

# Holly Hall Care Limited

# Holly Hall House

## Inspection report

170 Stourbridge Road  
Holly Hall  
Dudley  
West Midlands  
DY1 2ER

Tel: 01384252219  
Website: [www.selecthealthcaregroup.com](http://www.selecthealthcaregroup.com)






Date of inspection visit:  
02 February 2016

Date of publication:  
17 March 2016

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

Our inspection was unannounced and took place on 2 February 2016.

The provider is registered to accommodate and deliver personal care to ten people. At the time of our inspection ten people lived at the home. People lived with needs relating to their learning disability and/or mental health condition.

The provider changed their company name and re-registered with us in 2014. This was the first inspection under their new company name.

The manager was registered with us as is required by law. 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.

Although the registered manager and staff had received training on procedures they should follow to ensure the risk of harm and/or abuse was reduced they had not always followed them. They had not notified the local authority safeguarding team or us of an incident of physical aggression as they should have done to ensure the person's safety.

The provider had audit processes in place to assess the quality of service provided. However, the audit processes did not act on an incident of aggression, or determine that improvements with record keeping were required.

The staff had received medicine training and their competence had been assessed. Medicines were given to people as they had been prescribed.

Staff were provided in sufficient numbers to meet people's needs.

The recruitment processes the provider followed would not always ensure that only suitable staff were employed.

Staff received induction training and the day to day support and guidance they needed to ensure they met people's needs.

Staff had received or were receiving the training they needed to equip them with the knowledge to support the people in their care safely.

Staff understood the requirements of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). This ensured that people received care in line with their best interests and would not be

unlawfully restricted.

People were encouraged and enabled to make decisions about their care and to be independent as possible.

Staff supported people with their nutrition and dietary needs to prevent malnutrition and dehydration.

People received assessments and/or treatment when it was needed from a range of health care professionals which helped to prevent deterioration regarding their health and well-being.

People were offered and enabled to engage in recreational activities that they enjoyed and met their preferred needs.

Systems were in place for people and their relatives to raise their concerns or complaints.

People and staff we spoke with felt that the quality of service was good.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** 

The service was not consistently safe.

The provider had not followed safeguarding processes. They had not reported an incident of physical aggression to the local authority safeguarding team to ensure the person's safety.

Recruitment systems did not always minimise the risk of unsuitable staff being employed to work at the home.

Medicines were given to in the way they preferred and as they had been prescribed by their doctor.

### Is the service effective?

**Good** 

The service was effective.

A relative and staff felt that the service was effective and met people's needs.

Staff had the knowledge they needed to meets people's needs in the way that they required and preferred.

Staff understanding and knowledge regarding the Mental Capacity Act and the Deprivation of Liberty Safeguarding (DoLS) meant that people were supported appropriately and were not unlawfully restricted.

Staff supported people with their nutrition and dietary needs to prevent malnutrition and dehydration.

### Is the service caring?

**Good** 

The service was caring.

People were supported by staff who were kind and caring.

People's dignity, privacy and independence were promoted and maintained.

Relatives could visit when they wanted to and were made to feel welcome.

### Is the service responsive?

Good 

The service was responsive.

People's needs and preferences were assessed to ensure that their needs would be met in their preferred way.

People were offered recreational activities that they enjoyed.

Complaints procedures were in place for people and relatives to voice their concerns.

### Is the service well-led?

Requires Improvement 

The service was not always well-led.

The provider was not meeting all legal requirements as they had not notified us of one incident of physical aggression.

Audit processes did not act on an incident of aggression, or determine that improvements with record keeping were required.

Staff felt adequately supported by the management team. There was a leadership structure in place that staff understood. There was a registered manager in post who was supported by team leaders.

# Holly Hall 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 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.

Our inspection was unannounced and took place on 2 February 2016. The inspection was carried out by one inspector.

We asked the provider to complete 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. The form was completed and returned so we were able to take information into account when we planned our inspection. We reviewed the information we held about the service. Providers are required by law to notify us about events and incidents that occur; we refer to these as 'notifications'. We looked at the notifications the provider had sent to us. We asked the local authority for their views about the service provided. We used the information that we had gathered to plan what areas we were going to focus on during our inspection.

