G Elliott and Mrs Brenda Mary Furse

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

Summary of findings

Overall summary

About the service:
Holly House is a care home. People in care homes receive accommodation and nursing or 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. Holly House is registered to provide accommodation and personal care for up to four people and predominantly supports people living with a learning disability and mental health needs.

At the time of the inspection there were three people living at the service. Best practice guidelines recommend supporting people living with a learning disability in settings that accommodate less than six people. The service model at Holly House was aligned to the principles set out in Registering the Right Support. Outcomes for people using the service, reflected the principles and values of Registering the Right Support including; choice, promotion of independence and inclusion. People's support was focused on them having new experiences and maintaining their skills and independence.

People's experience of using this service:
People told us they were happy living at Holly House and felt supported to live their lives. One person told us, "Oh yes I'm very happy."

People were supported to maintain their independence as much as possible and encouraged to participate in activities of daily living.

Staff supported people to access the community for social opportunities as well as employment.

People were supported to make choices in line with legislation and staff recognised people's individual needs.

People were cared for in a way that respected their privacy, dignity and promoted their independence. Staff knew people extremely well, enabling care to be delivered effectively. People had lived at Holly House for many years and had built positive relationships not only with the staff but with each other. There was a close family atmosphere in the home.

Care plans were detailed, and person centred. People were involved in deciding how they wished to be supported and in reviewing their care plans when needed. Information was available in a format they could understand.

Staff had completed training that equipped them to do their jobs. They received regular supervision to help develop their skills and support them in their role.

Quality assurance processes ensured risks to people and the environment were managed safely. The service

was clean and infection control audits ensured that cleaning tasks were completed, and any issues were identified and acted upon quickly.

There was a clear management structure with staff being supported by the registered manager and provider.
Rating at last inspection:
The service was rated as Requires Improvement at the last full comprehensive inspection, the report for which was published on 21 June 2018.

Why we inspected:
This was a planned inspection based on the previous inspection rating.

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

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

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?

Good

The service was well-led.

Details are in our Well-Led findings below.

Holly House

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
The inspection was conducted by one inspector.

Service and service type:
Holly House is a care home registered to accommodate up to four people who need support with personal care. 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:
We did not give notice of our inspection.

What we did:
Before the inspection we reviewed the information we had received about the service, including previous inspection reports and notifications. Notifications are information about specific important events the service is legally required to send to us.

During the inspection we gathered information from:

Three people using the service.
Three people's care records.
The registered manager
The provider
Records of accidents, incidents and complaints
Audits and quality assurance reports

Following the inspection, we gathered information from:
One member of care staff
We contacted one family member and a healthcare professional but did not receive feedback.

Good

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:
• People told us they felt safe. One person said, "It's my home and I am safe here."
• Staff had received safeguarding training and understood how to keep people safe from abuse or harm. They knew people well and could identify promptly if they were distressed or unhappy about something and monitored changes in people's behaviour. A staff member said, "I would speak to people and check if they were alright, and also inform the registered manager of any concerns or the local authority if I needed to."
• There was a safeguarding and whistleblowing policy in place which set out the types of abuse, how to raise concerns and when to refer to the local authority.
• The registered manager understood the local multi-agency safeguarding procedures to report any safeguarding incidents. Concerns and allegations were acted on to make sure people were protected from harm.

Assessing risk, safety monitoring and management:
• Risks to people were recorded in their care plans and staff had a good knowledge of people and how to mitigate potential risks to them.
• People were supported to take positive risks that enabled them to experience life to the full. For example, the registered manager had identified an increased risk to one person when they were independently out in the community. The person had been supported to understand the risks and they had agreed together, a safer route for them to use when walking home.
• Environmental risks had been assessed and managed to keep people safe, but still enabled people to do things independently where they could, such as preparing snacks and making drinks.
• Fire safety risks had been assessed. Each person had a personal emergency evacuation plan (PEEP). These identified what assistance each person would need to safely leave the building, in the event of an emergency.
• Health and safety audits identified when action was required, and the provider ensured that work was completed in a timely way. For example, they had identified that the bathroom needed to be replaced and this was being planned in the near future.
• Business continuity plans were in place to ensure that individuals were prioritised in terms of risk during crisis situations.

Staffing and recruitment:
• There were enough staff available to meet people's needs. People told us that staff were available when they needed them.
• There was a duty roster in place, which was flexible to meet people's specific needs. For example, if one person needed support to participate in an activity in the community, additional staff were available for them to do this.

• There had been no new staff recruited since the last inspection, but we saw that recruitment procedures ensured only suitable staff were employed.

Using medicines safely:
• People continued to receive their medicines safely. Trained and competent staff administered medicines safely and records showed staff had correctly signed medicines administration records when given.
• Staff had their competency and knowledge to administer medicines checked regularly.
• There were suitable systems in place to ensure the safe storage of medicines, the ordering of repeat prescriptions and disposal of unwanted medicines.

Preventing and controlling infection:
• Staff had received infection control training and completed daily cleaning tasks to maintain cleanliness throughout the service.
• People were supported by staff to do their laundry and be involved in cleaning their own rooms where possible.
• Staff told us that they used Personal Protective Equipment (PPE) to reduce the risk of the spread of infection.

