provider had a clear vision and set of values that the service worked

towards. This involved treating people with dignity and respect and enabling people who used the service to be independent while ensuring their rights and choices were maintained.

The service had good quality assurance systems in place to seek the views of people who used the service, and their relatives. Because the service has only recently commenced the quality assurance system had not been tested. The service manager told us that house meeting had just commenced to ensure people were able to contribute to discussions on how the service was run. We looked at a number of audits which confirmed the provider managed risks to people who used the service. These included medication, care plans and health and safety. The registered manager told us that she was looking to update the audits to reflect the fundamental standards which looks at is the service safe, effective, caring, responsive and well led. Risk assessments were in place that identified areas of potential risks to ensure that the risks were managed safely and effectively. We saw that the manager had certificates to demonstrate she had taken protective measures to manage risks associated with the delivery of service and the potential impact on people who used the service.

Observations of interactions between the Registered Manager and staff showed they were inclusive and positive. The staff spoke of strong commitment to providing a good quality service for people living in the home. They told us the Registered Manager was approachable, supportive and they felt listened to. One member of staff said, "We all work as a team."