

Dalesview Partnership Limited

Hollydale

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

We undertook this inspection on 26 July 2016. This was an unannounced inspection.

Hollydale is a residential care home registered to provide care for up to eight young adults who have a learning disability. All facilities in the home were provided on one level and all of the bedrooms for people who used the service were of single occupancy. At the time of the inspection there were eight people living in the home.

The service had registered manager in post. 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. At the last inspection on 23 March 2014, we found the service was meeting the regulations that were applicable at the time.

During this inspection we found the service was meeting the requirements of the current legislation.

People's relatives we spoke with told us their family members were safe in the home. People who used the service were laughing and smiling in the presence of staff. It was clear that people who used the service were comfortable and happy in the presence of the staff.

Staff we spoke with were able to demonstrate an understanding of the appropriate procedure that they would take if they suspected any concerns around people's safety and care. Policies and procedures were in place for staff to follow in the event of any concerns.

Staff told us that there were sufficient numbers of staff on each shift to enable them to deliver care and spend quality time with people who used the service. We saw sufficient numbers of staff were available to meet people's individual care needs both on the day of our inspection and on the staff duty rotas.

Staff records demonstrated that necessary steps were taken by the provider to ensure suitable staff were recruited to work at the home.

The storage, administration and recording of medicines was managed safely. We saw relevant checks were taking place to ensure medicines were stored safely and at the correct temperature.

Staff had undertaken relevant training and competency checks to ensure people who used the service received their medicines safely and in line with policy and procedure.

Staff had completed up to date mandatory training as well as specialised training. This would enable them to meet people's individual needs. Staff told us they received regular supervision from the provider and felt supported in their roles.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The registered manager and staff were aware of their responsibilities in relation to MCA and DoLS. Policy and procedures were in place to guide and support staff.

People had access to health care professionals and services that they required. Documentation confirmed reviews of people's health had been undertaken.

People's experiences of care were overwhelmingly positive. Relatives told us that they were very well looked after by an exceptionally caring staff team. We observed staff responded to people with knowledge of their individual needs. People who used the service were seen laughing and smiling and reacting positively to all the staff team.

Privacy and dignity was respected by staff. Staff were seen knocking on bedroom doors and waiting to enter. Staff were aware of the importance of private space for individuals when it was required.

Systems were in place to effectively deal with any complaints. There was a policy in place and records of completed investigations were seen. Relatives told us they were confident if they raised any concerns they would be dealt with appropriately.

Activities provided to people who used the service were outstanding. There was a comprehensive activity programme which was tailored around people's individual choices, preference and likes. A relative told us the activity programme was a success. We saw people who used the service undertaking a number of activities during our inspection. There was a dedicated activity team who ensured all activities were regularly reviewed and monitored to ensure people were enjoying them.

Care records were informative and contained up to date, detailed information on people's individual needs. Relatives told us they took an active role in their family members review and were happy with the care they received. Records confirmed the involvement of health professionals in people's care.

The registered manager was committed to continuous improvement. The leadership and oversight of the service was exceptional. Audits and quality monitoring was completed, comprehensive and provided evidence of a quality service being delivered.

Relatives and staff we spoke with were extremely positive about the registered manager. A professional who regularly visited offered positive feedback about the leadership in the home. Team meetings were taking place and staff we spoke with confirmed they played an active role in these. A service user council had been developed to ensure people who used the service had a voice in the day to day events taking place in the home.

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.

Systems to protect people from the risk of abuse were in place.
Staff had the knowledge on how to act on any concerns of abuse.

Medicines were stored, administered and recorded appropriately. Policies and procedures were in place to guide staff on safe administration.

There was evidence of appropriate numbers of safely recruited staff to support people's individual needs.

Risks had been identified and measures had been developed to protect people for unnecessary risk.

Is the service effective?

Good ●

The service was effective.

Staff had the skills and knowledge they required to meet people's needs.

People were protected from unlawful restrictions. Staff were aware of their responsibility in relation to the Mental Capacity Act 2005.

People nutritional needs were met and tailored to their individual need.

Is the service caring?

Good ●

The service was caring.

People's care was provided by a compassionate staff. Relatives praised the staff for their caring and professional approach to people.

The service has a strong and visible person centred culture.