Learning lessons when things go wrong:
• The registered manager learned from accidents and incidents that had occurred within the service and sought ways to reduce the risk of reoccurrence. For example, one person had impaired vision and had recently had a near miss when using the stairs. The provider had taken immediate action and installed additional hand rails and automatic lighting on the staircases to reduce the likelihood of a recurrence.
• Staff were informed of any accidents, incidents and near misses. These were discussed and analysed during handovers between shifts and at staff meetings.

Good

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

People's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience:
• At the last inspection, we found that staff had not received regular training to enable them to deliver effective care. We told the provider they must take action to rectify this. At this inspection we found action had been taken.
• Training records showed staff had received training that was relevant to their role and enhanced their skills. Training staff had completed included; mental capacity awareness; medicines management, safeguarding, equality and diversity and food safety.
• In addition, the registered manager, provider and one staff member had attended a training programme provided by a local service that is rated as Outstanding. This was to share best practice and the registered manager told us, "The training programme has been brilliant, and it has helped me develop a network of support with other registered managers."
• At the last inspection, we found that not all staff had received formal supervision or annual appraisals. We told the provider they must take action to rectify this. At this inspection we found action had been taken.
• Staff had regular supervision and an annual appraisal, which had enabled the registered manager to monitor and support them in their role and to identify any training opportunities.
• Staff told us they felt supported in their roles by the registered manager and the provider.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:
• People living at the service had lived there for a long time. Detailed assessments had been completed and care plans clearly identified people's needs and the choices they had made about the care and support they received.
• Staff told us they knew people well, read care plans and got to know people's changing needs through good communication within the small staff team and by using a communication book.
• The provider had an equality and diversity policy and staff understood how to ensure people's individual needs and wishes were met.

Supporting people to eat and drink enough to maintain a balanced diet:
• People could access food and drink when they wanted to and were supported by staff who had received food and hygiene training. One person told us, "The food is great, I enjoy a hot meal when I get home from work."
• People were encouraged to maintain a healthy, balanced diet, based on their individual needs.
For example, if people required a low fat or low sugar diet, they were supported to understand this and to make appropriate food choices where possible.
• There was a four weekly menu that people were involved in developing, during resident's meetings.
People's food choices were reviewed and added or changed, in line with their wishes.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support:
• Information about people's personal and health needs was included within their care plans, which could go with the person to hospital, to help ensure their needs could be consistently met.
• People received support from other healthcare professionals, including GP's, nurses and mental health practitioners.
• Staff understood people's health needs well, which meant they could quickly recognise when support from external healthcare professionals was required.
• People were supported to access appointments with healthcare professionals in local clinics or in the home, when needed. The registered manager told us that they had a good working relationship with the community learning disability team and the local health centre. This meant that any medical advice or support could be accessed quickly for people.

Adapting service, design, decoration to meet people's needs:
• The service was clean and decorated according to the tastes of the people who lived there.
• People's bedrooms had been personalised and reflected their personal interests and preferences.
• People were involved in discussions about decoration in communal areas. For example, the provider and registered manager told us that discussions would be had with people about the planned new bathroom.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

• Everyone living at Holly House was free to come and go on their own if they wished to, therefore there had been no necessity to apply for DoLS.
• Staff had knowledge of the MCA and how this impacted on the people they supported. This ensured people's rights in relation to decision making was protected.
• People living at the service had been assessed as having capacity to make most day to day decisions about their care.
• Staff recognised seeking and respecting people's choices was vital to promote consent. One staff member said, "It can be hard sometimes to get people to tell us what they want, but we take our time and listen to them, it's their choice."
• The registered manager and staff described the action they would take if they were concerned that a person was no longer able to make decisions for themselves. This was in line with the MCA.

Good

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

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:
• People who lived at the home told us the registered manager, provider and staff were caring and our observations confirmed this. The registered manager clearly knew people well and had built positive relationships with them.
• People were relaxed in the company of the registered manager and provider and enjoyed the interactions they had. Comments from people included, "Staff are kind, they help me" and "Yes they [staff] are nice."
• Information about people's life history was recorded, which staff used to build positive relationships. Care documentation included information about people's protected characteristics including any religious beliefs and cultural needs.
• Staff promoted care that was tailored to the individual, taking into account their preferences. For example, one person was known to have a passion for a particular film. When a local theatre was putting on a production of the film, the registered manager arranged to take the person as a surprise. This demonstrated that they knew the person well and that this activity was something they would really enjoy. The person told us, "It was brilliant, I loved it, it was very funny."
• People had keyworkers who were key members of staff that were allocated to provide additional support to a named person. Their role included supporting the person to maintain contact with family members and friends, and to access activities that the individual person may enjoy.

Supporting people to express their views and be involved in making decisions about their care:
• During the inspection we observed people being given choices of about what they would like to do and where they would like to spend time. People were empowered to make their own decisions. People told us they were free to do what they wanted, and we saw people coming and going throughout the day. For example, one person went out independently to work and another person chose to go for a walk in the community.
• Records showed people were involved in meetings to discuss their views and make decisions about the care provided.
• One person had been assessed as needing support to understand their records and to make some decisions. Their care plan was recorded using symbols and pictures, which meant that it was accessible to them.

