

Audley Court Estates Limited







Hollins Hall

Inspection report

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Ratings

Overall rating for this service	Good	
Is the service safe?	Good	
Is the service effective?	Good	
Is the service caring?	Good	
Is the service responsive?	Good	
Is the service well-led?	Good	

Overall summary

The inspection was carried out on 21 December 2015. This inspection was announced as we gave the provider 48 hours' notice of the inspection in order to ensure people we needed to speak with were available.

At our last inspection on 4 May 2014 the provider was meeting the regulations that were assessed.

Hollins Hall is registered to provide personal care to people living in their own homes within the retirement complex Hollins Hall. The service's office is located on the Hollins Hall complex. The registered provider of the

service is Audley Court Estates. Hollins Hall is situated close to the village of Hampsthwaite, near the spa town of Harrogate and has a restaurant and swimming pool on site.

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

Summary of findings

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

People told us they felt reassured living within Hollins Hall because of the immediate availability of staff in an emergency. They told us they knew staff well and this helped them feel safe and secure. Staff had received training with regard to safeguarding people followed up by discussion with their line manager to check staff understood the issues and knew who to refer any concerns to.

Any risks to people had been assessed and plans put in place to reduce those risks whilst maintaining people's independence. Risks were assessed in relation to staff safely carrying out their roles. All risk assessments were reviewed regularly to make sure they continued to be appropriate. Any accidents and incidents were reported and there were systems in place to support staff should an emergency occur.

Where people needed assistance taking their medicine this was administered by staff that had been trained to carry out this role. Staff liaised with healthcare professionals at the appropriate time to help monitor and maintain people's health and wellbeing.

There were sufficient staff available to make sure people's care packages could be met.

Appropriate checks were made as part of the service's recruitment process. These checks were undertaken to make sure staff were suitable to work with people who may be vulnerable.

The agency included questions within their interview process to assess whether prospective employees had the appropriate values to carry out their role.

The agency provided training to ensure staff had appropriate skills and knowledge to carry out their roles effectively. Staff completed a comprehensive induction which included mandatory health and safety training. The agency placed emphasis on checking that staff were competent in their role and sought specialist training to ensure they were able to meet people's needs.

People told us they were included in discussions about how their support was provided. They told us they were introduced to staff prior to them providing support and described staff from the agency as kind and considerate. People told us that they were treated with dignity and respect.

People's care plans were detailed and reflected individual choice. The registered manager reviewed people's care packages with them regularly to ensure people's care needs were met and this was recorded, up to date and accurate. Staff told us they felt well informed about people's needs and how to meet them.

Staff we spoke with told us how much they enjoyed working at the agency and were committed to providing an excellent service for people. Systems and processes were in place to monitor the service and drive forward improvements.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Staff demonstrated a good understanding of how to recognise abuse, and what to do to protect people if they suspected abuse was taking place.

Where risks to individuals were identified, specific plans were in place to minimise any adverse effects from these.

There were safe systems in place for supporting people with their medicines. The agency had a medication policy and staff received training which included observations to demonstrate staff were competent.

Recruitment processes helped reduce the risk of unsuitable staff working at the agency. New staff received a structured induction and essential training at the beginning of their employment.

Good



Is the service effective?

The service was effective.

People were supported by staff who had appropriate skills and had received the training required to perform their role. Staff received regular supervision and annual appraisals of their performance to carry out their work.

People were included in decisions about how their care and support was provided when they were unable to do so because the provider worked within the principles of the Mental Capacity Act 2005

People were encouraged to eat a healthy and varied diet. People's health needs were monitored closely and the service sought advice and up to date information from relevant healthcare professionals.

Good



Is the service caring?

The service was caring.

The registered manager and staff were committed to providing a caring and compassionate service. This was reflected in their day-to-day practices.

Discussions with staff showed a genuine interest and a very caring attitude towards the people they supported.

Staff were very knowledgeable regarding people's needs, preferences and personal histories.

