

# Delam Care Limited

# The Hollies

## Inspection report

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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

We inspected this service on 23 December 2015. This was an unannounced inspection. Our last inspection took place in June 2014 and at that time we found the home was meeting the regulations that we checked them against.

The Hollies is registered to provide accommodation and personal care for up to 21 people. People who use the service have a learning disability and/or a mental health condition. At the time of our inspection 19 people were using the service.

The service had 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.

People's safety was maintained because risks were assessed and planned for and the staff understood how to keep people safe. People's medicines were managed safely, which meant people received the medicines they needed when they needed them.

There were sufficient numbers of suitable staff to meet people's needs and promote people's safety. Staff received regular training that provided them with the knowledge and skills to meet people's needs.

People's health and wellbeing needs were met and people were supported to attend health appointments as required. People could access suitable amounts of food and drink that met their individual preferences.

Staff showed they understood and applied the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. This ensured that when people had the ability to make decisions for themselves, their decisions were respected. It also ensured decisions were made in people's best interests if they were unable to do this for themselves.

People were treated with kindness, compassion and respect and staff promoted people's independence and right to privacy.

People were involved in the assessment and review of their care and staff supported and encouraged people to access the community and participate in activities that were important to them.

People's feedback was sought and used to improve the care. People knew how to make a complaint and complaints were managed in accordance with the provider's complaints policy.

There was a positive atmosphere at the home and people and staff were supported by the registered manager.

The registered manager and provider regularly assessed and monitored the quality of care to ensure standards were met and maintained. The registered manager understood the requirements of their registration with us.

## 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. Risks to people were assessed and reviewed and staff understood how to keep people safe.

Sufficient numbers of staff were available to keep people safe and people were protected from abuse and avoidable harm. Medicines were managed safely.

### Is the service effective?

Good ●

The service was effective. People were supported to maintain a healthy diet. People were enabled to make decisions about their care and support and staff respected the decisions people made. Staff knew how to support people to make decisions in their best interests if they were unable to do this for themselves.

Staff had the knowledge and skills required to meet people's needs and promote people's health and wellbeing.

### Is the service caring?

Good ●

The service was caring. People were treated with kindness, compassion and respect and their right to make choices about their care was supported and promoted.

People were encouraged to be independent and people's privacy was respected.

### Is the service responsive?

Good ●

The service was responsive. People were involved in the assessment and review of their care to ensure that care met their preferences and needs.

Staff supported people to do the things that were important to them. People were enabled to share concerns about their care and systems were in place to respond to any complaints.

### Is the service well-led?

Good ●

The service was well-led. Effective systems were in place to regularly assess, monitor and improve the quality of care.

Feedback from people, their relatives and the staff was sought to identify areas for improvement in care.

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# 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 was 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 23 December 2015 and was unannounced. Our inspection team consisted of one inspector.

Before the inspection we checked the information we held about the service and provider. This included the notifications that the provider had sent to us about incidents at the service. We used this information to formulate our inspection plan.

We spoke with 10 people who used the service, a relative of a person who used the service, three members of care staff, the registered manager and the deputy manager. We did this to gain people's views about the care and to check that standards of care were being met.

We spent time observing care in communal areas and we observed how the staff interacted with people who used the service.

We looked at two people's care records to see if their records were accurate and up to date. We also looked at records relating to the management of the service. These included quality checks, staff rotas and training records.

# Is the service safe?

## Our findings

People told us they felt safe. This was because any risks of harm to people's health and wellbeing had been assessed and managed by the staff. One person told us and their care records confirmed they required assistance from staff to keep them safe in the community. They said, "I feel safe here. I have a staff member come out with me because they say I'm vulnerable". Another person told us they felt protected from the risk of fire at the home. They said, "We can't smoke indoors and there are smoke alarms. It's not safe to smoke indoors". They also told us and records showed that they participated in fire drills, so they understood how to respond in the event of a fire. Care records showed people's risk management plans were reviewed on a regular basis and amended if required.

