

Walsall Metropolitan Borough Council

Holly Bank House

Inspection report

Coltham Road
Willenhall
West Midlands
WV12 5QD

Tel: 01922650464

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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 Bank House provides intermediate care services to people that live in the Walsall area. This includes people that live in their own homes and people that are staying in a care home as part of their rehabilitation pathway. The aim of the service is to help people recover skills and confidence to live at home, maximising their level of independence so that their need for ongoing homecare support can be appropriately minimised. Interventions for majority of people will typically last up to six weeks. At the time of the inspection the service was supporting 38 people.

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

People told us they felt the service was safe and there were sufficient staff to meet their needs. Staff supported people to remember to take their medicines and were aware of how to keep people safe from potential risk of harm. Risk assessments were in place and staff knew how to support people's individual needs to ensure they provided a consistent level of care. Staff wore gloves and aprons to ensure they protected people from cross infection.

Staff had received training for their role to maximise people's potential to regain independent skills which they may have lost when they were unwell. The service worked in partnership with healthcare colleagues to ensure people had access to the support they needed to meet both their social and healthcare needs. People had choice and control of their lives and staff were aware of how to support them in the least restrictive way.

People made positive comments about the staff that supported them. People told us the staff encouraged them to be independent, protected their privacy and treated them with dignity and respect.

People told us they were happy with the service provided, and they knew who to contact if they had any concerns. People were continually consulted and involved in the way their support was provided. The service was monitored to ensure people were making progress to regain their skills and to ensure their needs were being met.

Staff felt supported in their roles, and described the management team as approachable, open and transparent in the way they managed the service. Systems were in place to monitor the delivery of the service and the registered manager had acknowledged that more audits were required to check and monitor the records completed.

Rating at last inspection

The last rating for this service was Good (published 9 September 2016).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Holly Bank House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector and an Expert by Experience who called people for gain their feedback. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Since our last inspection the provider had deregistered the regulated activity of providing accommodation to people. This service now only provides intermediate care services to people. It provides short term personal care and reablement support to people living in their own houses, flats or in a care home following their discharge from hospital.

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

This inspection was unannounced.

We gave the service 48 hours' notice of the inspection. This was because we needed to make arrangements to speak with people, and staff, and to be sure the registered manager would be in the office to support the inspection.

We visited the office location on 25 June 2019 to see the registered manager, and to review care records. Telephone calls were made to people and relatives on the 25 and 26 June 2019 to gain their feedback.

What we did before the inspection.

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as allegations of abuse. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection visit.

We spoke with 16 people and two relatives over the telephone to gather their views on the service being delivered. We also spoke with four reablement staff, an assessor, intermediate care services manager, occupational therapist team leader, two area managers and the registered manager. We reviewed a range of documents and records including the care records of four people, three staff files and training records. We also looked at records that related to the management and quality assurance of the service.

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.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe in their homes whilst being supported by staff. A person said, "If it wasn't for the carers I would have found it difficult to come home, from hospital they are brilliant." A relative told us, "(Name) feels safe with them, I can tell because of the laughter and the chatting that goes on."
- Staff we spoke with were clear on their responsibilities to ensure people were kept safe from the risk of harm or abuse. A staff member said, "I would follow the procedures in place and report any concerns as it is my duty of care."
- The registered manager understood their responsibilities and reported concerns to the local authority safeguarding team to protect people from the risk of abuse.

Assessing risk, safety monitoring and management

- Staff were knowledgeable about any risks to people and how to manage these safely. A staff member told us, "People have just come out of hospital, so we know about any potential risks such as with their mobility as they may be weak and still recovering. We provide support to people to enable them to gain their strength back."
- Staff knew how to escalate any risks. A staff member said, "If I thought a person had declined in health or needed more equipment I have escalated this to the managers and they have contacted our health colleagues who have visited the person sometimes that same day to address the issue."
- Comprehensive risk assessments were in place and included all aspects of personal care, moving and handling, the environment, and medication. These assessments also considered the access to and possible hazards within the property. This ensured staff had the information they needed to keep both themselves and people safe. Where risks had been identified action was recorded to reduce these where possible.
- Risk assessments were also undertaken by Occupational Therapists and Physiotherapists to support the role of the staff by providing any required equipment and information about how they should assist the person.