We met all of the people who lived at the home. We spoke with six people, two care staff, a team leader, the registered manager, and the assistant area manager. We looked at the care files for two people, medicine records for two people, recruitment records for two staff, supervision records for two staff and staff training records. We also looked at complaints, safeguarding, quality monitoring processes and provider feedback forms that had recently been completed by the people who lived at the home and their relatives.

## Is the service safe?

### Our findings

The provider's safeguarding policy detailed some types of abuse which included incidents of a physical nature. The safeguarding policy also highlighted that where incidents occurred between people this constituted abuse and should be reported as such. A record that we saw detailed an incident that where one person had hit another. The records highlighted that the victim [the person who had been hit] cried. Staff had completed a 'body map' that highlighted that the person had redness across the bridge of their nose. However, when we asked the registered manager about this they told us they had not informed the local authority safeguarding team about the incident. They told us that as there was no injury they did not feel the incident had to be reported. When we discussed this with the registered manager and highlighted that there had been redness across the person's nose, and the person felt harmed as they had cried, they agreed that the incident should have been reported. This highlighted that the registered manager and staff had not followed the providers safeguarding procedures and had not taken action to protect people from harm by informing the local authority safeguarding team about the incident. Records highlighted and staff we spoke with confirmed that they had been trained in safeguarding and the prevention of abuse. All staff we spoke with were all able to tell us the definitions of abuse and agreed that an incident of aggression would constitute abuse. Following our inspection the registered manager informed the local authority safeguarding team in retrospect of the incident.

At least two people told us that they did not feel safe. They told us that they were afraid of the behaviour of another person who lived there. A staff member told us that they were worried as one person was vocal and people did not like this. We discussed this with the registered manager who told us that the other person could at times be loud that could make other's feel intimidated. They told us that they were monitoring the situation and would ask for this person's needs to be reassessed by their funding authority. The majority of people who lived at the home told us that they felt safe. A person told us, "I feel very safe here". Another person said, "I feel safe and secure". Provider feedback forms recently completed by relatives confirmed that in their view their family members were safe living at the home.

We checked the records and money held in safe keeping for two people. We found that only a small number of staff had access to the money to help keep it safe. We saw that records of transactions were signed by two staff and that the money was checked regularly ensure that it was correct. This meant that if an error occurred the staff should be able to determine when it occurred.

A person's Medicine Administration Record (MAR) that we looked at highlighted that they had been prescribed medicine on an 'as required' basis to reduce agitation. We saw that there were protocols in place to instruct the staff when the medicine should be given. These included for staff to use diversion and calming methods first and that the medicine should be given as a last resort. We found in one instance that there was a lack of documentary evidence to confirm the actions the staff had taken before they gave the medicine. This did not confirm that staff had followed the protocol. The registered manager told us that it was a lack of recording and that staff would have followed the protocol as they always did.

A person told us they took their medicine independently with the support of staff and that is what they

wanted. We saw that risk assessments had been undertaken to ensure the person's safety regarding this. A person told us, "I would rather the staff manage my tablets". This showed that people were given their medicines in the way that they preferred.

A person said, "I am always given my tablets and at the right time". We counted two people's medicines to confirm if the number of tablets available balanced correctly against the MAR and found that they did.

We found that medicines left over from the previous month or months had been carried over onto the current records. This meant that there was always a record of the exact amount of medicine available and an audit trail for staff to follow if a medicine error occurred.

We saw that medicines were stored safely in locked cupboards this prevented unauthorised people accessing the medicines. We also saw that processes were used for ordering and returning unused medicine to the pharmacy. Staff we spoke with and records confirmed that medicine audits were undertaken regularly. The undertaking of the audits increased medicine safety.