People told us they were involved in the assessment, management and review of the risks to their health and wellbeing. One person told us they preferred to use the shower rather than the bath as they felt safer. They told us staff respected and supported their decision to do this. They said, "I feel safer in the shower, so the staff help me to use the shower rather than the bath". Another person told us how staff supported them to feel safe in the community. They said, "I get scared when I go out, but the staff are helping me with that because they come with me. I went out last week with staff and I felt happy when I got home. It was the furthest I had been".

People told us that staff were always available to provide them with care and support. One person said, "Staff are here 24 seven, even at night". Another person said, "Staff are always here if I need them, they are always around". The registered manager told us they regularly reviewed staffing levels and staff told us these were adjusted to meet people's individual needs. For example, staff told us that the number of staff on shift changed to enable people to participate in trips in the community.

People told us they felt safe around the staff. The relative we spoke with also told us they had confidence in the staffs' ability to keep their relation safe. They said, "I know [person who used the service] is safe, the staff look after them well". Staff told us and we saw that recruitment checks were in place to ensure staff were suitable to work at the service. These checks included requesting and checking references of the staffs' characters and their suitability to work with the people who used the service.

We found that people were protected from the risk of abuse, because they felt able to speak to the staff if they felt sad or unsafe. One person said, "I would tell the staff if I felt scared". The staff and the registered manager told us how they would recognise and report abuse in accordance with the agreed local safeguarding procedures. Records showed that suspected safety concerns were reported in accordance with these procedures as required.

People told us and we saw they were encouraged and supported to take their medicines as prescribed. One person said, "I get my tablets when I need them, they haven't missed any yet". Our observations and medicines records showed that effective systems were in place that ensured medicines were ordered, stored, administered and recorded to protect people from the risks associated with them.

## Is the service effective?

### Our findings

People told us and we saw they could eat foods that met their individual preferences and choices. One person said, "We have a menu and choose what we want to eat. We always have choice one or choice two to choose from, but if we don't want those we can have whatever we want". Another person said, "We have meetings about food where we are asked what we want to eat". Staff told us a varied and balanced diet and healthy eating was promoted and the menus we viewed confirmed this. People also told us their specialist dietary needs were met. One person said, "The staff know I can't eat pork. They tell me when it's on the menu and I have something else".

People also told us and we saw they could access drinks and snacks at any time. One person said, "I've just made a drink of juice, would you like one?". This person then accessed the kitchen independently and made the inspector a drink. We saw people helping themselves to fruit and drinks throughout the day.

People told us they were supported to stay healthy and we saw that people's health and wellbeing was consistently monitored and managed. For example, one person told us they had been referred to the hospital following a change that they and the staff had noted in their health. They told us staff had made an appointment for them to see their doctor and they were going to accompany them to a hospital appointment. People told us and we saw that staff supported them when they were unwell. One person said, "They take me the doctors when I need to go". Another person said, "If I'm unwell they phone the ambulance". During our inspection, we saw staff respond to one person who showed signs of being unwell by making an urgent doctor's appointment and accompanying the person to attend the appointment. The staff also informed the person's care coordinator (allocated health and social care professional responsible for coordinating the person's care). This showed the staff communicated effectively with health and social care professionals when changes in people's health occurred.

We saw that staff supported people to make decisions about their care and support in accordance with the law. 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. Staff showed they understood the MCA. One staff member said, "People here do have capacity to make lots of decisions. We know that people can do what they want if they have capacity. If they don't we use advocates, relatives and professionals to help make decisions for people".

People told us that staff respected their ability to make decisions about their care, even if these decisions were sometimes unwise. One person told us, "I go to the pub every week, but I only have two pints because of my medication. I shouldn't really have any, but two pints doesn't make me bad". Staff demonstrated they understood this person had the ability to make this decision for themselves even if there were risks associated with the decision. Staff told us the person had the ability to make this decision as they understood the consequences and associated risks.



