

# Todd Property Management Limited

# Holly House

## 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 

### Overall summary

Holly House is a domiciliary care agency which provides personal care and support to people with learning difficulties in their own homes. At the time of our visit the service supported six people. Five people lived in a shared house, and one person lived in a separate flat.

We inspected the service on 28 July 2015. The provider was told we were coming so they could arrange for staff to be available to talk with us about the service.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and their relatives told us they felt safe using the service. Staff demonstrated they understood the importance of keeping people safe. They understood their responsibilities for reporting any concerns regarding

# Summary of findings

potential abuse. Risks to people's health and welfare were assessed and care plans gave staff instructions on how to minimise identified risks, so staff knew how to support people safely.

There were enough staff on duty to meet people's needs. The recruitment process checked staff's suitability to deliver personal care safely. Staff received training and support that ensured people's needs were met effectively. Staff supported people with kindness and compassion, and treated people in a way that respected their dignity and promoted their independence.

Management and staff understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and supported people in line with these principles. People's records showed that their families and other health professionals were involved in decisions made in their best interests.

People were encouraged to maintain their independence and they were involved in planning how they were cared for and supported. Care was planned to meet people's individual needs and preferences, and care plans were regularly reviewed.

The provider and registered manager were dedicated to providing quality care to people. Staff and people who used the service found them open, approachable, and responsive. There were processes to monitor the quality of the service provided and to understand the experiences of people who used the service. This was through regular communication with people and staff, checks on records, returned surveys from people who used the service, health professionals and staff and a programme of checks and audits.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

People were kept safe because risks to people's individual health and wellbeing were identified and plans were in place to minimise these. Staff were trained to understand their responsibilities to protect people from the potential risk of abuse. There were enough staff to meet people's needs. The provider checked staff were suitable to deliver personal care before they started working with people at the service.

Good



### Is the service effective?

The service was effective.

Staff had the relevant training, skills and guidance to make sure people's needs were met effectively. Staff understood their responsibilities in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and obtained people's consent before they delivered care and support. People were supported to have enough to eat and drink and to maintain their health.

Good



### Is the service caring?

The service was caring.

Staff knew people well and understood their likes, dislikes and preferences in how they wanted to be cared for and supported. Staff were kind and compassionate towards people. They respected people's privacy and dignity and encouraged people to maintain their independence.

Good



### Is the service responsive?

The service was responsive.

People were encouraged to maintain their independence and they were involved in planning how they were cared for and supported. Care plans were regularly reviewed and staff were given updates about changes in people's care. People were able to share their views about the service and had no complaints about the service they received.

Good



### Is the service well-led?

The service was well-led.

People were encouraged to share their opinions about the quality of the service to enable the registered manager to make improvements. Staff told us they felt supported and there was an open culture at the home with good communication between staff and people who used the service. The registered manager was dedicated to providing quality care to people. There were processes to ensure good standards of care were maintained.

Good



# Holly House

## 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.

The inspection took place on 28 July 2015 and was announced. We told the provider we would be coming. The notice period gave the manager time to arrange for us to speak with people who used the service and to ensure staff were available to speak with us about the service. The inspection was conducted by one inspector.

We reviewed the information we held about the service. We looked at information received from local authority commissioners and statutory notifications sent to us by the service. A statutory notification is information about

important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

We reviewed the information in the provider's information return (PIR). This is a form we asked the provider to send to us before we visited. The PIR asked the provider to give some key information about the service, what the service does well and improvements they plan to make. We were able to review the information as part of our evidence when conducting our inspection.

During our visit we spoke with three people in their own accommodation and telephoned two people's representatives following our inspection. During our visit we also spoke with the registered manager, a senior support worker and three support workers.

We reviewed four people's care plans to see how their care and support was planned and delivered. We looked at other records related to people's care and how the service operated, including medicine records, staff recruitment records, the provider's quality assurance audits and records of complaints.

# Is the service safe?

## Our findings

People told us they felt safe because they received care from staff they knew well and trusted. A relative told us, “I think [person] feels very safe here. [Person] immediately goes back in and says goodbye to me after we’ve been out.”