A person told us, "I think there is enough staff". Another person said, "The staff are always here to help us and take us out". Other people we spoke with also told us that enough staff were provided. We observed staff were available during the day to supervise people and support them to go out into the community. The registered manager told us that staff covered each other during holiday time and to cover staff sickness. This was confirmed by the staff we spoke with. This would ensure that people would be supported at all times by staff who were familiar to them and knew their needs.

A staff member said, "All of the checks were done before I could start work". All staff we spoke with told us that checks had been undertaken before any staff were allowed to start work. This was confirmed by the registered manager. We checked two staff recruitment records and saw that pre-employment checks had been carried out. These included a check with the Disclosure and Barring Service (DBS). The DBS check would show if a prospective staff member had a criminal record or had been barred from working with adults. We noted that one staff member had not stated on their application form that they had previously been employed by a care provider. However, their previous DBS confirmed the name of a care provider which would suggest that the staff member had been employed in a care position before. There was no reference on file from a previous care provider to confirm that the staff member was of good character. The registered manager told us they were not sure if the staff member had been employed in a care position before. This showed that the recruitment process was not as diligent as it should be to prevent unsuitable staff being employed. We saw that in one case a staff member had declared on their application that they had a health condition. There was no risk assessment to confirm that they would be safe to work. This meant that the provider had not got all the required information, or had explored staff's health issues, to enable them to make a judgement on potential new staff's suitability.



# Is the service effective?

## Our findings

A person told us, "I have been in a few different care homes before. This is the best one yet". Another person said, "I am happy here. It is good". A provider feedback form recently completed by a relative read, "I am happy with the care and support". A staff member said, "I think the people here get a good service".

A staff member told us, "All staff have induction training when they start work. They look at policies and work with experienced staff. It is a good way for them to learn". Staff files that we looked at held documentary evidence to demonstrate that induction training had taken place. The registered manager confirmed that the provider had introduced the new 'Care Certificate' and that new staff would be working towards this. The care certificate is an identified set of standards that care staff should follow to when carrying out their work.

A staff member said, "We always have access to help and support from the team leaders or manager. There is an on-call rota for evenings and weekends for support". Other staff we spoke with told us that they felt supported on a day to day basis. A staff member told us, "I have supervision sessions with the manager and they are helpful". Other staff we spoke with also told us that they had supervision sessions. Records that we looked at confirmed this. We saw where there were issues with any staff member's performance these were addressed.

A person said, "The staff seem well trained. They do their job well". Another person told us, "The staff know what they must do". A provider feedback form recently completed by a relative read, "Excellent work by staff". Staff we spoke with told us that they had the training they needed to assist them to do their job. A staff member said, "I have done the training I need". Staff files that we looked at confirmed that staff had received mandatory and specialist training for their role which would ensure they could meet people's individual needs.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

A person who lived at the home told us, "I come and go as I please". Another person told us, "I am not restricted I go out on my own when I want to". We checked whether the staff were working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that they were. The registered manager told us and records that we looked at confirmed that an application for one person had been made for a DoLS assessment. We saw that this had been approved. Staff we spoke with were all aware of MCA and DoLS. The staff knew the reason for the current DoLS approval and knew that people should not be restricted for reasons other than what had been

approved. Staff we spoke with knew that they should ask people's permission before they provided support. A staff member said, "We always ask people first. In fact we encourage people to do what they can and make their own decisions". We heard staff talking with people about going out for the day and asking them if they wanted to go. We saw that staff waited for people to make their minds up and respond. We saw that people went and got their bags and coats ready. We saw that they went out with staff happily and were willing to go.

A person told us, "The food is nice we are given choices at every mealtime". Staff ensured that people were offered the food and drink that they liked. We heard staff giving people food and drink options. We looked at people's care plans and saw that their food and drink likes and dislikes had been documented. A staff member told us, "As it is a small home we get to know what people like to eat and drink". We saw that a pictorial menu was on display in the dining room. A person said, "We [the people who lived at the home] have meetings and decide the meals we want". We looked at the food stocks and saw that they were varied to ensure that people would be offered the food and drink that they liked. At breakfast time we observed that people were offered cereals and other food options. We observed that mealtimes were flexible to meet people's needs and preferences. One person got up later than other people and had their breakfast shortly afterwards.

