

Mrs P A Burgin

# Holly House Residential Home

## Inspection report

Holly House, Greasbrough Road  
Parkgate  
Rotherham  
South Yorkshire  
S62 6HG

Tel: 01709523241

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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?

Requires Improvement ●

# Summary of findings

## Overall summary

About the service:

Holly House is a care home providing accommodation for 10 adults with learning disabilities. It is situated on the edge of Parkgate, an area of Rotherham. It stands in its own grounds and has off road parking. It provides accommodation on both the ground and first floor and has accessible gardens which surround the building.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

The service used positive behaviour support principles to support people in the least restrictive way. No restrictive intervention practices were used.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 12 people. Ten people were using the service. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was reduced by the building design fitting into the surrounding area and people having access to community-based facilities. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

People's experience of using this service and what we found:

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

The service applied the principles and values that apply the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life

as possible and achieve the best possible outcomes that include control, choice and independence.

There were suitable and sufficient numbers of qualified staff to support people in line with their assessed needs.

The provider had policies and procedures in place to protect people from abuse.

The service ensured people had enough to eat and drink and catered for different dietary requirements. People were supported to access healthcare services when necessary.

People received personalised care that was responsive to their needs. The provider was working in line with the Accessible Information Standards and people were able to complain.

The service had a positive person-centred culture.

Both people and staff told us the registered manager was approachable, the service worked in partnership with others and engaged people and staff.

The service was displaying its current rating as required and had sent us notifications when necessary.

Systems and processes used to check the quality of the service needed to be further embedded into practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection: The last rating for this service was good (last report was published 17 February 2017).

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.  
Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.  
Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.  
Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.  
Details are in our responsive findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.  
Details are in our well-Led findings below.

# Holly House Residential Home

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

Holly House is a 'care home'. People in care homes receive accommodation and personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We gathered information from a number of sources. We looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. We also spoke with the local authority and commissioners.

We used the information the provider sent us in the provider information return. This is information

providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with four people who used the service. We spoke with five members of staff including the registered manager, assistant manager and care workers. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included two people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse:

- Systems were in place to protect people from the potential risk of abuse. Safeguarding referrals had been made where necessary.
- Staff were aware of the different types of abuse and the signs to look out for and who they would report their concerns to. The provider had safeguarding policies and procedures. Safeguarding procedures were designed to protect people from abuse and the risk of abuse.
- Staff we spoke with were very knowledgeable on procedures to follow and were also aware of whistle blowing procedures.

Assessing risk, safety monitoring and management:

- Risk had been assessed and monitored on a regular basis to ensure environmental safety.
- Risks to people were assessed, recorded in their care plans and updated when people's needs changed. Risk assessments in place included areas such as medicines and finances. Risk assessments were detailed and provided staff with clear information about what the risk was and actions they should take to mitigate the risk.
- People told us they felt safe and staff felt people were safe.

Staffing and recruitment

- People were supported by suitably skilled and competent mix of staff. There were enough staff to meet people's needs and keep them safe. Throughout the inspection we observed that people were given the time they required and were supported by staff who enabled people to maintain their independence.
- Staffing was determined by people's needs and delivered flexibly to ensure support was person centred.
- Recruitment procedures at the home had been designed to ensure that people were kept safe. All staff had to undergo a Disclosure and Barring (DBS) check before commencing work. The DBS check helps employers make safer recruitment decisions in preventing unsuitable people from working with children or vulnerable adults. This helped to reduce the risk of the registered provider employing a person who may be a risk to vulnerable adults. In addition to a DBS check, all staff provided a checkable work history and two referees.

Using medicines safely

- People received their medicines safely and as prescribed. We found there were minor shortfalls in some record keeping around medicines that had not been picked up on the providers medicines audit, however this had not impacted on people receiving their medicines as prescribed.

- Medicines were stored safely and securely.
- Staff were trained and assessed to administer medicines to people.
- People were supported to self-administer medicines, and this was risk assessed to ensure people were safe.

