

# Community Health Services Limited

## Hollins Park

### Inspection report

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23 November 2016

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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

This inspection took place on 16 and 23 November 2016 and was announced.

Hollins Park is registered to provide accommodation for 49 people who require nursing or personal care and who are living with dementia. It is located in a residential area of Macclesfield, close to the local hospital and is approximately one mile from the town centre. Accommodation within the home is laid out in four separate wings, each wing has its own communal and living area. At this inspection they were providing care and support for 49 people.

A registered manager was in post but owing to a pre-arranged career break was not present at this inspection. 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 2008 and associated Regulations about how the service is run. A relief manager was present during day two of this inspection.

People were safe as staff had been trained and understood how to support people in a way that protected them from danger, harm and abuse. People had individual assessments of risk associated with their care. Staff knew what to do in order to minimise the potential for harm.

People were supported by enough staff to safely meet their needs. People received help with their medicines from staff who were trained to safely support them. The provider followed safe recruitment practices and completed checks on staff before they were allowed to start work. The provider had systems in place to address any unsafe staff practice including retraining and disciplinary processes if needed.

People received care from staff that had the skills and knowledge to meet their needs. New staff members received an induction to their role and were equipped with the skills they needed to work with people. Staff attended training that was relevant to the people they supported and any additional training needed to meet people's requirements was provided.

People's rights were maintained by staff members who were aware of current guidance and legislation directing their work. People were involved in decisions about their care and had information they needed in a way they understood.

Staff received support and guidance from a management team who they found approachable. People and staff felt able to express their views and felt their opinions mattered. People had positive relationships with the staff members who supported them. People's likes and dislikes were known by staff who assisted them in a way which was personal to them.

People had their privacy and dignity respected by those supporting them. People had access to healthcare

when needed and staff responded to any changes in needs promptly and consistently. People were supported to eat and drink sufficient amounts to maintain good health.

The provider undertook regular quality checks in order to drive improvements. The provider engaged people and their families and encouraged feedback. People felt confident they were listened to and their views were valued.

## 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.

People were protected from the risks of abuse by a staff team who knew how to recognise signs and knew what to do if they had concerns.

People had individual assessments of risks associated with their care. The provider followed safe recruitment checks. Incidents and accidents were investigated in order to minimise reoccurrence.

### Is the service effective?

Good ●

The service was effective.

People were assisted by staff members who were trained and supported to undertake their role. People had their rights protected by staff members who followed current guidance.

People had access to healthcare to maintain wellbeing. People were supported to eat and drink enough to maintain their health.

### Is the service caring?

Good ●

The service was caring.

People had positive and friendly relationships with the staff who supported them. People had their privacy and dignity protected when assisted by staff. People were provided with information relating to their care in a way they understood.

### Is the service responsive?

Good ●

The service was responsive.

People and their families were involved in their assessments of care. People received care from staff members who knew their individual likes and dislikes. People and their relatives were encouraged to raise any issues. The management team had systems in place to address any concerns or complaints.

### Is the service well-led?

Good ●

The service was well led.

People had regular contact with the management team who they found approachable. The provider had systems in place to monitor the quality of support given and to make changes when

needed. People felt involved in the service provided and felt their views mattered.

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# Hollins Park

## **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 16 and 23 November 2016 and was unannounced.

The inspection team consisted of two inspectors.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we held about the service. We looked at our own system to see if we had received any concerns or compliments about the provider. We analysed information on statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law.

We asked the local authority and Healthwatch for any information they had which would aid our inspection.

We spoke with six people, two relatives, two visitors, four care staff members, two nurses, one unit leader, the relief manager, regional director, the deputy manager and the activities coordinator. We looked at the care and support plans for three people, records of quality checks, resident and relative's surveys, accident and incidents records and medicine administration.

# Is the service safe?

## Our findings

We looked at how people were kept safe from abuse. All those we spoke with told us they felt safe and protected by the staff that supported them. One person said, "I feel very safe here." Another told us, "I feel secure and protected." Staff members told us they had received training in how to recognise and respond to any abusive behaviour. One staff member told us, "If ever I thought something was wrong I would make sure the person was safe and I would report it straight away." Staff members knew the procedures to follow if they suspected abuse including how to report concerns. We saw information was displayed informing staff how to report concerns. We saw the registered manager had made notifications to the local authority in order to keep people safe.

