

The Disabilities Trust

Hollyrood

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Hollyrood is a residential care home that provides care and accommodation for people with autism and learning disabilities. It was registered for the support of up to 25 people. 14 people were living at the service on the day of our inspection.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the guidance CQC follows to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was registered before Registering the Right Support was developed. The service has not been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. The guidance 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.

This service was able to demonstrate how they were meeting most of the underpinning principles of right support, right care, right culture.

Right support:

- The service was much bigger than most domestic style properties. The provider had tried to mitigate the effects of the environment by dividing the service into smaller living areas and supporting people to increase their access to community facilities. Further work was planned to provide more suitable accommodation. People received personalised care and support specific to their needs and preferences. People were protected from the risks of harm, abuse or discrimination because staff knew what actions to take if they identified concerns. There were enough staff working to provide the support people needed. Staff understood the risks associated with the people they supported. Risk assessments provided guidance for staff about individual and environmental risks. People received their medicines safely, when they needed them.

Right care:

- Care was person-centred and promoted people's dignity, privacy and human rights. People's individual needs and choices were recognised, and respected. This had been effective in supporting people to achieve goals and encouraged them to learn and grow as individuals. People were supported to have 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.

Right culture:

- Despite the need to keep people safe during the COVID-19 pandemic taking priority, the provider and staff had worked hard to develop good leadership. Quality monitoring systems had been embedded and morale was good amongst the staff team. We received positive feedback in relation to the care people received and how the service was run. One relative told us, "[My relative] has been at the home a long time, he has improved no end. When I think about the things he's doing now to what he used to be able to do, I'm really pleased".

Due to the COVID-19 pandemic, the provider had ensured that appropriate infection control procedures for the pandemic were in place to keep people safe. This included increased cleaning and ensuring adequate supplies of personal protective equipment (PPE) were available. Staff completed training in relation to COVID-19. We were assured the provider managed infection prevention and control through the COVID-19 pandemic.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 3 February 2020) and there was a breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection, we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We undertook this focused inspection in light of concerns we had received in respect to the care people were receiving. Concerns included, infection control, staffing levels and a negative and closed culture at the service. A decision was made for us to inspect and examine those risks. Therefore, this report covers our findings in relation to the Key Questions: Is it Safe? and Is it Well-led? We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the Safe and Well-led sections of this full report.

We reviewed the information we held about the service. No areas of concern were identified in the key question of effective, caring and responsive. We therefore did not inspect these. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has improved to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Hollyrood on our website at www.cqc.org.uk.

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Hollyrood

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by one inspector.

Service and service type

Hollyrood is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 did not have a manager registered with the Care Quality Commission (CQC). Registered manager's and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. However, a manager was in post and was due to begin the process of registering with the CQC.

Notice of inspection

We gave a short notice period of the inspection. This was because of the COVID-19 pandemic. We wanted to be sure that no-one at the service was displaying any symptoms of the virus and needed to know about the provider's infection control procedures to make sure we worked in line with their guidance. Due to the COVID-19 pandemic, we needed to limit the time we spent at the service.

What we did before the inspection

Before the inspection we reviewed the information we held about the service and the service provider. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with seven members of staff, including the manager, the deputy manager, regional support managers and three care staff. Many people were not able to fully verbalise their views and used other methods of communication, for example pictures. Due to people's needs, we spent time observing people with staff supporting them.

We reviewed a range of records. This included four people's care records, medicine records, and further records relating to the quality assurance of the service, including accident and incident records.

After the inspection

We spoke with three relatives by telephone to gain further feedback around the care delivered.

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 Requires Improvement. We identified a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of this regulation. This key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- At the last inspection, we identified concerns in respect to people's medicines being managed safely. We found issues in relation to the recording of medicines and systems of calculating levels of stock. We saw that improvements had been made.
- Care staff were trained in the administration of medicines. A member of staff explained the medicines procedures to us. They were knowledgeable and knew what medicine people needed and how they liked to take them.
- The medicines people took were recorded in Medication Administration Records (MAR). The MARs we looked at were completed accurately and correctly. We saw evidence of audit activity that showed where any errors were found that action had been taken and recorded.
- Medicines were stored appropriately and securely and in line with legal requirements. We checked that medicines were ordered appropriately and medicines which were out of date or no longer needed were disposed of safely. Relatives we spoke with did not express any concerns around medicines.