Staffing and recruitment

- People told us they were supported by enough staff to meet their needs.
- Due to the quick turnover and demands of the service people were not provided with specific timings of the calls, or support by the same staff members. A person said, "My carers are different every time. They are all very nice but hardly ever the same ones I've got to get used to each new one." A relative told us, "We didn't have the same carer but in the last few days we have had the same carer, it makes such a difference, and is so good." This feedback was shared with the registered manager who acknowledged these issues. People were informed at the point of assessment that specific timings could not be guaranteed and were

flexible, as where the staff team.

- The registered manager told us, in the information they provided before the inspection, they had robust policies and procedures in place. The registered manager told us they had not recruited any staff since our last inspection and the procedures in place were the same as on our last inspection.

Using medicines safely

- People told us they received the support they needed to take their medicines. This was mainly prompting from staff to ensure people had taken them. One person said, "I have help with medication sometimes, but I don't really need it. I have my tablets prepared for me in a dosset box, so I know exactly what I am doing."
- The service completes an assessment of people's capabilities with the aim of encouraging people to be independent in taking their own medicines.
- Staff told us, and records confirmed they had received medicines training and an assessment of their competency to ensure they supported people safely. Where staff administered medicines to people records were in place to record this.

Preventing and controlling infection

- People told us staff always wore aprons and gloves when helping with personal care. One person said, "They always put on gloves and they are very careful everything is clean."
- Staff told us they were supplied with sufficient supplies of protective personal equipment such as gloves and aprons to prevent the spread of infections.
- Staff told us, and records confirmed they had received training in relation to infection control and food safety. This ensured staff had the knowledge to prevent cross contamination and infection.

Learning lessons when things go wrong

- The registered manager discussed how lessons had been learned in relation to previous incidents that had occurred in the service. This included analysing what went wrong and how things could have been improved. This learning was then discussed in team meetings and supervisions to ensure the service improved and kept moving forward.
- Systems were in place to monitor any accidents or incidents. The number of occasions where these occurred were low due to the short-term support provided and turn over of people using the service.
- Staff understood their responsibilities to raise concerns in relation to health and safety.

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. 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

- People were assessed in hospital to identify if they had reablement potential. This was to see if staff could help people regain their confidence and skills they had before they became unwell. People had signed their assessments consenting to a period of reablement.
- We reviewed the care records and saw people's protected characteristics, as identified in the Equality Act 2010, were considered as part of their assessments. This included people's needs in relation to their gender, age, culture, religion, ethnicity and disability. People's gender preferences for staff support were recorded and respected. A person said, "The service did give us a choice of male or female carers, and they have made sure we get what we need."
- People's needs were regularly reviewed and assessed to monitor their progress and to identify if any on-going care and support would be required once this service had concluded, such as further support from domiciliary services or residential care.

Staff support: induction, training, skills and experience

- People told us they felt safe with the staff and felt they had the skills to help them. One person said, "They help me with everything I need, well I help myself, but they help me to do that." A relative told us, "The staff seem to know what they are doing, and they are very competent."
- The registered manager told us, in the information they provided before the inspection, the staff had completed a 16-week training programme to refresh their skills and knowledge and to promote the new intermediate care service model and vision. All of the staff had worked for the local authority and this service for several years and had been through developmental changes to the way the service was delivered.
- Staff told us they had positive training opportunities in areas applicable to the needs of the people they were supporting. This included areas such as catheter care.
- Training plans were in place to ensure staff received up to date training and provided staff with additional training aimed at meeting the individual needs of people using the service.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they received the support they needed to have a drink and a meal. One person said, "I have microwave meals, so they [staff] will tell me what I have and then I can choose what I want. It works fine."
- People confirmed staff asked them if they needed anything before they left their home. One person said, "They always leave me drinks and nibbles when they aren't there."
- Staff told us, if they had any concerns about people's fluid or food intake this would be escalated to their managers so that appropriate action could be taken.