People told us they felt safe when receiving services from the provider. One person told us, "I have no concerns about safety at all. I can move around as I wish but they (staff) always keep an eye on me to make sure I am alright." We saw people had individual assessments of risk including mobility, skin integrity, diet and nutrition. Where needed the provider had taken action to reduce the possibility of harm. For example, owing to the time of year at this inspection (autumn) there had been a lot of leaf fall outside of the building creating a potential slip hazard. The provider had ensured pathways were clear and still accessible for people to safely use the outside space when they wanted.

We saw people being assisted by staff members who knew the individual risks to people and what to do to minimise the potential for harm. For example we saw staff promoting the use of mobility aids with people to assist them to move around safely. We also saw one staff member identify a fault with a door which was not closing as it should. They raised this as a concern and we saw action was taken to make the door safe again. We saw the relief manager then request a safety check of all the doors to ensure they were operating as they should.

Any incidents or accidents were reported and recorded. Systems were in place to examine incidents and accidents and the provider took action to minimise the risks of harm associated with people's care. For example, one person had recently had a fall. As a result they were monitored for the next 72 hours to ensure no additional ill-effects were experienced. Their care plan and risk assessment was updated and additional advice and guidance obtained. The GP was contacted as well as the occupational therapist to ensure the person received the correct support. A referral was also made for the optician to re-examine the person's eyesight to ensure this was not a contributing factor to the accident.

People told us there were enough staff to meet their needs. One person said, "I never have to wait for anything." Another person told us, "On the whole I have no complaints, there is always someone around." At this inspection we saw that people were supported by enough staff to meet their needs. We saw that staff members had opportunity throughout the day to chat and socialise with people. On several occasions we saw staff instigating spontaneous activities with people including games, puzzles and reading. When people's needs changed the provider had systems in place to provide additional support. We saw one person required extra support during the day to meet their specific needs and this was provided.

Staff members told us that before they were allowed to start work checks were completed to ensure they were safe to work with people. Staff told us references and checks with the Disclosure and Barring Service (DBS) were completed and once the provider was satisfied with the responses they could start work. The (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with people. The provider had systems in place to address any unsafe behaviour displayed by staff members which included disciplinary action if required.

People received their medicine when they needed it. One person said, "I get my tablets when I need them. I know what I take." Staff members received training in the safe administration of medicines and were assessed as competent before being allowed to assist people. Checks were regularly undertaken to ensure medicines were given as instructed. When errors were identified we saw these were investigated and actions taken to minimise the risk of it happening again in the future. This included liaison with dispensing chemists and prescribing GP surgeries. Medicines were safely and securely stored.

# Is the service effective?

## Our findings

People we spoke with felt that the staff assisting them had the right skills and training to support them. One person said, "Everyone who helps me out seems to know what they are doing." Staff members told us they felt well trained and supported in order to do their job. One staff member said, "I worked with another staff member when I first started. I was introduced to people and learnt how to support them." Staff members told us they had a good introduction to their role when first starting at Hollins Park. Staff members had access to ongoing training which enabled them to assist people with their needs. One staff member told us, "I requested to know more about the management of diabetes and how to effectively support people. This has helped increase my knowledge and I can help educate people living with the condition."

People received care from a staff team who felt supported. Staff told us they have regular one-on-one sessions with a senior member of staff. Staff members told us they could use these sessions to discuss their work and any training they required. The staff we spoke with told us they could always seek support outside of these sessions from any of their colleagues. Staff members also told us they could talk with any member of the management team for guidance and advice.

We saw staff sharing information appropriately between people they supported and other staff members. One person expressed that they were not feeling very well. We saw the staff member passing this information to the nurse who then spoke to the person. Staff members we spoke with told us they were confident that information they needed to communicate to colleagues would be acted on. Information relating to people was communicated between those supporting them effectively.

We saw people were supported to make their own decisions and were given choices. People were given the information in a way they could understand and were allowed the time to make a decision. One person said, "It is really up to me to make the decisions about what I want. They (staff) never assume what I want." Throughout this inspection we saw people making decisions about what they wanted to do, where they wanted to go and what they wanted to eat and drink. When people had difficulty in making their wishes known we saw staff had the skills to adapt how they communicated with people. For example we saw staff using gestures and physical prompts to support what they were saying. We saw staff responding to people who could not verbally communicate. They were given time to make effective decisions which staff then confirmed with them to ensure they understood people's instructions.

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. We checked whether the service was working within the principles of the MCA. The provider had trained and prepared staff in understanding the requirements of the MCA.

We saw people's capacity to make decisions was assessed and reviewed when needed. Staff we spoke with had a clear understanding about the process to follow if someone could not make a decision. Staff had a

clear understanding of the principles of the Mental Capacity Act and the process of best interest decision making. We saw details of a best interest decision which had been made for people which included additional support and medicines. We saw that the best interest process was followed and a decision made which was the least restrictive option available.