Systems and processes to safeguard people from the risk of abuse

- Staff had received safeguarding training and updates. There was also information on how to raise any issues or concerns displayed around the service.
- There had been some recent safeguarding investigations carried out by the local authority safeguarding team. We saw evidence staff had assisted and complied appropriately with all investigations.

Assessing risk, safety monitoring and management

- Detailed risk assessments had identified hazards and guided staff on how to reduce or eliminate the risk and keep people and staff safe. For example, risks around mobility, finances and accessing the community. Risk assessments were up to date and appropriate for the activity.
- People had positive behaviour support plans in place where needed. These set out the support people required to manage behaviours that may challenge staff and other people. The plans included clear information about signs for staff to look out for and actions needed to support people effectively and keep them safe.

Staffing and recruitment

- Relatives told us there were enough staff to meet their loved ones needs safely. One relative told us, "I've always thought there were enough staff, I've never been concerned, they're all very good." A member of staff

said, "We do use some agency staff and sometimes it is busy, but the care is safe." Our own observations supported this, and we saw people and staff spending social time together, as well as staff responding to people's needs. We were told existing staff would be contacted to cover shifts in circumstances such as sickness and annual leave, and regular agency staff were used when required.

- The provider had a dependency tool which helped them assess their staffing levels. Staff also used their knowledge of people to determine if more support was needed.
- Records demonstrated staff were recruited in line with safe practice and equal opportunities protocols. For example, employment histories had been checked, suitable references obtained, and appropriate checks undertaken to ensure that potential staff were safe to work within the care sector.

Learning lessons when things go wrong

- Staff took appropriate action following accidents and incidents to ensure people's safety and this was recorded. We saw systems where specific details and any follow up action to prevent a re-occurrence was recorded, and any subsequent action was shared and analysed to look for any trends or patterns.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

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 improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- At the last inspection, we found areas of improvement were needed in respect systems of quality monitoring and governance. Quality assurance systems were not always used effectively to enable staff to plan improvements.
- Improvements had been made and we saw a number of audits, checks and monitoring systems including, the environment, medicines, training and infection control. These systems had been implemented to show where shortfalls were, and to enable staff to take action.
- Records were detailed, accessible and provided staff with the information they needed to provide person centred care and drive improvement.
- The service did not have a manager registered with the Care Quality Commission (CQC). However, a manager was in post and was due to begin the process of registering with the CQC. The manager was being supported daily by a regional management team.
- Staff had a good understanding of equality, diversity and human rights and explained how they would make sure that nobody at the service suffered from any kind of discrimination. This was reinforced through training.
- Relative's told us that staff contacted them about any changes in their relative's health or wellbeing. One relative said, "Even through the pandemic when we couldn't visit, I was never concerned as they kept me updated all the time and were always available when I phoned."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- Staff told us about the positive impact of the improvements made at the service. One member of staff told us, "It has been difficult recently, as we haven't had a stable management team, but that has changed now. I feel confident with the new managers." This was echoed by staff and another member of staff told us, "We've always done all we can for the people living here, but it's been difficult for us sometimes. The new managers seem to be on the ball, and it feels better already."
- The culture of the service was positive and inclusive. Although we only spent a short time in the service, we saw that there was a relaxed atmosphere between people and staff. Staff spoke about people with care and compassion. They told us of the importance of keeping people safe and well-looked after especially during the COVID-19 pandemic. A member of staff told us, "I love working here, it's all about what we can do for the guys [people] who live here."

- We received positive feedback in relation to how the service was run, and our own observations supported this. A relative told us, "They've done so much to improve the life of [my relative] they understand him, and he is happy. In turn that makes us happy. I do feel that the home is well run."
- The service liaised with organisations within the local community. For example, the Local Authority and Clinical Commissioning Group to share information and learning around local issues and best practice in care delivery, as well as to assist each other in investigating any concerns.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Staff were aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guideline's providers must follow if things go wrong with care and treatment.