People were protected from the risk of abuse because staff knew what to do if concerns were raised. A member of staff told us, “If there was a concern I would report it to the manager and refer to our policies and procedures. I would document it in the persons contact sheet and a separate report.” Another member of staff explained how concerns could be referred to the local authority in some circumstances, to protect people’s safety. Records showed incidents were recorded and actions were taken to protect people and keep them safe. The registered manager explained that staff supported some people to keep safe outside their homes where appropriate. For example staff supported one person in hospital who was receiving inpatient treatment.

Specific risks to people’s health and welfare had been identified and assessed. For each identified risk there was a support plan giving staff instructions on how to support the person safely. The registered manager told us that staff were trained to write risk assessments, so people’s records could be kept up to date by all staff members. A member of staff told us, “I would speak to a senior member of staff if someone had a new risk. We’d assess them and see if they needed more help or support.” One person told us how this worked in practice. They said a member of staff accompanied them when they visited new places to see if there were any risks associated with travel. They said they did, “Practice runs with staff if I haven’t been there before.” The person’s support plan reflected this and showed risks to the person had been assessed to develop their skills to travel independently on public transport.

Where accidents and incidents had occurred, action was taken to minimise the risks of them occurring again. For example, the registered manager told us specialist equipment had been installed after one person had an accident, and changes had been made to the way they supported the person. They told us the person was happy

with the new equipment and the change in the way they were supported by staff to keep safe. The person’s relative told us they were very happy with their family member’s care and treatment.

Staff told us there were busy periods, however there were sufficient numbers of staff to meet people’s needs safely. People we spoke with told us there were always staff available to support people who used the service. One person told us, “If I have a problem there is a special number for the on call staff. There’s always one [staff member] when you need one.” (Having staff on call means there is always a senior member of staff available for people to contact in an emergency). The service had vacancies and the registered manager was recruiting new care staff. They used agency staff to meet staffing requirements. The registered manager explained how they ensured there were always enough staff to meet people’s care needs and support them with their preferred routines. They told us, “We have an additional member of staff for example on a Friday night to support people to attend discos and on Sunday mornings for church.

The provider checked that staff were suitable to support people before they began working alone with people in their own homes. This minimised risks to people’s safety and welfare. For example, recruitment procedures included checks made with the Disclosure and Barring Service (DBS) prior to their employment. The DBS is a national agency that holds information about criminal records.

The registered manager had completed risk assessments of the premises and equipment and had identified actions required to minimise risks, such as carrying out regular tests on fire equipment. Records showed the registered manager arranged for checks of the water, gas and electricity and identified when action was needed to minimise risk to people who lived at the service.

There was an effective system to ensure people safely received the medicines they needed. The registered manager and staff who administered medicines, told us they had received training to support them to do this safely. The registered manager explained staff competency in administering medicines was checked each year. Completed medicine administration records (MAR) showed people had been given their medicines as prescribed.

# Is the service effective?

## Our findings

People told us staff had the skills and knowledge to meet their or their family member's needs. One person told us, "Staff know what they are doing."

Staff told us they had an induction which included training, observing experienced staff and completion of a workbook. One member of staff told us they had not worked in a care role before and they felt confident at the end of the induction to work alone. They said, "I had two weeks training with a senior member of staff. I shadowed for two weeks. Everyone's so nice, that helped and the customers are really great." Staff told us they were supported by senior staff in regular staff supervision meetings. (Supervision is meeting between the manager and member of staff to discuss the individual's work performance and areas for development.) One member of staff told us, "We talk about any worries or concerns. I'm always full of good ideas." Staff said they were able to request training during supervision, that enabled them to meet people's needs effectively.

The registered manager planned training to support staff's development and told us all staff completed a week of refresher training each year which included a mixture of practical and theory based training. Training was provided by staff within the organisation and external training providers. One member of staff told us, "We did one week of refresher training in January. I found it useful because I was relatively new to care." Training was also provided to support staff in meeting people's specific needs. For example, the registered manager told us they had arranged for a health professional to support staff in the management of behaviours relating to one person. Staff told us they felt well supported by the provider to study for care qualifications. The registered manager told us they planned to ask staff who were completing the new care certificate, to share their knowledge with other staff to support their development in the new qualification.