Staff understood how to respect people's privacy and dignity. They knew the people they were caring for and supporting,

including their preferences and personal likes and dislikes.

Is the service responsive?

Good ●

The service was responsive.

The activities programme offered to people was very good. People were seen engaging in a number of activities during our inspection and it was clear they enjoyed them.

Records were detailed and thorough and reflected peoples individual needs, wishes and choices. Relatives told us they took an active role in reviews of their family members care.

Complaints were responded to and dealt with appropriately. We received excellent feedback about the service and the care it delivered.

Is the service well-led?

Good ●

The service was well-led.

The registered manager was highly regarded by staff, relatives and professionals who visited the home.

Audits and quality monitoring was completed and detailed. They contained details of what actions had been taken if any gaps had been identified.

Staff told us they were actively involved in meetings about the day to day running of the home. We saw evidence of meetings taking place with staff and people who used the service.

Hollydale

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.

This inspection took place on 26 July 2016 and was unannounced. The inspection was carried out by one adult social care inspector.

Before our inspection we contacted professionals who visited the service for feedback and looked at the information we held about the service. This included notifications we had received from the provider. We also checked if any information had been received about any concerns relating to the care and welfare of people who used the service.

Before the inspection, the provider completed 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.

During our inspection we undertook a number of different methods to identify the experiences of people who used the service. We spent time observing the care and support that was being delivered in the communal areas of the home and how staff interacted with people who used the service. As people who lived in the home had limited communication we spoke with four relatives to obtain feedback about their experience of the care people received. We also spoke to the registered manager who was in day to day control of the service, three members of staff and the cook.

We looked at the care records of three people who used the service. We also checked documentation that related to the administration of medicines, five weeks of duty rotas, two staff files and records relating to the operation and management of the service.

Is the service safe?

Our findings

People using the service had limited verbal communication. However they were smiling when we asked if they were happy with the care they received in the home and looked confident and comfortable in the company of staff. All of the relatives we spoke with told us their family members were well looked after and were safe in the home. One person said, "I have no concerns at all, I am happy, I feel they are safe there." Another relative told us, "They are wonderful there are no problems. I am sure [my family member] regards it as home."

Staff we spoke with understood their responsibility in protecting people from the risks of abuse and harm. They demonstrated their knowledge of the signs and types of abuse and the appropriate steps they would take if any concerns were raised. One staff member said, "I would make the person safe, record the incident and report it to the manager." Staff told us they had undertaken relevant training in safeguarding and training records confirmed this. There was a relevant and easily accessible policy along with guidance for staff to follow. The provider demonstrated a commitment to protecting people from abuse. The PIR we received prior to our inspection stated a, 'transparent, open and honest culture to safeguard people and local authority safeguarding procedures are displayed and easily accessible by all staff.'

The registered manager had effective measures in place to ensure risks were regularly reviewed to protect people who used the service from potential harm. They took into consideration how any potential risks were minimised. For example, risk assessments relating to the environment in the home had been completed in full. These included details of any concerns and what actions to take to minimise the risks. We saw regular safety checks had taken place in the service. Examples included, fire, contingency plans in the event of an emergency and the use of vehicles for people participating in trips out.

Relevant checks on equipment and the premises had been completed and were up to date. This would ensure the premises were safe for people to live in. These included gas safety and electric checks, emergency lighting, portable appliance testing and water safety checks.

The provider understood the importance of ensuring people were protected from the risk of harm. The PIR submitted prior to our inspection provided details of what risk assessments had been developed and the control measures in place to minimise these risks.

People's individual care records demonstrated that where any risks had been identified measures had been implemented to keep people safe. Records showed that reviews had taken place regularly in line with people's current need. This provided staff with up to date guidance on how to effectively manage people's risks. Examples of personal risk assessments we saw were, manual handling, falls and nutrition.

We saw systems were in place for continually reviewing incidents and accidents in the home. Records had evidence of completed investigations that had taken place and these included any recommendations and actions to reduce, where possible any risk of occurrence. In addition, the registered manager completed regular evaluation of accidents and incidents in order to identify themes or trends. Evaluations included any

recommendations for actions to be taken by the home to reduce the risk of further incidents.