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). The provider had made appropriate applications and followed the guidance provided. We looked at the recommendations made as part of the authorised applications. The provider had taken action and was meeting the recommendations made. They had systems in place to monitor the time scales for reviews or a repeat application if necessary to ensure people's rights were maintained. When DoLS applications had been granted we saw that the management team were meeting the recommendations made to ensure people's rights were maintained.

Staff followed current guidance regarding do not attempt cardiopulmonary resuscitation (DNACPR). People's views and the opinions of those that mattered to them were recorded. Decisions were clearly displayed in people's personal files and staff knew people's individual decisions.

All those we spoke with told us they were happy with the food they were offered and that they had access to alternatives if they did not desire what was on offer. We saw one person who had been out for lunch requested a different desert from what was on offer which was then provided. They told us, "Sometime I just fancy something different and I can always get it." When people needed support to maintain healthy diets this was provided. When people needed it they were provided with additional nutritional supplements and the staff monitored their individual intakes. When required staff members sought the advice and guidance from GP's and followed their recommendation on maintaining a healthy diet. We saw people were supported to eat and drink sufficient amounts to keep healthy.

People had access to healthcare services, including GP, opticians and chiropodist and were supported to maintain good health. We saw staff members making a referral for medical assessment when they identified a change in one person's health. One staff member told us, "We see working with the GP practice as a partnership. They support us in helping people keep well."

## Is the service caring?

### Our findings

People we spoke with were complementary about those who supported them. They described staff as "lovely", "kind" and "smashing". One person said, "Everyone here (staff) are just spot on. They are kind and support me really well." One visitor told us, "They (staff) really do look after (friend's name). They are all so kind and make us feel really welcome when we visit." The staff we spoke with talked about those they supported with warmth, kindness and compassion. Throughout this inspection we saw many spontaneous interactions between people and those supporting them. We saw people and staff members spending time together throughout this inspection chatting and socialising with each other.

We saw people were supported at times of upset. One person started to show signs of anxiety. A staff member recognised this and spent time with the person immediately. They provided reassurance and assisted the person to identify what was causing their anxiety. They stayed with the person until they were relaxed. One staff member told us, "People need to be able to show how they are feeling and to express themselves. It is not about shutting their feelings down. If someone is upset we help them work out what is upsetting. People should never be afraid to express how they are feeling."

People were involved in making decisions about their own care and support. People told us they were asked about everyday decisions that affected them, such as where they wanted to eat their meals, or what activities they wanted to be included in. Throughout this inspection we saw staff members asking people what they wanted and waiting for an answer. One staff member told us, "Everyday people change their minds about what they want and what they like. It is not a rigid regime here. People can make decisions about anything they want and this is respected. Sometimes we can help by making suggestions about what we know someone likes but it is entirely up to them."

People were encouraged to be as independent as they could. We saw people going out for meals with families and staff members and helping to complete some housework. The activities coordinator said, "[Person's name] loves to do some dusting and a bit of house work. This was a big part of their working lives so we encourage them to maintain their skills and interests by engaging them in such things. It just helps them remain independent and retain their skills."

People told us they were treated with respect and their dignity was maintained. We saw staff supporting people with their personal care discreetly allowing time for the person to help themselves. Staff members we spoke with told us they always ensure that people were supported how they wished. We saw staff members seeking permission from the person before assisting them. They spoke with the person throughout informing them what was happening and encouraging them to do what they could themselves.

Staff members had a clear understanding of confidentiality. Records personal to individuals were kept securely and accessed only by those with authority to do so. We saw staff sharing information with other professionals involved with the healthcare of people. Only information relevant to the health need was shared.

## Is the service responsive?

### Our findings

People were involved in creating care and support plans that reflected their individual needs and preferences. When it was appropriate the thoughts and views of family members or friends were obtained as part of the planning of someone's care. One person told us, "They (staff) went through what I expected of them and we wrote what I needed down for everyone to follow." One staff member said, "It is important to build a picture of what the person believes they need assistance with. That way we can help them how they want." One relative told us, "It is obvious they (staff) have spent time getting to know [relative's name] as they have a full history of them. This includes what they used to do for a living."

The care and support plans we saw were individual to the person and contained information staff members needed to know in order to assist them. These included medical need as well as personal preferences and key life events. Staff member's we spoke with could tell us about those they supported, what they liked and disliked, what and who was important to them and how they liked to spend their time. People were supported by staff members who knew them as individuals and were knowledgeable about their personal needs.

