

# AmBience Healthcare Ltd

## Holly Nook

### Inspection report

18 Oakwood Road West  
Rotherham  
South Yorkshire  
S60 3AB

Tel: 07805551242  
Website: [www.ambiencehealthcare.co.uk](http://www.ambiencehealthcare.co.uk)

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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 Nook provides personal care in a supported living setting for up to six people with learning disabilities or autistic spectrum disorder. At the time of our inspection there were five people living at the service.

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

Systems were in place to ensure people were protected from abuse and investigate any concerns. Risks linked to people's care were considered and monitored. Environmental risks were considered. The service ensured there were enough staff, who had been safely recruited. People received care from staff who knew them well and had relevant experience. People were supported appropriately with their medicines.

People's care was based on an assessment of their needs and their choices. Staff had access to training and support. People were supported to regularly access health care service's to maintain their wellbeing.

People were supported to have maximum 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.

The service had regard for the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having opportunities to gain new skills and become more independent.

People were well supported by staff who had a good understanding of their individual needs and preferences. There was evidence people were supported to make day to day decisions and it was clear people had been given meaningful opportunity to participate in care decisions. People's privacy and dignity were respected and supported.

People's care plans contained good detail about how they should be supported, and we witnessed staff following this guidance. Staff understood people's communication needs. People were supported to engage in a range of activities. There had been no recent formal complaints recorded. Information on people's end of life choices were recorded, as appropriate.

Audits and quality checks were in place to ensure the service maintained good standards of care and were continually looked at to develop the service, ensuring positive outcomes for people.

Rating at last inspection and update

The last rating for this service was Good (published 16 May 2017)

#### Why we inspected

This was a planned inspection based on the previous rating.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://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 reinspection 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 effective?

Good ●

The service was effective.

Details are in our safe findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our safe findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our safe findings below.

### Is the service well-led?

Good ●

The service was well led.

Details are in our safe findings below.

# Holly Nook

## Detailed findings

### Background to this inspection

#### The 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 checked 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.

#### Inspection team

The inspection consisted of one inspector.

#### Service and service type

Holly Nook 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 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 gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

#### What we did before the inspection

Before the inspection, we reviewed information we had received about the service, including notifications. Notifications are information about specific important events the service is legally required to send to us. We considered information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with two people who used the service to gain their experience of the care provided. We spoke with three members of staff including members of the management and support teams. We reviewed a range of records, including; people's care records and medicine records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# 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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- People were supported to take their medicines when they needed them.
- Medicine Administration Records (MARs) were used to show when staff had supported people with their medicines. Although some MARs were handwritten and had not been signed by staff. The registered manager told us this would be rectified immediately and addressed through staff meetings and individual supervision.
- Protocols were in place for 'as required' medicines which ensured staff understood when people may need these types of medicine. For example, how people displayed they were in pain to ensure they were supported with pain relief medicines.
- Staff told us they were trained in the administration of medicines, which we saw documented in their training records.

### Systems and processes to safeguard people from the risk of abuse

- The provider's procedures gave staff guidance and steps on how to keep people safe. People's comments included; "I am happy and safe," and "Oh yes, I am safe here."
- Staff had received training on how to safeguard people from the risk of abuse. Staff understood how to recognise the signs of abuse and the ways to report this.
- Staff had an awareness of how safeguarding issues could be escalated to other agencies. Staff we spoke with told us information on how to recognise abuse and report concerns was clearly displayed around the property.

### Assessing risk, safety monitoring and management

- Staff had good knowledge of the people they supported. They were aware of risks associated with their care, how to monitor them and the action to take to reduce these risks.
- People's care records contained risk assessments which had been reviewed regularly. These related to a variety of needs, including nutrition, behaviours and any specific health conditions.
- Care plans were updated regularly and reflected the actions identified from the risk assessments. Care plans were comprehensive and individualised to meet the person's needs. The combination of risk assessments and care plans provided appropriate guidance to staff about the action they should take to promote people's safety and ensure their needs were met.
- Equipment was managed in a way that supported people to stay safe. For example, regular maintenance checks took place of services, such as; water, gas and emergency lighting.
- A personal emergency evacuation plan (PEEP) had been completed for people to ensure there were arrangements in place to support them to evacuate the building safely in the event of an emergency. These

were reviewed regularly.