Staff told us and records that we looked at confirmed that people's risks and health needs had been determined concerning each person's food and drink. Staff and records also confirmed that where risks were identified people were referred to Speech and Language Therapy (SALT) and the dietician. Records highlighted that some people could be at risk of choking. Staff we spoke with had a good knowledge of these risks and what they should do to prevent the risks. At breakfast time we saw that a person started coughing. A staff member immediately responded asking the person if they were alright and checking on them.

A person told us, "We go to the hospital, doctor and dentist when we need to". Another person said, "I am monitored by a nurse". Staff we spoke with told us that they supported people to access health appointments that included people seeing the dentist and optician. Records we looked at confirmed that where staff had a concern they referred people to their doctor and a wide range of external health professionals which included specialist hospital consultants. They follow what I tell them to do". This showed that staff accessed the health attention people needed to prevent poor health. We saw that health plans were in place that highlighted people's conditions, important information, their communication method and their likes and dislikes. This document would be used to keep an overview of healthcare provided and a information tool for hospital staff in case a person needed to be admitted.

## Is the service caring?

### Our findings

A person told us, "The staff are all good". Another person said, "The staff are friendly, helpful and kind". A staff member told us, "All of the staff here very much care about the people here. If a person is not well we even ring if we are on a day off to find out how they are". We saw that staff were caring towards people. We heard staff asking people if they were alright and they showed an interest in them. We found that the atmosphere was happy and welcoming. Throughout the day we saw that people were communicating with staff and engaging with them. We saw that people smiled and laughed.

A person told us, "We are all offered a key to our bedroom so that it is private". Staff we spoke with knew the importance of promoting people's privacy. They told that they gave people personal time and space if they wanted to be alone in their bedrooms. A person said, "We all wash and dress ourselves here". Staff confirmed this and told us that when people were attending to their personal care they made sure that doors and curtains were closed. Records highlighted that staff had determined the preferred way people liked to be addressed. We heard that staff used this name when speaking to them. A person said, "We all buy our own clothes and dress how we want to". Staff told us that they knew that it was important that people dressed in the way that they preferred. A staff member told us, "All people have their own dress style and wear what they want to each day". We saw that ladies wore make up, jewellery, had their hair styled as they wanted it to be. We saw that people wore clothes that were appropriate for the weather [warm clothing as it was a cold day] and reflected their individual tastes. This highlighted that staff promoted privacy dignity and showed people respect regarding their individuality.

A person said, "I clean my room, get my own breakfast and do my washing". Another person told us, "I go shopping on my own and get my own drinks". We saw people in the kitchen getting their own breakfast and making their own drinks. We saw a person in the laundry dealing with their washing. A member of staff told us, "We encourage people do what they can independently. Most people here are fairly independent and attend to most of their own daily tasks". This showed that staff knew the importance of encouraging people to be independent as independent as possible.

A person told us, "We can all speak and understand what the staff say". A staff member said, "People can all understand what we say to them and can communicate with us verbally". We saw staff throughout the day speaking slowly and clearly to people. People understood what staff said to them as they responded in a way that confirmed this. Staff understood what people said to them as we heard them act or answer appropriately to what people said to them.

A Person said, "Visiting times are open. Families can visit when they want to". Staff told us and records we looked at confirmed that people liked to see their families.

We saw that information was available that gave contact details for advocacy services. An advocate can be used when people may have difficulty making decisions and require this support to voice their views and wishes. The registered manager told us and records confirmed that they referred people to advocacy services when there was a need.

## Is the service responsive?

### Our findings

A person said, "When I came here the staff asked questions to make sure they knew what I would need". Another person told us, "The staff keep up to date with what I need. They know us well". A member of staff said, "It is a small home the staff know all of the people and their needs".