People who used the service were pleased with the consistency of the staff team and they valued the care, support and companionship offered to them.

Good



Is the service responsive?

The service was responsive.

People expressed their views and were involved in making decisions about the support they received.

Good



Summary of findings

People's needs were assessed before they began using the service and care was planned in response to their needs.

The service had a complaints policy which outlined how formal complaints were to be dealt with. Complaints and concerns were discussed with staff to identify lessons learned and improve the service.

Is the service well-led?

The service was well-led.

Staff were clear as to their roles and responsibilities and the lines of accountability across the service.

The registered manager carried out audits to monitor the quality of the service provided. The provider worked with other organisations to ensure that best practice guidance was followed.

The overall feedback from people who used the service, relatives and staff was very positive about how the agency was managed.

Good



Hollins Hall

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.

The inspection was carried out on 21 December 2015. This inspection was announced as we gave the provider 48 hours' notice of the inspection in order to ensure people we needed to speak with were available. The inspection team consisted of a single inspector because the agency was small and only provided personal care to six people.

Before the inspection visit we reviewed the information we held about the service, which included notifications submitted by the provider. We spoke with the local authority contracts and safeguarding teams and with Healthwatch. Healthwatch represents the views of local people in how their health and social care services are provided. From the feedback we received no one reported any concerns.

Before we visited we asked the provider to complete a Provider Information Return (PIR). The PIR 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. We asked for and received a list of names of people who received personal care services so that we could contact them and seek their views.

During our visit to the agency we spoke with the registered manager, the quality assurance manager, one member of care staff and a visiting professional. We spoke with two people who used the service. We requested further feedback via email from six members of staff and four professionals and received feedback from two members of staff and a health professional. We reviewed the records for two people who used the service. We looked at three staff files to review recruitment and training records. We checked management records including staff meeting minutes, quality assurance visits, annual surveys, the staff handbook and the Statement of Purpose. We also looked at a sample of policies and procedures including the complaints policy and the medicines policy.

Is the service safe?

Our findings

People we spoke with who used the service told us they felt care and support was delivered in a safe way. Comments included, “I know them [staff] well so I feel very safe. And “They [staff] know me well so they know how to do things for me, I feel perfectly happy with them being around.”

There were policies and procedures available regarding keeping people safe from abuse and telling staff how they should report any incidents appropriately. These had been updated in line with changing legislation. The manager was aware of the local authority’s safeguarding adult’s procedures, which aimed to make sure incidents were reported and investigated appropriately. Staff told us they received training in safeguarding adults as part of their induction as well as annual refresher training. Staff had a good understanding of how to recognise abuse, and what to do to protect people if they suspected abuse was taking place. The registered manager had identified safeguarding issues and had made five appropriate alerts to the local authority since the previous inspection. The agency had worked collaboratively with the local authority to investigate and had taken appropriate action following both allegations. This demonstrated the service was committed to ensuring people received safe care.

Assessments were undertaken to assess risks to people who used the service. These included environmental risks and other risks relating to the health and support needs of people who used the service. For example moving and handling a person safely in their own home or supporting people with their medicines. The risk assessments included information about what action needed to be taken to minimise the risk of harm occurring. Staff told us about the people they supported and if they had concerns about any aspect of care how they would report it. For example, if a person had a fall or was not eating or drinking well. They told us the benefits of a small consistent staff team meant any signs of a person being at risk were picked up early as they knew people well. We reviewed records relating to accidents and incidents and saw they were reviewed to identify any trends or patterns.

The registered manager told us they employed sufficient staff to ensure people’s needs were met. The service used a computer programme called ‘Webroster’. This system took into account staff travel time, and took account of any specialist needs for example if the person had a dementia

illness. The retirement village employed a waking night member of staff regardless of whether this was an assessed need. This meant there was someone readily on hand in case of emergencies. People told us the service was reliable and staff always turned up on time and stayed for their allotted time. One person told us, “I know exactly when they should be here, and they always are.”