#### Staffing and recruitment

- Our inspection of staff records demonstrated the provider had appropriate recruitment procedures in place for the recruitment of all staff. These procedures included criminal record checks, identity checks and references from previous employers. This meant only staff deemed suitable by the provider were employed.
- People and staff told us they thought there were appropriate staffing levels to meet people's needs.
- Staff rotas indicated safe staffing levels were provided for both day and night time.

#### Preventing and controlling infection

- Staff had undertaken training and were aware of their responsibilities to protect people from the spread of infection. There was an up to date infection control policy in place.
- People told us staff helped them to keep their home clean and tidy. One person said, "I help out and staff support me in some of the other chores."
- Staff told us they were provided with personal protective equipment (PPE) and hand sanitisers were available for staff to use.

#### Learning lessons when things go wrong

- Details of accidents and incidents were logged and recorded with appropriate actions taken to reduce the risk of re-occurrence.
- There was a culture of continuous learning when things went wrong. The management team carried out reviews of any accidents and incidents in the home as well as complaints and concerns to identify if there were any trends or patterns.



# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Before people moved in, assessments were completed with them, their relatives and professionals to determine their support needs and preferences for care.
- People's needs, and choices were continually reviewed to ensure they were receiving the right care and support.
- People's protected characteristics under the Equality Act were identified and any related needs were assessed.
- We saw information was available to staff to enable them to keep up to date with best practice guidelines and meet people's needs effectively.

Staff support; induction, training, skills and experience

- Staff told us they received an induction when they started work which included working alongside an experienced member of staff. The provider's induction procedures and ongoing training provided staff with the skills and competencies to carry out their role effectively.
- Staff told us the training was good and relevant to their role; they felt well supported to deliver good standards of care. One staff member said, "Training is regular and always available." On the day of our inspection a training event had been organised regarding behaviour which challenges.
- Staff received regular supervision and appraisal to review their individual work and development needs. Observations and competencies were carried out to ensure staff continued to meet the required standards.

Supporting people to eat and drink enough with choice in a balanced diet

- People were encouraged to be involved in the preparation of their meals and drinks.
- People told us they had choices that met their preferences. One person said, "We discuss and choose what we eat. If there is something I don't like I can have something else."
- Staff explained how they supported people to manage their nutritional risks and there were detailed plans for staff to follow, which confirmed what staff had told us.

Staff providing consistent, effective, timely care within and across organisations

- Care plans showed people's needs had been assessed and monitored in conjunction with various healthcare professionals.
- Where people's needs had changed, staff consulted with GP's, and other relevant health and social care professionals.
- There was a consistent staff team and a regular handover meeting so relevant and important information

could be shared amongst staff.

Adapting service, design, decoration to meet people's needs

- The service met people's needs by suitable adaptation and design of the premises.
- The property was shared by five people. Two people told us they had appropriate space to socialise with others, eat in comfort, receive visitors or spend time alone if they wished to.
- People's rooms were decorated and personalised to their needs.
- Access to the building was controlled to help ensure people's safety.

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).

- Holly Nook continued to follow the MCA. Wherever possible people made their own choices and were given information in a way they were able to understand. Their decisions were respected.
- Where people did not have capacity to make decisions this had been properly assessed. Family members and healthcare professionals had been included in best interest decisions.
- Where people's liberty was deprived to keep them safe, DoLS authorisation had been sought and granted.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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's care plans included details about their wants, needs, ethnicity, any preferred faith and culture to ensure staff could provide personalised care.
- Staff showed an understanding of equality and diversity. For example, one staff member told us, "Regardless of background or any other characteristic, people deserve to be treated with the same respect."
- Staff received training on equality and diversity and they worked to ensure people were not discriminated against any protected characteristics they had in line with the Equality Act 2010.