#### Preventing and controlling infection

- People were protected from the risk of cross infection as staff wore personal protective equipment (PPE)
- We saw there was an ample supply of PPE readily available for staff to access.
- We identified some minor infection control issues in a bathroom which was rectified on the day of the inspection.

#### Learning lessons when things go wrong

- Lessons were learned when things had gone wrong. Accidents and incidents were recorded and analysed so any trends or patterns could be identified.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;  
Supporting people to live healthier lives, access healthcare services and support

- People's physical, mental and social needs had been assessed and their care was delivered so they were achieving effective outcomes.
- Staff knew people well. They had access to up to date care plans and got to know people's changing needs through good communication within the small staff team and by using daily records.
- People had access to health care services and support where it was needed. Records were in place which documented when people had seen healthcare professionals and the advice they had given.

Ensuring consent to care and treatment in line with law and guidance

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. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service was working within the principles of the MCA. Mental capacity assessments were completed when appropriate.
- Staff had received training and were aware of the principles of the MCA.

Staff support: induction, training, skills and experience

- Staff continued to receive sufficient training to enable them to support people in line with their assessed needs.
- Staff told us that training was good and supported them to carry out their roles. A staff member said, "I had training in challenging behaviour, it was really useful."
- Staff had not received regular one-to-one sessions of supervision, however told us they felt supported in their roles by the registered managers and the provider. Due to the service being small staff had regular opportunity to catch up with managers should they need to discuss things with them. The registered

manager was aware that formal supervisions had not taken place regularly and planned to meet with staff and address this.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us the food was nice and they enjoyed the meals.
- We saw people were able to sit in a second dining room where they preferred a quieter dining experience.
- People were able to access the kitchen when they wanted snacks and meals and preparing food when they wanted to and choosing what they wanted to eat and drink.

Staff working with other agencies to provide consistent, effective, timely care

- People had current information readily available to share with outside agencies if necessary.
- Care records confirmed people were regularly seen by healthcare professionals including, doctors, nurses, dentists and chiropodists.
- People's psychological and emotional needs were understood by staff. Staff actively supported people to maintain wellbeing in this area this allowed them to provide more effective and personalised care to people.

Adapting service, design, decoration to meet people's needs

- The service had adapted its design to meet people's needs. For example, people had personalised their bedrooms and there were pictures and wall art on display which were meaningful to people.
- People had access to outside space when they chose, and we saw people sitting outside in the garden throughout the day.
- During the inspection we looked around the service and identified some areas that required improvements. There had been a leak which had caused staining to the ceiling in a corridor and in the downstairs bathroom. The deputy manager told us they were aware of the areas identified by us during the inspection and gave assurances that they would be rectified.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We observed kind and caring interactions between people and staff. For example, staff checking if people were comfortable or if they wanted to spend time sitting in other rooms
- People were treated with kindness by staff who knew them well.
- On person told us, "Staff are nice, lived here a long time since 1985 and I am happy here."
- Staff created a homely and friendly environment for people and we saw that people were relaxed in the company of staff.

Respecting equality and diversity

- People's spiritual beliefs were respected. One person said, "I go to church on a regular basis. I enjoy it and love to sign the hymns there."
- People's needs, and preferences were recorded in their care records. Staff were able to describe the ways in which they got to know people such as talking to them and reading their care files, which included information about people's likes, dislikes and history.

Supporting people to express their views and be involved in making decisions about their care

- People told us they were able to talk to the registered manager and staff about anything they wished to discuss.
- Our observations and people's comments indicated that staff respected people's decisions.
- People were fully involved in planning their care and staff worked with people to update and review care plans so that they reflected what support people needed.
- We observed staff treating each person as an individual and involving them in making decisions which supported people's independence.
- People were given the opportunity to contribute their opinions and ideas in the running of the service.

