

# Delam Care Limited

# The Hollies

## Inspection report

9 Shirley Road  
Hanley  
Stoke-on-Trent  
Staffordshire  
ST1 3PF

Tel: 01782205064

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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 Hollies is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service is registered to provide accommodation and personal care for up to 21 people. People who use the service may have a learning disability or mental health needs. At the time of the inspection, 21 people were living in the home but not everyone using The Hollies received a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

There was a registered manager in post. A registered manager is a person who has registered with the CQC 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.

Whilst the Hollies was not originally designed with the principles of Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion, so that people with learning disabilities and autism using the service can live as ordinary a life as any citizen. The registered manager ensured that staffing levels were flexible and responsive to people's needs and people could be assured that they had choice and control over their care.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Why the service is rated good.

People's needs and risks were assessed and planned for. People's nutritional needs were met, people liked the food and had a choice. People were supported to have access to health services and receive ongoing healthcare support.

People were treated with kindness and respect. Their privacy was respected and their independence promoted.

People received personalised care that was responsive to their needs. People had not complained, but were regularly reminded of how they could do this if they wanted to. No one was receiving end of life care; however, this had been considered where necessary.

Quality assurance systems were in place and the registered manager knew people well and was approachable.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The building itself needed improving, there are plans in place for this.

The previous CQC rating was displayed as required.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remained good	<b>Good</b> ●
<b>Is the service effective?</b> The service remained good	<b>Good</b> ●
<b>Is the service caring?</b> The service remained good	<b>Good</b> ●
<b>Is the service responsive?</b> The service remained good	<b>Good</b> ●
<b>Is the service well-led?</b> The service remained good	<b>Good</b> ●

# 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 was a comprehensive inspection and took place on the 08 January 2019. It was an unannounced inspection and undertaken by two inspectors.

We looked at information held about the service. This included notifications that we had received from the provider about events that had happened at the service. A notification is information about important events which the provider is required to send to us by law. We also gathered information about the service from other sources. We contacted the commissioners of the service; commissioners are people who fund placements and packages of care and have responsibility to monitor the quality of service provided.

The provider had completed a Provider Information Return (PIR) prior to the inspection. This is a form that asks the provider to give some key information about what the service does well and what improvements they plan to make. We used this to help plan our inspection.

We spoke with two people who used the service. We spoke with the registered manager, deputy manager, locality manager and two care staff. We looked at four people's care records, two medication administration records, recruitment files, training records, and quality monitoring audits. We did this to gain people's views about the care and to check the standards of care were being met.

# Is the service safe?

## Our findings

People were protected from the risk of potential abuse. Staff told us that they had received safeguarding training and what action they would take if they suspected someone was being abused. Staff were able to identify different types of abuse and told us the action they would take if they suspected a person was being abused. One staff member told us that they would "Call the whistleblowing number, we can get that from the office. Report it to the registered manager or locality manager, straight away they'd deal with it. Or we could report to CQC or safeguarding." We saw safeguarding information displayed in two offices about how and where to report safeguarding.

Where people's risks to safety had been recognised and planned for we saw that action had been taken to reduce the risk. For people who had epilepsy we saw clear plans had been put in place and were being followed by care staff. We saw that weekly fire tests were being done and recorded. One person told us that when they have had a fire drill, "They go outside, across the road." People also had a Personal Emergency Evacuation Plan in place in case an emergency should occur.

People were supported by sufficient numbers of staff. Staff told us that they felt there were enough staff to meet people's needs. The staffing levels and rotas were flexible and adapted to enable people to pursue their interests and hobbies. For example, one person told us that that liked to go out shopping with staff.

People received support from safely recruited staff. We saw that references had been obtained and Disclosure and Barring Service (DBS) checks were completed to ensure that potential staff were of good character to be able to work with people who used the service. The DBS helps employers make safer recruitment decisions.

Medicines were managed safely. One person told us that staff gave them pain relief when they were unwell. People received their medication as prescribed and stock levels were correct. Records were clear and medication kept in a locked box in people's bedrooms. Staff who were responsible for the administration of people's medicines had received training in how to do this safely.

Infection control measures were in place to ensure that the home was clean and protected people from the risk of infection. We saw staff wearing personal protective equipment (PPE) such as gloves when necessary. The building was appropriately maintained as checks were carried out on the electrics, gas and water hygiene.

Lessons were learned when things had gone wrong. Although there was an induction pack in place for new starters, the register manager found that this was not in depth as much as it needed to be for the service, so they had implemented another induction pack which gave more detail for new starters on their roles and responsibilities.

## Is the service effective?

### Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. Records showed that appropriate referrals had been made and people were not being unlawfully restricted.

Staff told us they had received training in the MCA and understood how to apply the principles. One staff member told us, "It is making sure people have capacity to make a decision for themselves." We saw staff offering people choices and the least restrictive options had been considered.

People were supported to maintain a healthy diet. People's care plans provided guidance to staff relating to their nutritional needs. For example, one person needed their food cutting up and for staff to be close by whilst they ate. We observed that people had choice as to when they had their lunch and it was flexible to meet their needs. People told us they liked the food.

People were supported to maintain their health and wellbeing. One person told us that, "They [staff] make an appointment to see the doctor if I need to." People were supported to attend healthcare appointments such as the GP and opticians. One person told us that there were going to the opticians and we saw a staff member supporting them with this appointment.

The provider had a system to make sure that staff had the skills and knowledge to deliver effective care to people. One member of staff told us that they have supervision, "about every couple of months" and that, "It works well, as if you're not doing well in one area, I get told straight away so I can improve on it." Staff had an induction when they first started working in the home that enabled them to gain the skills and knowledge in key areas that they would require to work successfully in their role. One staff member told us they, "shadowed for a couple of weeks and were shown how to do stuff and they started to get to know people." The induction programme included shadowing experienced staff and a mixture of online and face to face training. This meant staff were supported in a range of ways to ensure they could care for people effectively.