Supporting people to express their views and be involved in making decisions about their care

- Staff involved people and their relatives in the assessment, planning and review of their care.
- Staff respected people's choices and preferences. For example, the clothes people wanted to wear, food and drink preferences, and what they wanted to do during the day.
- Staff addressed people by their preferred names or titles in line with the information in their care plan.
- Advocacy services were displayed in the event people were unable to advocate for themselves or had no representative. An advocate is someone who can offer support for people who lack capacity to make specific important decisions.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity, and their privacy was respected. Staff knocked on people's bedroom doors before entering and they kept people's information confidential. People's bedroom doors were closed when staff delivered personal care.
- People were supported to maintain their independence. One person told us, "I do lots of this for myself and staff help when I need them to."
- People were supported to maintain and develop relationships with those close to them.
- People were well presented, and we saw examples of staff helping them to adjust clothing to maintain their dignity.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff recognised people's need for stimulation and supported people to follow their interests and take part in activities.
- The provider arranged various activities daily. These included arts and crafts, going out for lunch, day centre and meeting/visiting family. People responded positively to these activities.
- Staff completed care plans for every person, which described the person's likes, dislikes, life stories, career history, their interests and hobbies, family, and friends. Staff told us this background knowledge of the person was useful to them when interacting with people who used the service.
- Care plans were comprehensive, detailed and person centred. They were reviewed on a regular basis and were reflective of people's current needs.
- Staff completed daily care records to show what support and care they provided to each person in line with the care and support planned for. Staff continued to monitor people's needs to ensure they were being met.
- Relatives told us there were no restrictions on visiting and that all were made welcome. We saw staff made visitors feel welcome and comfortable.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed and identified in their care plans. Staff communicated with people in the way they understood. People had a hospital and a communication passport to guide staff and help people understand aspects of daily living.

End of life care and support

- The service was not supporting anyone with end of life care at the time of the inspection,
- Care records showed staff had explored people's preferences and choices in relation to end of life care. Records also included preferences relating to each person's protected characteristics, culture and spiritual needs.

Improving care quality in response to complaints or concerns

- People told us if they had a complaint they would confidently raise the matter with the staff or the

registered manager. One person told us, "I have no problems or complaints but if I did I'd speak to the manager or any of the staff."

- The provider had a policy and procedure for managing complaints. This information was displayed in the communal areas to ensure people were aware of what they could expect if they made a complaint.
- The registered manager maintained a complaints log to identify any learning, although no complaints had been received in recent times.

# 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 good. At this inspection this key question has remained the same. 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; How the provider understands and acts on duty of candour responsibility.

- The management team demonstrated a commitment to providing quality services and respecting people and staff members.
- There was a friendly and welcoming atmosphere with staff describing morale and teamwork as good. Staff told us, "It's a very good team we are tightknit and supportive of each other."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- The registered manager had ensured they had communicated any relevant incidents or concerns both internally to staff and externally to the local authority or CQC as required by law.
- Feedback received from people, staff and relatives was used to continuously improve the service.
- The registered manager made sure people received good care and support. For instance, they met with people, relatives and staff to seek their views and to check on records and safety.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- Systems were in place for gathering people's views of the service and those of people acting on their behalf. People with different communication needs were communicated with in their preferred communication style. Records demonstrated feedback was positive.
- People's individual life choices and preferences were consistently met and people and relatives were involved in planning care and support. A relative told us communication in the service was, "Excellent." and any ideas to enhance the support their relative received were promptly acted on.
- Staff confirmed they were able to raise issues and make suggestions about the way the service was provided in one-to-one meetings and staff meetings. Regular meetings were held for staff and staff told us the meetings were useful. A staff member told us, "I always feel that my input, and that of other staff, is valued."

Continuous learning and improving care.

- There was an effective system in place to check on the quality and safety of the service.
- Actions arising from audits carried out by the provider and management team were captured in ongoing improvement plans with target dates for completion. All actions had been completed or were being addressed at the time of our inspection.

Working in partnership with others.

- Managers and staff worked well with external health and social care professionals.
- The service had good links with the local community. People attended local events and used local facilities.