We looked at how the home was being staffed to make sure there was enough staff on duty to support people. We looked at staff rotas and saw appropriate numbers of suitably qualified staff on duty to meet people's individual needs. The PIR submitted prior to the inspection demonstrated a commitment to ensure, 'staffing levels are flexible and determined by individual's needs.'

Relatives we spoke with told us they were happy with the staffing levels in the home. They told us new staff were always supervised and turnover of staff was low. One person said, "There is continuity of staff in the home. When [my family member] comes home staff always come with them." Another said, "Staff tend not to leave new staff on their own."

Professionals were also positive about the levels of staffing in the home. One person said, "Although I do not know the staffing levels of the house there are always staff interacting with any service users (People who used the service) in the lounge when I visit."

The staff we spoke with told us there was always enough staff on duty to support people throughout the day and night. Staff morale in the service was high and demonstrated that team work was important to them. Staff told us there was enough time to support people's individual needs in the home and spend quality time with them. Activities and outings for people were supported by a specialised staff team to ensure these were organised around people's choice preference and need. Staff told us if there were any gaps in the staffing numbers regular bank staff would be allocated to ensure continuous and consistent care was delivered to people.

We looked at the recruitment and selection of two members of staff. We found recruitment procedures were thorough to make sure that staff were suitable to work with vulnerable people. Records included completed application forms and proof of their identity. Written references had been obtained to check that the staff were suitable for the position. There was also evidence of a Disclosure and Barring Service (DBS) check taking place. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

All prospective staff had interviews prior to commencing employment at the home. Records of the interview demonstrated the topics that had been discussed as well as a scoring system which would identify if the candidate was suitable for the post.

We looked at how people's medicines were being managed. Appropriate arrangements were in place in relation to the recording, storage and administration of medicines. In order to maintain safe storage of medicines there was evidence that regular temperature checks were taking place on the medicines fridge and the medication storage room.

The medication administration records file had relevant information to support staff in the safe administration. This included advice on how to deal with adverse reactions, controlled medications, disposal of medicines and a copy of staff sample signatures. Medication administration charts identified what medicines people were prescribed and contained any relevant information that safely identified which person the record related to. For example, a photograph, date of birth and general practitioner.

The staff responsible for administering people's medicines were trained and competency assessments were in place to check their knowledge and skills. We saw policies and procedures were in place to support and guide staff in medicine administration. The PIR that was submitted by the provider prior to our inspection

demonstrated their commitment to maintain safe administration of medicines. It stated they ensured, 'that medication policy and procedures are in place and followed by providing sufficient staff training, annual medication assessment, drug errors procedures and learning from accidents and incidents. We ensure that information about the management of medicines is easily accessible by all staff and guidance is available which describes safe dosages and how to recognise any adverse side effects. The medication is store in safe and secure place.'

We observed staff giving medicines to people. Medicines were safely administered and records were completed accurately after each person had received them. Information relating to the medicines in the home and what each of these were for were seen. These were available for staff to assist in their knowledge of the medicines in use.

Is the service effective?

Our findings

Relatives we spoke with told us the staff were appropriately skilled and trained to meet people's assessed needs and preferences. One person said, "I am more than happy, the staff are overall knowledgeable." A visiting professional told us that they were confident in the skills of the staff team to deliver safe and effective care.

There was a robust staff training programme in place. We saw the provider completed a training matrix to monitor the progress of the staff team. The registered manager told us the provider had a dedicated team to ensure all staff received regular training that was relevant to their role. Records relating to ongoing training we looked at confirmed training had been completed. For example, medicines, health and safety and fire safety. Staff also completed specialised training according to people's individual needs. Subjects included safe swallowing, epilepsy, autism and Percutaneous endoscopic gastrostomy (PEG). PEG is a tube which is passed into a person's stomach through the abdominal wall, most commonly to provide a means of feeding when their oral intake is not adequate.

All of the staff we spoke with confirmed that relevant training had been undertaken. They said this supported their role in delivering high quality care to people who used the service. One staff member told us they had undertaken specialist training on Makaton signing. This assisted staff to communicate with people where their verbal communication was limited. Systems to follow up where training had been missed by any staff member had been developed. This would enable the standard of the staff knowledge and skills to be maintained.