People's needs were assessed to ensure that they could be met in the home. For example, one person had behaviour which challenged and we saw that plans were in place for staff to follow which included detail about triggers for that person and how best to support them.

People had their own bedrooms which they could personalise, however the building itself, as told to us by the locality manager needed improving, including decorating. The provider assured us there were plans in place for this work to be carried out soon. The building had been adapted to meet people's needs. For example, a board had been placed in the dining room with pictures which was used to remind people what they had ordered for dinner. A sensory room had been newly fitted, with the registered manager informing us they had received positive feedback from the people who had used it so far.



## Is the service caring?

### Our findings

People were treated with kindness and respect by staff who knew them well. People told us that they were happy at The Hollies and we saw caring interactions. One person told us that, "The staff treat me ever so well. They are lovely, I like the staff." Another person told us that they have favourite staff members that they like to support them. We saw support plans that asked people what they would like to be called. For example, their full name or shortened name and do they mind a term of affection or endearment such as "duck"; these plans were signed by people giving their consent.

Staff could tell us how they supported people to maintain their dignity. For example, always asking for permission and letting people do things for themselves. One staff member told us that they were "constantly talking" to people. We observed staff knocking on doors and asking people's permission before helping them. We saw support plans in place which enabled people to have alone time when presenting with specific behaviours.

People had access to information in a format that reduced barriers to communication. For example, we saw an easy read complaints policy in people's care files.

People were enabled to maintain and promote their independence. People were encouraged to take their time to be independent with their personal care routine. This was recorded in people's support plan, staff were aware of people's needs and responded accordingly. For example, one person needed support with personal care to wash their hair but could carry out the rest of the task by themselves. People told us that they spend time with their families. For example, one person attends a regular activity weekly with their family.

## Is the service responsive?

### Our findings

People received personalised care that was responsive to their needs. Staff knew people well including their likes, dislikes and preferences and staff used this information to help provide personalised support. Staff told us that they knew what signs to look out for when people were poorly or behaviours that can affect a person's mood. Staff were also aware of who needed specific support in certain areas such as personal care, for example drying their hair and we also saw staff carrying out this support. The registered manager informed us of the importance of matching the right staff to support people, which considers both staff and people's personalities, staffs approach and how they respond to situations. For example, one person responded better to bubbly staff who are more direct, another person works best with a gentle approach. The registered manager ensured that this knowledge was used to match staff and people with similar interests to aid the development of positive relationships.

The registered manager told us that consideration was given to people's ethnicity, cultural and religious needs on people's pre-admission assessments and has put in place a grab file for new staff which gives them easily accessible information about each person living at The Hollies. One staff member said, "The care plans are very helpful." The registered manager told us that they had arranged for people to visit a local mosque recently, which people enjoyed. Another person was supported to attend a place of worship regularly. One person told us their favourite things about living at The Hollies was bingo. Staff were also able to tell us about what things people enjoyed doing, such as colouring, going shopping, going on the bus and having a coffee. This meant staff knew people's preferences and their hobbies. The service also made use of groups which were designed specifically for people with a learning disability and/or autism such as autism friendly shopping and cinema times. This meant people were supported with a range of hobbies and activities of their choice which took into account people's diverse characteristics.

There had been no complaints related to regulated activities; however, we saw there was an appropriate complaints policy in place and people could complain if they needed to. Staff reminded people in resident's meetings of who to go to and how to make a complaint. We saw that people had access to service user guides and statement of services in easy read format. This meant consideration had been given to ensure people could access the information they needed to make a complaint.

At the time of the inspection, no one was receiving end of life care. However, when appropriate, people had been supported to consider their wishes for their end of life care.

# Is the service well-led?

## Our findings

The induction pack for new staff stated that the vision for the service was, "By putting quality first in everything we do for each person we support and for all our staff we will be the service provider and employer of choice in local Stoke-on-Trent and Staffordshire communities we serve." The locality manager and registered manager expanded on this, with a long-term vision of ensuring support was even more tailored to ensure people got the most appropriate and personalised support for them.

The registered manager was committed to enabling people to maximise their independence and had a positive attitude towards risk-taking. Although the service was not originally designed with the principles of Registering the Right Support, people could be assured that they had choice and control over their care and their independence and inclusion promoted.

Staff told us that the registered manager was "a good manager", "very helpful" and that they feel supported "100%". Team meetings were held every couple of months according to the staff and they discussed "What's happening in the home" and training such as DoLS and safeguarding.

Audits were completed that included equipment such as fire safety and medication and a service development plan was in place. There were also effective quality assurance arrangements in place with the locality manager completing visits to monitor the service. For example, on one visit they looked at the equipment in the kitchen. This meant that oversight was given to these areas and any improvements needed could be made.

We found that there were issues with some of the fire doors not working properly; action had been taken to try and resolve this, however this had not yet been resolved. The provider has assured us this issue will be fixed soon and we will check this has been done.

People who used the service were actively encouraged to give their feedback by completing surveys and by attending resident meetings. We looked at the feedback from a recent survey, all the people who had completed the survey said that staff talk to them nicely.

The register manager worked openly with other professionals and agencies involved in people's care and informed us that they had been nominated for an award by an external agency along with internal nominations. We saw that pharmacist advice visits had also taken place.

The registered manager told us that the service learned and kept up to date with new advice by receiving the 'Care' magazine, watching out for CQC posts on social media and attending the Staffordshire Association of Registered Care Providers meetings.

We saw that the last CQC inspection rating was being clearly displayed within The Hollies and notifications were being submitted to us as required by law.