The staff we spoke with told us they received their staff rota in good time and were always informed of any changes in advance. The service had an ‘on call’ system and people we spoke with told us they were able to contact the office at any time. Staff said the ‘on call’ rota meant a senior member of staff was always on duty to provide support and guidance out of ‘normal’ working hours.

We asked the registered manager about recruitment of staff and we looked at the records for three members of staff. These showed robust measures were in place to ensure staff were suitable to work with people who may be vulnerable. New staff had completed an application form with a detailed employment record and references (professional and character) had been sought. Disclosure and Barring Service (DBS) checks had been carried out prior to new members of staff starting work. DBS checks people’s criminal record and also check to see if they have been placed on a list of people who are barred from working with adults who may be vulnerable. The registered manager explained they had started using value based interviews, which helped the agency identify that prospective staff had the appropriate values to work in a caring role.

The service had a policy and procedure for the safe handling of medicines. People’s risk assessments and care plans included information about the support they required with medication. Records showed that staff involved in the administration of medication had been trained. Staff we spoke with had a clear understanding of their role in administering medication. One member of staff told us, “I have had training and then the manager watched me to make sure I didn’t make any mistakes.” The manager confirmed to us that staff were not able to assist with medication until they had completed a competency test and had their training regularly updated. They told us they carried out random checks to ensure that medication had been given and signed for according to the agency’s

Is the service safe?

procedures. This meant staff competence was reviewed and updated regularly so that staff had the skills and knowledge to complete the task in an effective and safe way.

Staff confirmed they had received infection control training. Staff also confirmed that they had enough equipment to do their job properly and said they always had sufficient gloves and aprons, which were used to reduce the risk of the spread of infection.

Is the service effective?

Our findings

People we spoke with were happy with the support they received. One person said, “The staff understands my little ways.” And when asked if they thought staff were well trained, they replied, “Oh yes, they tell me about the training they’ve done and they seem to know what they’re doing.”

People were supported by staff who had the appropriate skills and knowledge to meet their needs. The registered manager told us that each staff member completed a range of training as part of their induction as well as ongoing training. The service had recently introduced the new care certificate. The care certificate is a recognised qualification which aims to provide new workers with the introductory skills, knowledge and behaviours they need to provide compassionate, safe and high quality care. A member of staff we spoke with told us they had completed a period of shadowing more experienced staff and that there had been no pressure for them to work alone until they felt confident and competent to do so.

Staff completed mandatory health and safety training which included face to face training. The registered manager told us the agency preferred to provide training in this way to facilitate discussion and explore issues more fully. In addition specialist training was provided for example, in caring for people living with dementia, or in caring for someone with a specific health condition such as stroke or epilepsy.

Staff told us they felt the training provided gave them a good ‘grounding’ and provided them with the skills and knowledge to carry out their role. They confirmed that they were prompted to complete regular updates and training needs were discussed in meetings with their line manager.

Staff received one to one supervision and appraisal meetings with their line manager. These sessions gave staff the opportunity to review their understanding of their core tasks and responsibilities to ensure they were adequately supporting people who used the service. Supervision sessions also gave staff the opportunity to raise any concerns they had about the people they were supporting or service delivery.

The registered manager told us there they were providing support to an increasing number of people living with dementia. The registered manager said they had started to

introduce the ethos of Dr David Sheard of Dementia Care Matters and will use his theory on wellbeing in assessing and meeting people’s need’s for those living with dementia. They also hoped to work towards the retirement village being recognised as ‘dementia friendly’ (an environment which support people living with dementia)

The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people’s best interests. Staff had completed basic MCA training. People’s care records showed that people’s capacity to make decisions was considered and if able to, they had signed their care plans to indicate they were happy with the planned care. Staff we spoke with demonstrated an understanding of involving people in decision making and acting in their best interests.