Respecting and promoting people's privacy, dignity and independence

- People were well-presented and cared for. We saw staff treat them with dignity and the people we spoke with confirmed their dignity and privacy was respected. One person told us, "I have the key to my own bedroom and staff always knock on my door before they come in."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans contained current and up to date information. They reflected people's needs and choices. Peoples independence was taken into consideration and people's freedom was maintained. A number of people completed activities without needing staff support and it was recognised that this was important to their wellbeing and independence.
- Peoples goals and achievement were reflected and there was details on how these were being met.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Most people were able to understand the written information given to them without the need for any adjustments.
- Staff said if people struggled with information they would sit and go through it with them to support them to understand.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People accessed the community. One person told us they, "Sometimes go shopping with staff and they would go out on their own."
- If people had a particular faith they practiced, they were able to attend services in the community.
- People were involved in activities in the home such as themed food nights and planned trips to the seaside.
- People were able to access the community facilities when they wanted to, mostly people didn't need support in the community and people came and went freely.

Improving care quality in response to complaints or concerns

- The provider had a complaint policy in place which was available for people and visitors.
- There were no current complaints and the registered manager told us they rarely received any complaints.
- People told us they could raise concerns with the staff and managers in they had anything they wanted to complain about. They told us that they felt they would be listened to and concerns addressed appropriately.

End of life care and support

- At the time of inspection the service was not currently providing end of life care.
- Staff had received training on end of life care to support them should they need to provide it.
- Where people had chosen to explore end of life their choices, preference had been recorded in a plan.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- At the last inspection we found that systems were in place to monitor and improve the service. However, they needed to be embedded into practice.
- At this inspection we found systems used to check the quality of the service needed to be further embedded into practice and made robust. We found these systems were sometimes failing to pick up some shortfalls in quality and safety.
- We found some recording errors on people's medicine administration records which had not been picked up in the provider's audit. Also, a monthly health and safety audit contained limited information and did not provide a full account of which areas had been checked within the service. We also found some environmental issues that had not been identified and staff supervisions were not up to date.
- This meant that evidence of compliance was not always accurate, and areas for improvement was not always identified accordingly.
- The registered manager agreed this needed to be addressed and told us they were aware that some areas needed improvement and they were committed to address this.
- We found that recorded accidents and incidents were monitored by the registered manager to ensure any triggers or trends were identified. We saw the records of this, which showed these, were looked at to identify if any systems could be put in place to eliminate the risk.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour

- The service had a positive person-centred culture.
- The registered manager told us that the company was committed to providing a home for life for people. A number of people had lived at Holly House since it opened 35 years ago.
- One staff member said the service was, "People's home for life."
  - One person said, "I have a good life, I see my family, do the things I enjoy doing and have a nice home here. I wouldn't want to be anywhere else."
  - There was an open and transparent culture within the home.
  - The previous performance rating was displayed in the reception area of the service.
  - Staff felt well supported by the management team, which enabled them to deliver effective care and support. One staff member said, "I can go to the management team at any time, they are always available

to talk and sort things out. They are very fair and open."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered managers sought feedback from people about the service in a range of ways, which included quality assurance surveys and one-to-one discussions.
- Resident meetings and staff meetings were held regularly. Meetings were used to provide information, such as planned improvements to the environment, activity ideas and changes to the menu.
- Staff demonstrated a passion for their roles and worked well as a team. They told us they enjoyed working at the Holly House and felt valued. One staff member told us, "I love my job, I'm here for them [the people]. We all work well together, just like a family." Another staff member said, "I can't think of anything I would change here. If there was something I thought needed improving I would do it. If you're not willing to change and move with the times, then you're in the wrong job."

Working in partnership with others;

- The registered managers worked with social care professionals, health care professionals and the local authority to develop the service and improve the quality of care provided. Staff followed guidance provided by external healthcare professionals to ensure people received good overall care.
- The registered manager attended a coaching and mentoring course which they found had helped them to improve the service and helped with boosting positivity in the staff team.
- The registered manager also attended registered managers forums where they had been a chair of the forum until recently.