Respecting and promoting people's privacy, dignity and independence:
• The service had been developed and was in line with the values that underpin Registering the Right Support. These values include choice, promotion of independence and inclusion.
• People were supported to be as independent as possible. For example, some people had employment and others attended a local day centre. People were supported to understand risks and to travel to locations in

the community independently where possible.
• People's care plans provided information for staff about what people could do for themselves and where additional support may be required.
• Care records were held securely in the service and confidential information was respected.

Good

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:
• People were supported to live their lives in accordance with their own choices. Care plans were detailed, person centred, and people were involved in regular reviews of their care and support.
• People's care plans provided staff with clear guidance about their specific needs and how these were best met. These included people's personal care needs, nutritional support and social interests.
• People received care from staff who knew their life story and who was important to them.
• People's communication needs were identified, recorded and highlighted in care plans. Information was presented to people in a way they could understand, as required by the accessible information standard. For example, one person's care plan used pictures and symbols to help the person to be involved and understand what was written about them.
• People had access to a range of activities, but most people had solitary pursuits. For example, one person liked to go out for a walk and another chose to sit and watch the television. People often went out into the community independently to pursue their own leisure activities, but staff were available and offered support when needed.

Improving care quality in response to complaints or concerns:
• The provider had a complaints policy and procedure in place. The registered manager told us that they had not received any complaints since the last inspection, but people knew how to raise concerns. One person told us, "Yes I can speak to staff if I'm worried or unhappy."
• The registered manager and staff regularly engaged with people and observed them, so that any low-level concerns could be addressed quickly. Resident meetings were held, which enabled people to be involved in decisions about the service and to discuss any concerns. One staff member told us, "As we are a small service, we know people well and always talk to them and check that they are ok."

End of life care and support:
• At the time of the inspection, nobody living at the service was receiving end of life care. However, people's care plans identified any end of life wishes they had. This gave details of people's preferences, including considerations to cultural and religious preferences.
• The registered manager told us that some staff had attended end of life care training at the local hospice service and all staff had completed on-line end of life training.
• The registered manager told us they would seek support from people's GP's, community nurses and palliative health care specialists, should the need arise.

Good

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:
• The registered manager engaged with people, professionals and where appropriate, people's relatives, when planning their care.
• The service has systems in place to ensure that people received person-centred care which met their needs and reflected their preferences.
• People told us that the service was well run. One person told us, "I like the manager, she's nice, I can talk to her."
• The provider had a duty of candour policy that required staff to act in an open and transparent way when accidents occurred. The registered manager understood their responsibilities and had notified CQC about all incidents, safeguarding concerns and events that were required.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:
• The registered manager and provider were clear about their roles and responsibilities. They described to us how they spent their time in the service and when they were not there, staff could contact them at any time.
• Extensive policies and procedures were in place to aid the smooth running of the service. For example, there were policies on safeguarding, human rights, equality and diversity, complaints and whistleblowing.
• A comprehensive quality assurance system was in place to monitor, and where required improve the service. The provider promptly arranged for action to be taken where any issues were identified. For example, they had recently had a food hygiene inspection that had identified some shortfalls. Action had been immediately taken to address these.
• Effective communication between the registered manager and staff team supported a well organised service for people.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:
• Staff meetings took place and staff shared feedback and concerns. Staff were confident they would be listened to and were confident the management would act.
• Staff told us that the management were supportive, and they felt their views about the service were sought. One said, "We talk all the time, its informal as well as having formal meetings, so we are involved and know what is happening."
• People told us that they were involved in decisions within the service and what they did. For example,

people at the service had all recently been on a holiday together. One person said, "We get asked what we want to do, the holiday was good, we enjoyed it."
• Links with outside services and key organisations in the local community were well maintained to promote independence and wellbeing for people.

Continuous learning and improving care:
• The registered manager and provider had addressed staff training since the last inspection and had themselves, undertaken comprehensive training. They told us that the training they had completed had been very positive and had assisted them to review systems within the service to improve their effectiveness. For example, although informal meetings had been taking place regularly, records were now improved to evidence outcomes and action taken when required.
• Feedback on the service was gathered using informal chats with people and their families or representatives.
• Staff were encouraged to provide regular feedback about the service delivery and share ideas and suggestions on how the service could be improved.
• A business continuity plan was in place and people were empowered to understand risk and act in the event of an emergency. When any incident or near miss had occurred, these were reviewed and learning from incident analysed.

Working in partnership with others:
• The registered manager told us that they worked with a local authority commissioning team and NHS medicines management team, to consider best practice and monitor the effectiveness of the service. Where advice and support had been given, the registered manager promptly acted upon it. For example, the medicines management team had advised that additional medicine storage be installed, and this was being put in place.
• Staff supported people to attend local community events, to access employment and to use support from external agencies. For example, some people attended a local community activity group, some people had employment in local businesses and people used local healthcare facilities.
• The registered manager and staff team had positive links with local agencies and people were supported by regular healthcare professionals, who knew them well.