The PIR submitted by the service prior to our inspection confirmed their commitment to ensuring "Staff receive all the relevant training including infection control and food hygiene training. We ensure that staff are trained with fire procedures and familiar with fire risk. The provider funds signing groups training to encourage effective communication. Staffs use it regular on daily basis to create personalised ways of communications and unique signs are documented in care plans."

Staff told us a comprehensive induction programme had been completed when they commenced employment in the home. One staff member told us they undertook a six week induction programme. Records in staff files we looked at confirmed this.

Records confirmed regular supervision was in place for all staff and detailed any discussion that had taken place during these sessions. Supervision meetings enabled staff to discuss any training and development they may wish to undertake and to discuss any issues or concerns they may have. Feedback in a staff survey confirmed supervision was completed regularly and that the staff team felt supported by the provider. One staff member told us, "I have regular supervision. My last one was last week." Annual reviews of staff performance had been completed and included plans and records of the discussions that had taken place. The information submitted in the PIR prior to our inspection stated, 'We ensure all staff receive regular supervision, annual appraisals and have a personal development plan in place.'

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 had been assessed as lacking capacity to make specific decisions about their care. The service had complied with the requirements of the MCA 2005. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager and staff told us they had received training on the requirements of the MCA. Training records confirmed this. Records indicated staff also attended a team building exercise where MCA and best interests were discussed. Staff we spoke with understood the principles of the MCA and DoLS. There was policy and guidance available to ensure DoLS applications were submitted to the supervising authority as required. Staff discussed that best interests meetings had been undertaken to ensure people who used the service were not being restricted unlawfully.

The provider confirmed in the PIR that they protected people's rights. They said, 'We ensure that staff understand how to apply the MCA and DoLS to ensure individual's rights are protected. We ensure that procedures and guidance in relation to the MCA includes steps that staff should take to comply with legal requirements.'

Relatives we spoke with confirmed they were happy with the care their relatives received. We observed staff discussing decisions relating to all aspects of their care with people who used the service. It was clear from the interactions between staff and people that the use of non-verbal forms of communication was effectively used when seeking consent to care delivery. Where people declined assistance or choices offered, staff respected these decisions.

We looked at how the people living in the home were supported with eating and drinking. Staff and the registered manager demonstrated a clear understanding of people likes and dislikes. One staff member told us people's mealtimes were individualised and tailored to meet their needs. Staff were encouraged to eat with people where it was appropriate to. This helped to create a positive family environment and facilitated positive relationships between people who used the service and staff.

We spoke with the cook who told us there was always enough supplies of fresh meat, fruit and vegetables and supplies in the kitchen confirmed this. The cook in the home who was aware of all people's dietary needs, likes and dislikes. Records relating to people's individual needs were available in the kitchen and up to date for them to refer to. The cook told us staff used picture cards to involve people to make decisions about what they wanted to eat.

During observations of the lunchtime period it was clear staff understood how to support and encourage people with their meal. Where people refused meals staff engaged with them using non-verbal communication to offer alternatives of their choice.

People had individual support plans for meals that helped them to receive suitable and nutritious meals based on their individual needs. People's likes and dislikes as well as information on whether they had specific needs were also recorded. This enabled the home to provide people with food they liked and what

they wanted. Where people required a specialist assessment, records confirmed appropriate referrals and assessments had been completed. We saw evidence of reviews that had taken place by the dietician and speech and language therapist this helped ensure people's individual needs were met. A speech and language therapist provides treatment, support and care for people who have difficulties with communication, or with eating, drinking and swallowing.

The provider demonstrated a clear understanding of their responsibility in respect to people's dietary support. The PIR submitted prior to our inspection stated, 'We ensure that meal times and meal choices are suited for each individual accordingly to personal preferences and individual eating and drinking guidance's. We employ a Speech and Language Therapist. We ensure that nutritional risk assessments are in place and GP and other agency are involved in each personal care plan to promote strong emphasis on the importance of eating and drinking well for individuals with their complex needs and health conditions. We use creative ways to involve people in the preparation of the meals and provide texture therapies, which enables individuals to actively make choices about what they want to eat. We are aware of individual's allergies and dietary advices to improve individual's life. If we need we obtain food supplements from health professionals.'