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). We found the service was working within the principles of the MCA, and authorisations to deprive people of their liberty had been appropriately made and were being followed. People told us they didn't feel restricted living at the home. One person said, "I'm happy here and I like my freedom. I can go where I like at any time. I can even stay out all night as long as I let the staff know".

People told us staff had the knowledge and skills required to support them. One person said, "The staff know how to help me". Staff told us they received training to provide them with the knowledge and skills they needed to meet people's needs safely and effectively. One staff member told us how recent training had helped them to change the way they worked with people with autism. They said, "I've done some autism training. It's helped me with my job because it taught me people with autism need time to take information in. I always give people time to respond now". The registered manager told us and staff records showed that the staffs' training needs were regularly reviewed and met. This showed that the staffs' development needs were effectively managed to ensure they had the skills required to provide safe and effective care.

## Is the service caring?

### Our findings

People told us they were happy living at The Hollies because the staff were kind and caring. One person said, "I've moved that many times, but I'm settled here" and, "The staff are fantastic and brilliant". Another person said, "I feel like I get listened to" and, "They should bring everyone here who is having a rough time because it's fantastic here". A relative also confirmed this by saying, "The staff are all pleasant and always have the time to speak to me and [person who used the service]".

People told us they were enabled to make choices about their care. One person told us, "I choose what I want to do". Another person said, "I'm going to join the gym next year, that's what I've decided to do". People also told us the staff respected the choices people made. For example, one person told us the staff respected their decision not to go out shopping because they didn't feel like going out that day.

People told us they were enabled to be as independent as they could be. One person said, "I do a lot for myself, it's important to keep myself motivated". People told us they were supported to keep their rooms and the home tidy and assist with meal preparation. One person told us they took pride in laying the tables ready for mealtimes.

People told us and we saw they were supported to keep in contact and maintain relationships with their family and friends. One person said, "I can go and see my friends and they can visit me here". Another person said, "I see my family all the time".

People told us their right to privacy was promoted and respected. One person said, "I can spend time in my room anytime and get some private time". Another person said, "We can only look at our own folder, we can't look at anyone else's as they are private". We saw that people's care records were stored securely to keep information about people safe.

People told us they were supported to practice their religion. One person said, "The staff are very tolerant of different religions" and, "They come to [place of worship] with me and help me with my praying".

People told us and we saw that staff knew their likes, dislikes and life histories which enabled them to have meaningful conversations with them. For example, we saw staff talking to one person about a trip they had attended to a tourist attraction. This made the person smile and engage in conversation.

We saw people had positive interactions with the staff. For example, we saw a staff member spend time giving person praise for achieving a goal they had set. This made the person smile and say they felt proud of themselves for what they had achieved.

## Is the service responsive?

### Our findings

People told us they were involved in the planning of their care. One person said, "I have a keyworker, they come to meetings with me, my parents and the social worker. We talk about what I've done and plan what I want to do. It all gets written down on a form". People knew they had care records that held information about them, such as their care plans. One person said, "I can look at my care plan if I want to, it's in the office". Another person said, "I have my own file in my room, I'll show it you if you like". This person showed us their file which contained information about their agreed care. The person showed they understood the information by talking to us about the content. We saw that people's care records contained information about their individual likes, dislikes and care preferences and we saw this information was reviewed on a regular basis to check if there had been any changes in people's preferences.

We saw that staff responded to changes in people's care needs. One person's behaviours that challenged changed in response to a change in their health and wellbeing. In response to this the person's care plan was reviewed and amended to ensure up to date information was available for staff to follow. Staff showed they understood the changes by telling us how they met the person's changing needs. Information relating to the person's behaviours was also printed out for staff to read and learn from. One staff member said this had helped them understand the person better.

People told us and we saw their care preferences were met and they were encouraged to participate in leisure and social based activities of their choice. These took place at the home and in the community. One person said, "I go shopping in town and I go on lots of holidays". Another person said, "I like watching TV and sitting in my room watching the traffic, and the staff take me to a dance class every week and college. I've got a job I go to every week too, I like my job". This showed the staff supported people to participate in activities that met their individual preferences.