We checked whether people had given consent to their care, and where people did not have the capacity to consent, whether the requirements of the Act had been followed and we saw examples of where best interest decisions had been made. We saw that relevant policies and procedures were in place. People’s care records showed that people’s capacity to make decisions was considered and if able to, they had signed their care plans to indicate they were happy with the planned care.

The manager told us staff received training about the Mental Capacity Act during their induction. Staff we spoke with had a satisfactory understanding of involving people in decision making and acting in their best interest.

We looked at people’s care records and saw they provided information about people’s medical conditions and where the service liaised with health and social care professionals to support people if their health or support needs changed. Care files seen showed referrals to health and social care professionals had been made promptly by the staff. For example, GP, district nurse team and social services. We spoke with a health professional who confirmed that the agency made appropriate and timely referrals and they responded and carried out treatment as advised.

Staff told us they offered dietary support in preparing or providing meals when needed and they would report to the manager and/or family if they had concerns about a person’s loss of appetite. Appropriate referrals to health professionals would be made with the agreement of the

Is the service effective?

person. Staff described how they encouraged people to be involved in choosing and preparing their meals if they were able to. We saw they had completed food and hygiene training as part of their induction.

Is the service caring?

Our findings

People we spoke with spoke positively about the staff that provided care and support. One person told us, “The staff are lovely, very kind and thoughtful” and “The girls are very good and treat me well. We have a bit of a laugh.”

The service collated compliment cards and letters; some examples of comments made included, “How grateful I am for all your help and support –beyond the call of duty.” and “Thank you for the fantastic care and support.”

Staff told us privacy, dignity and confidentiality were discussed on induction and that this formed an integral part of the organisation’s training programme. A staff member said “They expect very high standards at all times.” The dignity training looked at various elements of care. This included personal care and how to maintain a person’s dignity at all times. Staff explained how they promoted people’s privacy and dignity. For example, they said they made sure doors and curtains were closed when providing support with personal care. Staff told us their care practices were observed by senior staff when they started and through the on-going training programme. This was to ensure staff were caring for people in a respectful and dignified manner.

The agency only provided a service to people living at Hollins Hall and as such this meant staff may provide support to people who knew each other. Staff talked to us about the importance of confidentiality and we saw staff covered this as part of their induction. We saw this was also discussed in staff meetings. The registered manager told us confidentiality was an important issue which required a sensitive approach, particularly when services were provided to people who lived in a small community. People’s privacy was respected. This was discussed openly and regularly as a staff team to ensure people’s privacy and confidentiality was maintained.

The registered manager told us they had been involved in supporting people towards and at the end of their life. Staff had received training with regard to end of life care and the registered manager explained it was their aim to ensure that the quality of this aspect of the service was the very best. We saw an example where someone recently bereaved was supported to attend bereavement counselling. We saw in a complimentary card recorded, “Thank you so much for all the support that you gave me during the last weeks of [name] life. I could never have managed without your help.”

The manager was aware of how to contact local advocacy services should a person who used the service require this support.

Is the service responsive?

Our findings

People told us they had been involved in planning how their care and support would be provided. One person said, “I talk to them about what I need, sometimes it changes but they are ok with that.” And another person said, “They [staff] do what I ask and sometimes more. They are very good, I am very grateful for their help.”

Every person who received a service from the agency had an assessment completed which detailed their needs and indicated the support the agency needed to provide.

Following on from this, the registered manager told us, a care plan was completed. This contained more detail and guidance to staff and covered areas such as personal care needs, nutritional needs, and support with medicines.

There were also details of emotional support people may need and details of people’s social and work history, all of which helped staff to build a positive relationship with the person.

The care plans we looked at had been reviewed regularly or when people’s needs changed. This helped to build up a picture of people’s needs and how they wanted their support to be given. Care plans included sequencing instructions for staff on how to provide care and support according to the individual’s needs and preferences. For example the style of dress people preferred or ensuring newspapers or magazines were left close to hand. Along with people’s plan of care, risk assessments and daily records were in place. The daily records provided an overview of the care and support given by the staff. Information about how to contact the agency out of normal working hours was made available to people who used the service. Both staff and people who used the service confirmed they had these details and had used them on occasion.