People were supported to access healthcare services and to maintain good health. One relative told us, "We are very happy. They [the provider] keep us updated with any health and changing needs. They always contact us if there are any concerns." Staff demonstrated their understanding of the importance of involving health professionals to maintain people's health. Where concerns had been identified people had been referred to the appropriate service.

Records we looked at confirmed a range of professionals had been involved in people's ongoing care and support. Reviews and advice from professionals such as the speech and language therapist, dietician, physiotherapy and the general practitioner were evident. We noted care files included a comprehensive physical review. This helped staff to monitor and respond to any deterioration in people's health. People had a record called 'hospital passports' which staff told us were always used in the event of a hospital admission.

The PIR submitted identified the importance of recognising health needs and the involvement of professionals. It stated, 'We ensure each individual have health action plan with set specific health needs and providing guidance for staff about how to monitor and improve individuals health including physiotherapy programme. We closely work with epilepsy clinic to ensure we respond quickly to changes in individuals epilepsy patterns and reaction to medicines.'

Is the service caring?

Our findings

Relatives we spoke with provided excellent feedback about the care their relatives received in the home. One person told us, "It is wonderful here. We have known them for a long time, they couldn't have been more helpful." Relatives reported where the home had gone the extra mile when offering individualised care and support. An example of this was the excellent support provided for one person when they went home for weekend visits. They said, "When [my relative] comes home the staff come with them. It is amazing it is happening. [My relative] has a good life and enjoys doing things. [My relative] helps in the kitchen and with housework. I am sure [My relative] regards this as home."

People using the service had limited verbal communication. Staff were skilled and had an understanding in communicating with individuals in accordance with their particular needs. We saw people were extremely happy in the company of all staff members. People showed positive facial gestures, they were smiling and vocalising happily when staff interacted with them. It was evident that positive and meaningful relationships had been developed. When one person showed signs of being unsettled a staff member responded quickly to the situation. We saw they spoke to them calmly and slowly. They also offered a soft, gentle supportive touch to their hand. It was clear that the person responded positively to this interaction and was smiling and laughing very quickly.

Conversations held with relatives highlighted that there was a relaxed atmosphere and when care was being delivered staff met the people's needs very well. Relatives told us they would be confident to recommend the home to others and that the delivery of care was excellent. This meant that relatives had peace of mind knowing their relatives were being well cared for.

The provider demonstrated their commitment to ensure people received excellent person centred care in the PIR they submitted prior to our inspection. They said, 'We are committed to a strong person centred culture which put people first. We ensure our ethos is embedded into everything we do. The culture of the organization is promoted right from recruitment stage and individuals are treated with dignity and respect. We ensure that we have individual support plans for every person we support. Care planning involves the person, family members and friends of choice, other professionals and other experienced support providers. Individual care plans include develop detailed communication plans with each individuals with description of the person's vocal sounds, facial expressions, gestures and body language and information how to interpret these. We ensure that we employ skilled staff in meetings individuals needs and that staff receive on-going support from the registered manager to ensure they deliver the best possible service.'

All staff we spoke with demonstrated the importance of a person centred approach in their practice. People's needs and wishes were discussed with relatives and people who used the service using an alternative means of communication such as signing and body language. It was evident that staff clearly knew people's likes and dislikes, wishes and their care was tailored around these. An example of this was when it became apparent that a person seen participating in an activity, became disengaged and an alternative task was required. Staff quickly responded to a person's changing behaviour and offered an alternative activity. We observed this person responded with smiles and laughter and they enjoyed the new

activity that had been undertaken.

A professional who was a regular visitor to the home also confirmed the excellent care delivered by the staff team that engaged and nurtured people who used the service to live a positive and fulfilling life. They said, "It is difficult to know how such complex people's needs can be met within the funding limitations in a more satisfactory way. The service is always prepared to develop, listen to new ideas and work to be as person centred as possible. The care is person centred and people are treated as individuals."

In some of the written feedback we reviewed during the inspection, we also saw positive praise from relatives about the care people received at the service. One comment said, "I feel confident that [my relative] would be very well cared for."