People told us they knew how to share any concerns about their care. One person said, "I would tell [the registered manager] if I had a problem". Another person told us how staff regularly asked them if they had any concerns about their care. They said, "My keyworker talks to me a lot and always asks if I'm okay. I would tell them if I wasn't". The complaints process was clearly displayed in an easy read format and we saw that complaints were investigated and acted upon to improve people's care experiences.

Before people moved to The Hollies they participated in an assessment to check the home was suitable for their needs and to meet the people who used the service. This showed the registered manager ensured systems were in place to ensure new people received care that met their needs and preferences as soon as they started to use the service.

## Is the service well-led?

### Our findings

People told us and we saw there was a positive and homely atmosphere at the service. One person said, "This is my home now, I never want to leave". A relative said, "There's a nice comfortable atmosphere". Staff told us they enjoyed working at the home because they like the people and staff team. One staff member said, "I just like working with the residents". Another staff member said, "It's homely here, I think the staff and managers help make it feel like that".

People knew who the registered manager was and we saw they were comfortable around her. One person said, "I think the world of her, she's stood by me every step of the way" and, "I can't pick a fault in that woman". Another person said, "She's down to earth and can have a laugh, that's important to us". Staff told us the registered manager was supportive. One staff member said, "She is brilliant and really supportive". Another staff member said, "She's great and very approachable". Staff also told us there was an effective on call manager system in place that ensured they had access to on-going management support 24 hours a day.

The registered manager assessed and monitored the staffs' learning and development needs through regular meetings with the staff. One staff member said, "We have supervision sessions. Managers check we understand care plans and update us on any changes. We also get asked if there is anything we want to work on". Another staff member said, "We get feedback on what we can do to better ourselves and improve people's care". The registered manager told us and we saw that regular staff meetings were held to keep staff updated with changes at the home. The minutes of the latest staff meeting showed that a significant change in one person's care needs had been discussed to ensure staff understood these changes. We also saw that staff were given positive feedback in this meeting from the registered manager. Minutes showed the staff were told, 'This year has been cracking, we want the next year to be just as consistent'. This showed the registered manager acknowledged the good work of the staff and the need for staff to not become complacent with their work.

Frequent quality checks were completed by the registered manager and provider. Quality checks included; checks of medicines management, care records, finances and health and safety. Where concerns were identified, action was taken to improve quality. For example, a health and safety audit showed the cooker was not working as effectively as it should, so a new cooker had been purchased and was being used. Staff confirmed that the outcomes of quality checks were shared with them to improve the quality of care. One staff member said, "Medicines audits happen to check we have given medications correctly. We get told if there are any problems with it, so we can make changes to the way we do things". Staff also told us the registered manager assessed their ability to meet people's needs. One staff member said, "We get observed to check we are doing things right. We never know when it's going to happen. It's really helpful as we get feedback after, so we can improve if it's needed".

The registered manager ensured high quality and effective care was delivered by working with external agencies. For example, staff were working alongside the Intensive Support Team (a local team who work to manage people in crisis to prevent hospital admissions) to ensure a person who used the service was

receiving the best possible care to prevent them from being admitted to hospital. Records showed and we saw the registered manager communicated with the team to update them on changes in the person's behaviours. This showed they worked effectively with external agencies.

The registered manager sought feedback about the care from people who used the service and the staff. This was via a satisfaction questionnaire and regular meetings with people. The results of the latest questionnaires had been analysed and were found to be overwhelmingly positive. Therefore, no further action was required on this occasion. We saw that people's feedback from meetings was used to improve their care experiences. For example, one person told staff they wanted to visit Chester. This person told us they had been supported to do this and they had enjoyed the trip.

The registered manager understood the responsibilities of their registration with us. They reported significant events to us, such as safety incidents, in accordance with the requirements of their registration.