People had their care and support plans regularly reviewed or adapted when their needs changed. One relative said, "The care needs for [relative's name] does change regularly. We all get together and review the care plan regularly to make sure it is just right. If something changes suddenly then we as a family are always kept informed and asked for our input."

People told us they were involved in a wide range of activities whilst living at Hollins Park. One person said, "There is always something going on here. I like the quiz and the pub." We saw people engaged in activities throughout this inspection including breakfasts out at a local café, board games, puzzles and an afternoon tea party. People told us they found the activities to be interesting and stimulating. We saw staff member's spontaneously engaging people in activities. For example, one staff member supported two people to have a game of dominos. When one person said they didn't know how to play the staff member stayed with them and taught them the game. During this the staff member also encouraged interaction with others living there creating a social occasion for people. One staff member told us, "We have the time and opportunity to spend quality time with people. We can do things which we know people like."

People were also supported by activity coordinators to take part in things they found interesting and enjoyable. One activity coordinator said, "We are currently completing "my life" books with people. These are living documents which change and adapt the more we get to know people and what they like. It gives us an insight into people as individuals. We can then encourage people to take part in things we know they used to like and enjoy. For example, one person used to be a painter and decorator and so we involved them in the design and decoration of the onsite pub and café area."

People were encouraged to maintain relationships with those that mattered to them. Relatives and friends were free to visit whenever they wanted and private areas for visiting were available. We saw relatives and friends visiting throughout this inspection. Those visiting told us they were always warmly greeted and

encouraged to take part in any activities what was happening with those they were visiting. One visitor told us, "Whenever we come here we are greeted by name and the care is excellent for [person's name]. We can't fault it."

People and relatives felt comfortable to raise any concerns or complaints with staff or the manager. One person told us, "I am comfortable to raise any concerns at all and I know they will look into it and take it seriously." The management team had systems in place to investigate and respond to complaints. We saw details of investigations and the outcome and explanations provided to the complainant.

## Is the service well-led?

### Our findings

People and relatives told us they were involved in decisions about their home and the services that were provided at Hollins Park. One relative said, "We do have regular relative and resident meetings. However I tend to just talk to the staff if I need to know something." People and their families were regularly asked for their opinions about the service that they received. Regular resident and relatives meetings were held and people had access to minutes of these meeting should they wish to have them. We saw people were included in development in the home including the planned extensions and temporary changes to the management structure.

Regular surveys were sent out to people and their relatives to comment on the care provided at Hollins Park. We saw the management team had collected and analysed the results from the latest survey to identify any changes that were needed to improve the provision of care delivered. We saw recommendations made by a relative during the last survey included the need for new carpets. We saw action had been taken by the management team to include new carpets as part of their planned extension. This was then communicated to people and their relative who informed us they were aware new carpets would be provided. The management team were open to suggestions which they acted on and communicated to those concerned.

People we spoke with and relatives believed the management team and provider were open and transparent and were able to openly discuss anything they wanted. Staff members were aware of any incidents or key events so that improvements could be made. For example, following a medicine dispensing error staff were made aware of what to check and how to report concerns.

Staff members felt supported and part of a team with common values. One staff member said, "We work with people to see what they still want to do and achieve in life. This is just another part of their journey and we are here to support them." We saw the values of Hollins Park displayed in communal areas for people to see. Those we spoke with conveyed that they felt valued and supported as they wished.

Staff members were aware of appropriate policies which directed their practice including the whistleblowing policy. Staff members we spoke with told us they were confident they would be supported if they ever needed to raise a concern.

Staff members were involved in regular staff meeting where they were able to discuss aspects relating to their work as part of a group. This included what is going well and any areas for improvements. Staff members told us they felt their opinions mattered to the management team and they felt empowered to make suggestions. For example staff members suggested ways they could check medicines to ensure any errors were quickly identified and acted on. This suggestion was accepted by the management team and became part of the practice for medicine administration.

Hollins Park had a registered manager in place at the time of this inspection although there were undertaking a planned career break. The provider had taken action to ensure continued management support was provided during this arranged temporary absence. The relief manager and deputy manager

understood the requirements of Care Quality Commission. The registered provider had appropriately submitted notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale.

The provider and management team had systems in place to monitor the quality of service provision. The registered manager assessed information from quality checks, incident and accidents and feedback from people and staff which they used to drive improvements. The management team also identified learning from other care establishments in order to make improvements at Hollins Park. For example following discussions with other managers a different method for engaging people living with dementia was suggested. This included the use of tactile objects and also smells for people to reminisce with. This was passed to the activities coordinators who was implementing this as part of their work with people.