People who used the service and their relatives told us staff asked people how they wanted to be cared for and supported before they acted. One person said, "I can change my mind if I don't want to do something." The Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) set out requirements that ensure decisions are made in people's best interests when they were unable to do this for themselves. The MCA and DoLS require providers to submit applications to a Supervisory

Body for authority to deprive a person of their liberty. The registered manager demonstrated they understood their responsibility to comply with the requirements of the Act. They told us no-one who used the service was deprived of their liberty or was under a DoLS at that time. Staff understood the requirements of the MCA, they told us how decisions were made in people's best interests where required.

We found that not everyone's care plans included a documented mental capacity assessment. We discussed this with the registered manager who agreed they would conduct assessments on everyone who used the service. One staff member told us, "It's about assessing people's capacity for certain things. For example one person can't make decisions about their finances and they have an advocate to help them." The registered manager told us if people needed an advocate they supported them to obtain one. Where people had not had their mental capacity assessed, they and their representatives, where appropriate, had been included in making decisions regarding their care and treatment. We found decisions were made in people's best interests. For example staff told us and records showed there was an assessment completed for one person where the appropriate people had been involved in the assessment and the reasons for decisions were clearly recorded in their care plans.

People told us they made their own decisions and staff respected the decisions they made to help them maintain their independence. One person told us, "I can get up when I want in the holidays. I can stay in bed and I have a key for the house. I can go home early. I can go into the community on my own. Staff don't stop me doing things." A member of staff told us "We give people a choice and make sure they have what they need." A relative told us, "[Name] makes decisions, where they want to go and what they want to do. If they doesn't want to, [name] doesn't do it."

Some people received food and drinks prepared by care staff and some people were supported by staff to prepare meals themselves to encourage their independence. A relative told us, "They cook together at Holly House, everyone joins in making meals and eating together." One person told us, "I make my own food. I do shopping at the weekend. I have my own fridge space and food." Another person told us, "I'm on a diet. Staff help me with healthy

## Is the service effective?

food options and encourage me to have smaller portions and salad.” Staff told us they found out people’s likes and dislikes were recorded in their support plans and they prepared food according to people’s choices.

People told us they were supported by staff to maintain their health. One person told us, “If I feel ill I tell staff and they book an appointment for me.” Another person said, “If I felt poorly I would tell staff and they would phone the doctors. I go to the opticians and the dentist regularly.”

Staff were knowledgeable about people’s individual needs, which minimised risks to people’s health. For example, staff told us how they had monitored one person’s food and fluid intake due to difficulties with their diet. Staff supported the person to be reviewed by their GP and changes were agreed to their diet. Records showed changes to people’s needs and advice given by health professionals were updated in support plans, so staff had access to up to date information.

# Is the service caring?

## Our findings

Staff knew people well and we observed them sharing jokes with people and enjoying each other's company. One person who used the service told us, "Everyone's nice and they're helpful. We get on well." A relative told us, "The staff are very caring. I am absolutely over the moon [person] is there. [Person] is very happy there." There was good communication between people who used the service and staff.

Staff told us they liked working at the service, and they enjoyed helping people to be independent and supporting people according to their individual needs. Staff took time to listen to people and supported them to express themselves according to their abilities to communicate, using different methods as specified in people's support plans. For example we observed one member of staff asked someone, "Do you fancy setting the table today?" The person used actions to agree. A member of staff told us, "All staff do short sign language." They explained the person used their own signs and Makaton. (Makaton is a language using signs and symbols to help people to communicate.) Using Makaton respected people's diverse needs and helped staff to communicate with people in a way they understood.

People we spoke with confirmed they were supported by staff they were familiar with. Everyone who used the service had a named key worker. (A keyworker is a member of staff who is allocated to support a person on an individual basis.) People told us the names of their key workers. One person told us, "I have a key worker. I get on well with them. They help me with everything really."

People and their relatives told us they were involved in decisions about their care and support needs. They said

their views about their care had been taken into consideration and included in their care plans. Care plans were personalised and included details of how staff could encourage people to maintain their independence and where possible, undertake their own personal care and daily tasks. For example there were detailed instructions on one person's care plans to support them to attend a college course. The person explained to us they had chosen their course and enjoyed it. They said, "I go to college, I'm doing beauty next year. I go by myself." The registered manager told us how people's independence levels had improved whilst they had used the service. They gave an example of one person who had chosen to move from shared accommodation to live in an independent flat. Records showed a compliment from a health professional which stated, 'I have been directly clinically involved in seeing a client move from another placement to live at Holly House and have seen a clear improvement in that client in terms of happiness, contentment and overall wellbeing with a significant improvement in quality of life and activities'.