Staff respected people's privacy and dignity without question. Any care activity was undertaken in the privacy of people's bedrooms and staff were heard communicating quietly with people when discussing their needs in the public areas of the home. People's bedrooms were individualised and considered their own personal space. Effective measures were in place to ensure people did not enter their bedrooms unless they were invited. Staff were seen knocking on people's bedroom doors and waiting before they entered. On opening people's doors we saw staff checked with people that it was okay for them to enter before they proceeded. There was a separate lounge area that had been installed to meet the needs of one person who benefited from an environment that supported individualised care. The registered manager told us, "Respect and dignity involves listening to everyone's opinions, voices and responding to people's changing needs."

The registered manager told us that all people's bedrooms had a monitor for listening if there were any concerns about people's safety. They told us they were only used at night and was to facilitate private and restful sleep. Staff were able to monitor if people got up or required anything without frequently entering the room. We saw evidence of assessments in place for these to ensure they were appropriately used.

Is the service responsive?

Our findings

People led active, meaningful and interesting lives. One relative told us, "[My relative] does what he wants to do. They have a large lifestyle plan. He is happy, he has a good life. He enjoys doing things and helps in the kitchen." Another said, "[my relative] enjoys the activities. He delivers the post to people and does arts and crafts. There has been increased input in the activities. The activities are a success story." A professional who regularly visited the service told us, "The activities provided as part of the service are commendable."

The PIR submitted to the commission demonstrated the home was innovative and flexible. They stated 'We ensure individuals have enjoyable lives and are able to attend activities of their choice.' The activity programme on offer for people was exceptional. It was clear people's family were closely involved in ensuring the home was aware of people's likes and interests. The registered manager told us people's activities were tailored around their individual needs, likes and choices. They said people's responses to activities were monitored and adapted for them. There was a monthly audit of activities undertaken that evaluated people's engagement and involvement. We saw completed activity audits during our inspection.

There was a dedicated lifestyle (Activities) team who facilitated a comprehensive programme of events for people who used the service. Activities included, trampolining, swimming, hydrotherapy, arts and crafts, cinema, the local library and basic household tasks. Staff worked enthusiastically to support people to lead the life of their choosing and as a result their quality of life was enriched and optimised to the full. We observed a number of people going out on trips during our inspection as well as one to one activities that were taking place in the home. People had access to landscaped gardens which included wheelchair-friendly features such as raised beds and sensory walkways. There was a separate activity centre on the site where the lifestyle staff could support people outside of the home environment. This meant activities could also be delivered in an environment dedicated to supporting people with the choice of activities.

Records indicated where activities had taken place and who had been involved in them. The registered manager was able to demonstrate a range of activities that had taken place in the home. This included a Disney theme park day, foot spa and sensory baths. There were several places in the service that people could spend time and do activities depending on what they wanted to do and whether they wanted to be on their own or in company.

We observed a relaxed and calm atmosphere that promoted positive meaningful relationships between staff and people who used the service. We saw people participating in hand massage and also saw one person thoroughly enjoying a water activity with staff. They were seen laughing and smiling and it was clear from their positive response that this was a regular activity for them.

There was evidence of community involvement with people who used the service. Records indicated the involvement of the local health trust in an event day. People were seen taking walks into the local area and staff told us they regularly went to the local shops for shopping. The registered manager told us about future plans to undertake a music and dance festival event later in the year and attend a friendship rock conference interacting with other local service providers. We also saw a range of fundraising and open days

to encourage local engagement. Records confirmed the importance of lifestyle events. A friendship and relationship group had been developed to promote positive involvement with people who used the service.

The registered manager discussed the introduction of hand held electronic devices for all people living in the home. They said this was to facilitate communications with people and their families as well as introducing appropriate internet applications. This was planned to encourage and build on their existing skills. They said they would be implementing a 'social media friends accounts that will be able to link in to other learning disability providers. We observed hand held devices in use during our inspection and people were seen engaging in tasks. It was clear they were keen to use the equipment made available to them. Staff told us they had made a positive difference to people's lives and they had seen improvements in peoples skills and development. A relative told us they were hoping to make use of online video technology to communicate more often with their relative. The PIR submitted confirmed the providers' plans to introduce hand held devices. It stated, 'We are looking on enhancing interaction with individuals by using tablet devices and sensory applications to enable all individuals to fulfil their lives.'