The manager explained that as much information about people as possible was obtained before they commenced providing a service in order to ensure the agency could meet that person’s needs and they could provide a compatible match between the person and staff. The manager said this included information which got to ‘the heart of the person’; their past work and social life, hobbies and interests. The registered manager said they believed the most important aspect of providing a service was to develop a trusting relationship and having this information assisted with developing this.

Staff we spoke with were knowledgeable regarding people’s needs, preferences and personal histories. They told us they had access to people’s care plans and had time to read them. They felt this was an important part of getting to know what mattered to people and they were well acquainted with people’s daily routines. Daily records completed by staff provided the information needed to monitor whether these goals were being met. We saw people’s consent had been sought around decisions about their care package, level of support required and how they wanted this support to be provided for example personal care routines.

The service had systems in place to help monitor how the service operated and to enable people and relatives to share their views and make suggestions. This included the provision of ‘satisfaction questionnaires’. We looked at the results of a recent survey and saw very positive comments from people. The manager told us an outcome from the surveys was the need to improve communication with people’s next of kin or representative and the agency had set up systems to ensure this happened giving consideration to confidentiality. The agency had also detected that one person was not aware of the complaints procedure so the manager visited them to discuss this with them.

The agency had a complaints procedure, which was included in the information pack given to people at the start of their care package. All of the people we spoke with knew how to make a complaint and told us they had a copy of the complaints procedure. No one we spoke with had made a formal complaint. Everyone we spoke with said they had confidence that if concerns the agency would respond.

We reviewed complaints records and saw two complaints had been recorded. There was a system in place to document concerns raised, what action was taken and the outcome. The staff we spoke with said they would report any concerns to the office straight away. They told us how they would raise concerns on behalf of people who felt unable to do so themselves.

The agency has implemented a Duty of Candour policy in line with new regulations and staff have been made aware of this.

Is the service well-led?

Our findings

We saw the service had an effective management structure. There were clear lines of accountability and ways of working. Staff had clearly defined roles and responsibilities. Staff told us the registered manager for the agency was actively involved in the service and we found this to be the case. A staff member said, “The manager provides good support, There is always someone to call if I was worried about anything.” They also confirmed they received regular support and advice from the registered manager via phone calls, texts and face to face meetings. Staff said they felt valued as a member of staff and often received positive feedback.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. The provider completed audits to monitor the service including missed/late calls, medicines, staff recruitment processes, supervision and appraisals, and accidents and incident reporting. Completing these audits helped identify any shortfalls which could be rectified in a timely manner. The provider also completed spot checks in people’s homes to make sure they were happy with the care provided and also to monitor staff performance. The provider told us if issues were identified extra staff training and support was provided. One person told us, “The manager comes out and checks up on staff and to see if everything is going ok.”

The registered manager told us they felt their style of management and leadership was ‘reflective’ and they promoted a culture of learning from incidents, complaints and mistakes. Staff confirmed, and we saw in staff meeting minutes areas for improvement discussion such as improving communication through handover meetings to ensure any changes to people’s needs were known.

We saw a number of policies and procedures to support the effective running of the service. These were updated in accordance with ‘best practice’ and current legislation. Staff told us a number of policies were discussed at staff induction and through their on-going learning. They were also included in the staff handbook which each member of staff had a copy of. The registered manager told us they were proactive in ensuring they were up to date with national good practice guidance and legislation and used the internet and linked into professional associations. An example of this was the agency’s revision of their Medicines policy in line with revised National Institute for Health and Care Excellence (NICE) guidance and joining Dementia Friends. A Dementia Friend learns a little bit more about what it's like to live with dementia and then turns that understanding into action.

The manager submitted timely notifications to both CQC and other agencies. This helped to ensure that important information was shared as required. Although very few accidents and incidents occurred any were recorded and these were reviewed each month and this helped to minimise re-occurrence.