A person told us, "I know what is in my plans". Another person said, "We [the person and the staff] do my plans together. I sign them when I am happy with them". The care plans that we looked at reflected people's needs. We asked staff about two people whose care plans we had viewed. The staff told us the people's risks and how they needed to be supported which reflected what was stated in the care plans. People we spoke with and records that we looked at confirmed that regular reviews of needs were undertaken and that people were involved in their reviews.

People could be supported to attend religious services if they wanted to. Records that we looked at confirmed that staff had identified people's preferred faith and if they wanted to follow this. Staff we spoke with confirmed the people who wanted to follow their faith were supported to do so.

A person said, "I like the activities we do here". Another person told us, "We do a lot. We go out every day and go on holiday. It is good". Other people told us that they were happy with the activities offered. Records that we looked at and staff confirmed that people were offered a wide range of activities which included a holiday to Skegness in 2015 and trips and outings to different venues. A people carrier was provided that could be used on a daily basis for people to access the local community and go further afield. Some people told us that they liked to go shopping and used local buses independently. A number of people told us that they liked to go to second hand shops and did this regularly. People had their own interests in-house. We observed one person doing a jigsaw. They told us that they liked jigsaws. Another person told us that they liked listening to their music and did that every day.

A person said, "I feel listened to. We fill in forms and have meetings". Another person told us, "We have meetings we tell the staff what we want to eat and where we want to go then they sort it for us". We saw that feedback forms had been completed by people and relatives. The comments made were mostly positive.

A person said, "If I had to complain I would tell the staff and they would sort it". Provider feedback forms recently completed by relative confirmed that they knew how to make a complaint. We saw that the complaints procedure was available within the home. It had been produced in words and some pictures that could make it easier for people to understand. We saw that the registered manager had a process in place to annually review any complaints that had been made. This was to determine patterns or trends and make changes or improvements where needed.

## Is the service well-led?

### Our findings

We found by viewing records that an incident of physical aggression had occurred between two people who lived at the home. Our data base did not highlight that this incident had been reported to us. The registered manager confirmed that they had not informed us of the incident. This meant that the provider was not meeting legal requirements of notifying us about this issue as they should have done.

Staff told us and records confirmed that they and the registered manager carried out regular audits and checks had been undertaken regarding for example, medicine safety and the safekeeping of people's money. The assistant area manager told us that they visited the home at least weekly and carried out an audit of the home. We saw that a record was produced following these audits. The audit reports for October and November 2015 highlighted that incident reports had been viewed. However, the reports did not confirm that action had been taken concerning an incident of aggression that occurred between two people who lived at the home. This highlighted that the audits had not been robust to identify and deal with issues that could place people at harm of abuse and injury.

We found that record keeping required some improvement. On some days there was no record made of the support staff provided to people, or the activities the people engaged in. We found that some records had been erased by crossing out wording. We found that some records were inappropriate. A record that we read stated that a person who lived there had been 'telling lies'. The staff communication book contained some personal information about people that should have been written on their individual file only. The medicine fridge temperatures did not show what the minimum and maximum range temperatures should be for the safe storage of medicines.

A person told us, "The manager is very nice". Another person told us, "The manager is good". A relative told us, "This manager is good". There was a registered manager in post who was supported by team leaders. We saw that the registered manager and assistant area manager were visible within the home. During the day we saw them interact with the people who lived at the home. It was clear that the people who lived at the home knew both the registered manager and assistant area manager well and were comfortable in their company. We saw that people were confident and comfortable to approach both of the managers. They were smiling and looked relaxed. Our conversations with the registered manager and assistant area manager showed that they knew all of the people who lived at the home well.

A staff member said, "The manager is good. We have support". Another staff member told us, "We have regular meetings and can raise any issues". Staff told us that there were on-call arrangements in place so that they could access advice and support outside of business hours. Staff told us that on the occasions they had used the on-call arrangements they had worked well.

We asked the provider to complete 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. They returned their PIR within the timescale we gave and it was completed to a reasonable standard.

All staff we spoke with gave us a good account of what they would do if they were worried by anything or witnessed bad practice. One staff member said, "If I saw anything I was worried about I would report it to the manager. We saw that a whistle blowing procedure was in place for staff to follow.