Relatives of people we spoke with told us people's care was personalised and flexible to meet their individual needs. One person said, "We have known them for so long. We are happy with the care they provide. They keep us updated with any health and changing needs. Staff will always call if there are any concerns." Another relative told us, "They involve and inform us of any changes. They meet us every year and discuss [the family member's] review." Relatives confirmed the home contacted them sooner if there were any changes in people's needs. Staff we spoke with were aware of peoples individual needs and the importance of this to improve their quality of life. Staff were proactive in their approach to the care that they delivered to people and reacted positively to people's changing needs. The registered manager told us in the PIR they submitted that, 'Individuals receive care that is based on their needs and preferences, and they are involved in all aspects of their care and are supported to live their lives in the way they wish to. We ensure we act in the best interests of service users (People who used the service).'

Each person's care plan was specifically designed around their needs. They contained detailed information about people's health and social care needs and were individualised and relevant to each person. Topics included personal care, mobility, nutrition and communication. Records noted people's life history and included people's likes and lifestyle information. Also included were completed records that related to people's specialised care needs. Examples seen were PEG, nutrition and equipment. There was detailed guidance for staff to follow on how people liked their care to be given as well as their expected outcomes. There was a system of review to make sure that all people's progress and developments were captured and the care plan was constantly updated to make sure it was a useful working document.

Risk assessments reflected people's individual needs and detailed effective measures to mitigate any potential risks. Staff and the registered manager acknowledged the importance of ensuring care plans contained sufficient information which enabled them to understand people's care needs. The registered manager said, "We ensure everyone is involved in care planning. We involve service users (People who used the service) in their care planning, using pictures and reacting to people's body image. We contact relatives via emails and they are aware they can speak with us anytime."

Staff told us and records confirmed the involvement of other professionals to ensure people's health and care needs were met. Evidence of visits and reviews taking place were seen by the general practitioner, dietician, physiotherapy and speech and language therapy for example.

Separate records to demonstrate daily checks were taking place were completed in full. These contained information such as daily care delivery, nutritional intake and weights. There were recommendations and

guidance in place for the staff team to follow. This helped ensure relevant individualised care was delivered to people safely. An example of this was guidance to safely manage the mobility for one person in the home. Further records had clear guidance that assisted staff to safely support and manage one person with behaviours that challenged the service. Documentation included behaviour charts which enabled staff to monitor any changes.

The PIR submitted to the Commission prior to our inspection demonstrated the provider's commitment to ensure they had, 'individual support plans for every person we support.' They stated, 'Care planning involves the person, family members and friends of choice, other professionals and other experienced support providers. We ensure that individuals live regardless of their physical abilities health and active lives by providing various activities within the care service and community.'

Relatives we spoke with were complimentary about the home and raised no concerns or complaints. They told us they would be confident if they raised any concerns that they would be acted upon appropriately. One person told us, "I have no complaints at all". Another said, "I have no problems at all. It is wonderful." A professional who regularly visited the home told us the provider responded positively if any concerns were raised. They said, "Any concerns I may have are immediately followed up by management."

There was a complaints policy in place to guide people through the process of raising any concerns. The complaints policy was on display in the home for people to access. We also saw people with limited verbal communication had access to appropriate materials to assist them to raise any concerns. For example pictures were used to enable staff to understand how people were feeling and respond effectively to any concerns. Records showed that complaints were taken seriously, investigated fully, responded to quickly and professionally. There were details of completed investigations which included actions taken as a response the complaint.

The registered manager demonstrated an understanding of their responsibility when dealing with complaints. The PIR submitted prior to the inspection confirmed that the provider took seriously their responsibility when dealing with complaints. They said, 'We ensure that staff, individuals and their families have a clear way for people to complain, they know how to and who to speak to.'

We saw excellent feedback in satisfaction surveys about their views of the home. There was also evidence of positive emails received by the registered manager. A relative had commented, "I am able to speak with staff if I have any concerns." Another comment seen was, "Thank you for being so helpful and flexible." Records demonstrated the appropriate use of advocacy services when it was required. This would ensure vulnerable people were able to have their voice heard on issues that are important to them.

Is the service well-led?