People were supported to express their views about the care they received and were invited to meetings. Records from meetings showed that people were asked for their opinion on what they would like to do and had suggested a holiday. A member of staff told us, "We discuss with the guys about what they want to do. We are currently planning our first trip. We listen to them and take their opinion." People had given their opinions on the care they received in a customer survey completed in March 2015, which contained positive feedback.

Staff understood the importance of treating people with dignity and respect. For example we heard staff speak with people quietly and discreetly when they asked for support with personal care. One person told us, "They [staff] knock on my door."



# Is the service responsive?

## Our findings

People told us they were happy with their care and support. One person told us, “The staff know how to look after me.” A relative told us, “[Person] is looked after well and they smell nice.”

People told us they were supported to maintain important relationships with family and friends. The registered manager told us there were no restrictions on when people could visit. A relative told us, “I can go around there anytime.” Two people who used the service told us, “I can have relatives and friends round” and “I can visit people whenever I want.”

People told us they spent their time in the way they preferred. During our inspection we observed the morning meeting. Staff and people who used the service met every day to agree the day’s activities. They used a whiteboard with pictures to help people’s understanding. We observed staff encourage everyone at the meeting to join in and choose activities for that day. One person told us staff had supported them to go out for a meal the night before and they had enjoyed it. During our inspection we observed several people take part in a baking activity. A member of staff told us, “Some individuals need different amounts of support. We have session plans for most activities which we find useful. Some of the guys have written some of the plans. This helps with their reading, writing and remembering.”

People’s likes, dislikes and preferences for care were clearly defined in their care plans. People and their relatives had shared information about their personal history in a document called, ‘My Lifestyle Plan’. Staff told us how important it was to read people’s care plans so they knew what people’s preferences were and to ensure they supported people in the way they preferred. Relatives told us that staff knew their family member’s likes and dislikes. People’s interests were recorded in their lifestyle plan. Staff told us keyworkers met with people each week and updated their lifestyle plans with them. The registered manager told, “It’s about what the customer wants. It’s about getting them to talk.”

Records showed people were asked about their beliefs and cultural backgrounds as part of their care planning. People were encouraged to maintain their religious beliefs and were supported to attend religious services.

People told us they had contributed to the assessment of their care. One person told us, “I have been involved in care plan reviews. My keyworker explains care plans if I don’t understand.” People’s care plans were regularly reviewed and reflected their care and support needs. A relative told us, “I was at the last care planning meeting. We spoke about how [name] is developing and what [name] is doing.” The registered manager told us all support plans were reviewed on a monthly basis and there was an annual review meeting, where people could invite representatives to attend with them. There may also be other reviews conducted with local authorities, depending on people’s support needs.

Staff communicated well with each other, they shared information about people and ensured people received care which met their needs. Staff told us that the handover of information between staff shifts was clear and effective. One member of staff showed us the handover sheets where information about changes to people’s needs were recorded. They told us, “We have handover and contact sheets for each person. If there were any problems we would write it there.” Information shared at handover was detailed, it included a list of staff responsibilities for each shift. For example the name of the fire marshall, first aider and medicine administrator. A senior member of staff told us they sent emails to staff if there was any important information to share, for example if there was a change to someone’s support plan.” This meant staff were kept up to date with any changes to people’s needs and could provide support according to their needs.

People told us they would raise complaints or concerns with their key workers or with the registered manager. Two people told us, “If I have a problem I can tell staff about things. They listen to me and change things” and “I would speak to the manager. I have not made one before [complaint].” A relative said, “I would first speak to the manager about it.” There had been no formal complaints made about the service within the last 12 months. The complaints policy was contained in the service user’s handbook which was given to people who used the service. The complaint form was not in an easy to read format. We discussed this with the registered manager who redesigned the complaints form following our inspection and agreed that it would be made more accessible to people in a communal area.