- Records included information for staff to refer to, about people's preferences and any dietary requirements.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- A person told us, " It's made a big difference to me having them [staff] come in."
- The service works collaboratively with healthcare professions to provide people with an integrated service meeting both their social and healthcare needs. This includes, physiotherapists and occupational therapists.
- The registered manager told us, in the information they provided before the inspection, the therapists provide plans for the staff to follow to help strengthen weak areas in people, to help improve their core strength and mobility, and help improve confidence in the individual.
- Multidisciplinary meetings were held weekly to discuss people's needs and share information on the care being provided to them and to discuss their progress.
- A staff member told us, "It works well working with our healthcare colleagues as it means people can get support quicker. If someone begins to feel unwell or has a medical issue, we can either call their GP or put a call into our team and they will respond."

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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the Deprivation of Liberty Safeguards (DoLS) cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

- People using this service had capacity to agree to the reablement programme and had the potential to relearn or regain their skills to live independently.
- People told us their consent was sought before support was provided. One person said, "They [staff] always ask me, do you mind if I wash you today or would you like to do it yourself, and then I can decide."
- Staff confirmed they had completed MCA training, and understood how this impacted on their role. A staff member told us, "It is important people agree to this type of service as it is all about empowering them to do things for themselves. If people are resistant to trying to do things for themselves then I escalate this to the managers, as this may mean the service is not right for them."

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 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 and relatives provided positive feedback about the staff and the service they received. One person told us, "They are very kind, and I think they are very caring, every one of them has been lovely to me." A relative said, "We are very happy with carers, they are pleasant and talkative and if I have been upset they have talked to me too and that's helped."
- Staff demonstrated their commitment and passion for the service. A staff member said, "I love my job, and helping people to regain their independence and to get back to how they were. It is a joy working with the people we support."
- Records reflected people's preferences which enabled staff to provide care tailored to their needs

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

- People told us they were involved in their care. One person said, "The carers have a plan, so they know what I need to work on and then they encourage me, like which exercises to do and then they encourage me with my exercises." Another person told us, "I can do more now than when I came home. I can get myself to bed now which is wonderful and because of my carer I can help myself in the shower too with her support."
- Records showed reviews were undertaken regularly with people to discuss their progress in regaining their skills and to ensure the service continued to meet their needs.

Respecting and promoting people's privacy, dignity and independence

- People told us staff protected their right to receive care and support in a dignified way. One person said, "They always make sure doors are shut and they ask me if I want curtains drawn but I don't need them to do that." A relative told us, "They are so good I hear them talking to (name) chat chat chat it makes such a difference. The carer always shuts the door."
- The aim of the service is to promote people's independence, and to enable people to be self managing. One person told us, "I am getting so much better than I was three weeks ago, the carers are lovely."
- A staff member told us, "My role is to support people to support themselves, as this is better for people in the long term. I provide encouragement and reassurance to try and support people to become independent again."

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

- The support provided to people was tailored to their needs based on their reablement potential. People agreed to the support at referral stage and throughout the process. One person said, "The lady who sorted out the original plan came and assessed me again (a few weeks into the care) and she made sure that I was improved."
- People confirmed they had been consulted and had a plan of support in place which met their needs. One person told us, "I have a care plan. They are going to come and review it all soon because I will have had my 5 or 6 weeks by then [utilising the service]."
- Staff responded promptly to changes in people's needs. For example, if people's wellbeing deteriorated they would call the managers and medical attention would be provided if required.
- If people were identified as socially isolated a referral could be made to the 'social prescriber' who worked with the team. This staff member supports person to access community services that would meet their social needs and interests.

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.

- The registered manager understood their responsibility to comply with the Accessible Information Standard (AIS) and had arrangements in place. As the service is part of the local authority they could access a variety of resources. For example, information could be made available in easy read, large print or in a person's preferred language. If required, the services of an interpreter could be used.
- Information about how people communicated was included in the initial assessment undertaken to ensure arrangements could be made to meet any identified needs.