Our findings

Relatives and staff all spoke highly of the registered manager and the staff team. A relative told us, "[the registered manager] is lovely, she considers both the service user (People who used the service) and the staff. Another said, "They couldn't be more helpful. She phones and emails us when communicating. She has her own ideas, she is a great manager." A staff member said, "[the registered manager] is brilliant and approachable. I am happy working here, it is a good team." Another told us, "I love it, they are good staff we work well as a team. [The registered manager] is very approachable. If you have any problems you can go to her and she will sort it out as best she can." A professional also commended the excellent leadership in the home. They said, "The current manager is very good and well organised, she addresses concerns immediately."

The home had a registered manager in place at the time of our inspection. The registered manager was responsible for the day to day operation and management of the service.

The registered manager was an excellent role model who actively sought and acted on the views and opinions of staff, relatives and people who used the service. They had worked for the provider for several years and had excellent insight and knowledge on how the service was effectively run. The registered manager endeavoured to maintain and improve people's quality of life. They told us, "I do everything to the best of my ability. I have a very supportive team we challenge ourselves. We have good relationships with families."

The PIR submitted by the provider prior to our inspection demonstrated their commitment to ensure quality improvement was part of the ethos of the service. They said, 'We are planning to build staff capacity for quality improvement by making sure that staff understands what quality improvement is about and how to do it. We are planning to build motivation for quality improvement by communicating to staff that improvements are possible and welcomed, and encouraging them to set time aside to talk about quality and make it part of their jobs.'

We found that effective and robust systems were in place to monitor and improve the service provided. The provider demonstrated exceptional use of government guidance to improve the quality of the service they provided to people. There were records highlighting the importance of driving up quality. An example of this was a completed self-assessment. These provided evidence of good practice with support focused around people. It recognised that a good culture was important to the organisation.

Policies and procedures were in place to aid in the management of the service. Robust audits were completed by the registered manager. The system developed by the registered manager enabled the provider to ensure the home was being safely monitored. Examples of audits seen included accidents, incidents, building maintenance, food hygiene, staff training and fire safety. We also saw fully completed audits for complaints, advocacy, medications and food maintenance. Any issues found on audits were quickly acted upon and lessons learnt helped improve the service. The provider submitted copies of their audits to the Commission every three months. These included any actions to be taken as a result of the

audit to ensure care was consistent.

Care files were regularly audited and reviewed to ensure they reflected current need and support. Actions and recommendations were recorded to ensure futures reviews of care identified any changes that may be significant.

We found there was a strong emphasis to continually strive to improve and implement innovative systems in order to provide a high quality service. The service had recently received a gold award from Investors in People. This award recognises the quality of the service which is performing at a high level. The PIR also demonstrated the importance of high quality care for people who used the service. It said, 'We ensure to keep our professional knowledge and skills up to date. We ensure we provide regular staff meetings and manager meetings. We get feedback from local and national forums and provider meetings and attend external relevant courses.'

The registered manager told us, "I love Hollydale. I am part of a family. Everyone is listened to. There are positive changes in the company since [the senior manager] came, I feel supported. There is an open door policy."

All staff we spoke with told us they felt part of an excellent quality team. Team meetings were held with all staff to look at developments within the service and also to give staff an opportunity to talk about any concerns and further training and development. Records clearly identified regular staff meetings were taking place for senior staff as well as day and night staff. Documentation included the names of attendees along with topics and actions taking as a result of the meeting. Topics included fundraising events, communication, driving up quality and their plans for 2016. The registered manager told us they had introduced an employee of the month award that recognised the good practice of the staff team.

Records relating to the involvement of people who used the service in the day to day running of the home were seen. The home held regular service user council meetings. Information relating to the meetings were displayed in poster format. Topics covered how to raise concerns and sensory baths. Regular news letters were developed to provide up to date information about the home and what was going on. These contained easy read information to aid communication with people.

It was clear the registered manager strived for excellence and was passionate and dedicated in ensuring people who used the service received an outstanding service. All staff we spoke with told us that they felt part of a team. There was a completed satisfaction survey which detailed very positive feedback about the support and team work in the home. Comments confirmed staff received regular supervision and that the team was strong.

Accidents and incidents were monitored and analysed and included learning and actions to be taken to reduce any future risks. We checked our systems and saw that the provider fulfilled their regulatory responsibility by submitting the required notifications that related to and incidents, injury or concerns.