# Is the service well-led?

## Our findings

Everyone we spoke with told us that people were satisfied with the quality of the service. A person who used the service told us, "I think this place is brilliant." A member of staff told us, "I enjoy working here, I was new to care." A relative said, "[Person] has settled in well, it is a small community and it's going very well."

People were positive about the leadership within the home. One person who used the service told us, "[The registered manager] is around when I need them." Staff told us the registered manager had an open door policy and they could approach them any time they wished for advice. A relative said, "The manager is certainly devoted to the people they look after. The management do it because they really care." We saw the registered manager spent time with people who used the service and people knew them by name. Staff told us the registered manager was approachable and they could take any issues to them. The registered manager told us, "It's about listening. The guys know they can come to me at any time. It's about building trust and getting to know them." A relative told us, "They contact me. I can text them, they do not mind. I have the email address of the manager. If anything's wrong they send me a text immediately and I get a reply very quickly." A member of staff said, "The manager will have meetings with people whenever they want."

Staff understood their roles and responsibilities and felt supported by the registered manager. Staff told us they enjoyed working at the service. We saw there were regular staff meetings, daily written handovers and staff were provided with regular supervision meetings, which meant staff had many opportunities to share information. A member of staff told us, "If the customers mention something you can bring it forward at supervision." They told us they gave feedback about an issue and improvements were made.

Records showed that staff discussed a variety of issues at meetings. A senior member of staff told us, "We try to get everyone together and email minutes to staff. We discuss customers, the building, equipment and activities. We are able to make suggestions. For example encouraging the guys to use the recycling bins." The registered manager told us, "I listen to the staff. At staff meetings we have action logs. The agenda goes out and staff can write on their concerns and we discuss them. If I listen to them, I have

happy staff." Records showed that staff made suggestions for improvements to the service, which were carried out, for example fixing the rabbit hutch. Staff confirmed there was good communication between staff members and they were motivated to improve the service.

The registered manager told us there were monthly management meetings between them and the provider where information was shared. The registered manager gave the provider information about incidents, complaints, health and safety issues and survey results. Issues were discussed and action was taken to make improvements to the service. The registered manager gave an example where they had looked at the results of the employee satisfaction survey completed by staff. They recognised that staff did not want to work longer hours and discussed ways to ensure working conditions were maintained. Following the management meeting, the registered manager discussed proposed improvement measures with staff and involved them in making changes.

The manager was aware of their responsibilities as a registered manager and had provided us with notifications about important events and incidents that occurred at the home. They notified other relevant professionals about issues where appropriate, such as the local authority. The registered manager was aware of the achievements and the challenges which faced the service. They told us, "We started in 2012 and it is still a learning curve." They explained how they worked closely with local authorities and health professionals to provide effective care in response to changes in people's needs.

Records showed people were encouraged to provide feedback about the service through questionnaires and regular meetings. We saw three separate surveys had been sent out in March 2015, asking people who used the service, professionals and staff for their opinions of the service. Records showed results of the surveys were positive. A compliment was received via the professional's survey, it stated they were impressed with staff training. People told us they had not received any results from the surveys they had completed. We discussed this with the registered manager who explained that because they were a small team, responses were analysed by them and the provider on an individual basis. They told us if any issues were identified, they would take steps to make required improvements to the service.

## Is the service well-led?

There was a system in place to monitor the quality of service. Checks were made by senior members of staff on care plans, infection control, incident records and medication. The registered manager told us if there were any issues arising they were shared with staff members responsible for making changes and discussed at staff supervisions. They told us following discussion with staff, they shared information at management meetings and agreed any required improvements. We saw the audit processes were effective and actions had been taken to make improvements. For example, people's care plans had been updated by people's keyworkers.

The provider organised further checks to be made by an external company who looked at health and safety issues and made recommendations for improvement. An external company supported the service by maintaining their policies and procedures. They updated the service on any

changes to best practice and legislation. The registered manager explained that any relevant updates were discussed at management meetings and then required improvements were actioned following the meetings. They gave an example where risk assessments on people's care plans were being changed following a recent update. This meant the quality assurance system, which helped to improve care for people, was strengthened by independent checks.

The service had been recognised by the local authority for providing support to employees who required assistance with disabilities. The provider was a member of the Care Providers Network, where providers can share information about good practice. This showed the provider encouraged innovation amongst staff, which helped to improve standards of care for people.