Improving care quality in response to complaints or concerns

- A complaints procedure was provided to people in the welcome pack they received when they started to use the service.
- People and relatives told us they knew how to make a complaint but confirmed they had not raised any. People told us they were happy with the service they received.
- The registered manager saw complaints and concerns as an opportunity to review and improve the service. We found that any complaints raised had been appropriately investigated and where there was

learning this was shared with staff through supervisions, and team meetings.

End of life care and support

- The registered manager told us in the information they shared with us, 'our service tends to not be involved often in end of life care due to the rehabbing nature of the service'. Discussions with the registered manager confirmed they did not currently support anyone on an end of life pathway and this would only be an option if a person had the potential to regain skills and if it was in their best interests. In these circumstances' records would be completed to cover the persons preferences, and any cultural and spiritual needs.

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People we spoke with were happy with the service provided and confirmed it met their needs. One person said, "The carers come and help me, and they help me to help myself too, sometimes it's hard work!"
- Staff we spoke with were positive about the leadership of the service. One staff member said, "This is a brilliant service to work for, we all work well together, and the managers provide good leadership and are always available when we need them."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The registered manager understood her responsibilities in relation to the duty of candour regulation and was able to discuss how they met the requirements of this regulation in response to an incident that occurred last year.
- The registered manager promoted an open culture within the service and was able to describe the actions she had taken and discussions that had taken place in staff meetings to ensure the service learnt from any previous incidents that had occurred.
- The service took part in a national audit of intermediate care in 2018. This is where the service was analysed against other services providing services across the country. Positive feedback was provided as part of the audit and outcomes for people were analysed as good with 65% of people not requiring ongoing homecare support following the service's intervention. The service was also informed they were rated in the top 5-10% nationally. The registered manager is using the outcomes from this audit and learning from other services to improve the service.

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

- Systems were in place to monitor the service. Staff used an electronic signing in system which monitored the timings and duration of visits to people. The registered manager confirmed there had not been any missed calls this year and this was confirmed in our discussions with people.
- Staff told us they had regular supervision to discuss their roles, and spot checks were undertaken to monitor staff performance.
- The registered manager told us in the information shared with us, the improvements they intended to make in the near future. This included developing more audits to ensure the service was providing good outcomes for people using the service. We found medicines and daily records were collected from people

once the service had concluded. There was no evidence to support that these had been quality checked before they were scanned into people's electronic records. An assessor advised us they were checked over for accuracy and to ensure medicine records had been completed as required, but records were not completed to evidence this. The registered manager told us this would be addressed.

- Staff were clear on their roles and responsibilities and felt supported in their role. A staff member said, "I feel listened to, we have regular meetings where we discuss the service and our roles and anything that we could do better. We are updated about people's needs and any changes. We have work phones, so we can get messages quickly and raise any issues or concerns."
- The provider had met their registration legal responsibilities ensuring their current inspection rating was displayed in the office and promptly informing CQC of notifiable incidents.

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

- Systems were in place to engage with people that used the service. People were sent feedback questionnaires at two, four and six week intervals to gain their feedback. A review of the outcome of these surveys demonstrated people's satisfaction. The registered manager told us she reviews this feedback on a monthly basis and would address any areas of concerns raised.
- Staff supported people in line with their beliefs and where possible people were supported by staff who spoke their language.
- In the feedback provided to us people said they didn't know who the manager was but confirmed they had received a leaflet about the service and contact details for the service. People also told us they were happy with the services provided and their staff, but to improve the service further they would like support provided by a consistent core team of staff, and more choice about the times of their visits. One person said, "I think it would be good if we had a proper choice of times, but I understand why it might not be possible." This feedback was shared with the registered manager who acknowledged these comments and advised us, changes would be made in line with developments in the way this service was delivered to people.

Working in partnership with others

- Working in partnership with other agencies and the integrated working with health professionals was crucial for this service to succeed. The management team and staff worked alongside their healthcare colleagues to ensure the best outcomes for people. Discussions with staff and people demonstrated this.
- Staff from the service were based at the local hospital and completed the initial assessments and profiles of people who have been referred as having reablement potential. This information was then shared with the community team to progress.
- A healthcare staff member told us, "The teams work well together, as we are all based in the same building the communication between us is really good and referrals are made quickly so the impact on people is more streamlined services without any delays."