

Mrs Dorothy Woodcock

The Hollins Residential Care Home

Inspection report

260 Congleton Road, Butt-Lane
Talke
Stoke On Trent
Staffordshire
ST7 1LW

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31 March 2017

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11 May 2017

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

This inspection took place on 31 March 2017. The provider was given 24 hours' notice because the service was a small care home supporting one person. The person and provider are often out during the day and we needed to be sure that someone would be in.

Our last inspection took place in December 2015 and at that time we found that the provider was required to make improvement to the service. At this inspection we found that these improvements had been made.

The Hollins Residential care Home is registered to provide accommodation and personal care for up to two people who may have a learning disability. At the time of our inspection, one person was using the service.

The provider is registered with us as a single provider and therefore there is no requirement for a registered manager. The service is managed by the provider.

The person was protected from the possibility of harm or abuse by a staff team who were knowledgeable about how to prevent this happening. The person was involved in the decisions about their care and support at all times. They were supported to choose how they lived their life on a day-to-day basis.

The person was supported to have their choice of food and drink. They were able to access the services of healthcare professionals as required, including healthcare screening. The person was supported to take their medicines as prescribed.

The person was supported by a close staff team who were knowledgeable about their role.

The person was treated with kindness, empathy and courtesy at all times by the staff team. They were supported to express their individuality at all times. The person was encouraged to develop friendships in the local community.

The provider had systems in place to ensure the person received high quality support to live their life as they wished.

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.

The person received care and support which protected them from the risk of harm and abuse. Risks to their safety were assessed and minimised. The person received their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

The person was supported by a staff team who knew them well and supported them to have choice in their day-to-day life.

They were supported to eat and drink well and to access healthcare support as required.

Is the service caring?

Good ●

The service was caring.

The person was supported by people who respected and cared for them in a kind manner.

The person received support which promoted their dignity, privacy and individuality.

Is the service responsive?

Good ●

The service was responsive.

The person was supported to make their own decisions about the care and support provided.

The person enjoyed social interactions both in the home and in the local community.

Is the service well-led?

Good ●

The service was well-led.

The person received kind and positive support by a committed

provider and staff team.

The provider had systems in place to monitor the quality of the service provided and took action when required.

The Hollins Residential Care Home

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 31 March 2017 and was announced. The provider was given 24 hours' notice because the service was a small care home supporting one person. The person and provider are often out during the day, therefore we needed to be sure that someone would be in to meet us.

The inspection team consisted of one inspector.

We reviewed information we held about the service and contacted commissioners for their views on the support provided to people. Commissioners are people who work to find appropriate care and support services which are paid for by the funding authorities.

We spoke with the one person who used the service, the registered provider and the one member of staff. We did this to get their views about the care and check that standards of care were being met. We looked at the person's care records, medicines records and quality checks processes.

Is the service safe?

Our findings

At the last inspection the provider was required to make improvements in this section. This was because the provider was not aware of all the types of abuse or their responsibilities under safeguarding adult's procedures. They did not have systems and processes in place to record and ensure that concerns were reported immediately. In addition, the provider did not have systems in place to record accidents, incident or medicine dispensing. We saw on this inspection that all these areas had been improved and that systems were now in place.

The person told us that they felt safe living at the home. They told us that they lived a good life and were looked after well. They said, "[Provider's name] makes sure I am safe." We were involved in the conversation with the person and the provider about the things they did together to be safe. For example, they talked about the need to wear sensible shoes which were comfortable and in good condition. The person said, "I choose my shoes - they are all comfy and safe."

The provider and staff had improved their knowledge of the possibility of abuse and their responsibilities to report any concerns. They had acquired copies of the relevant legislation and were able to tell us about the different types of abuse. The staff member showed us the new training they were undertaking which included abuse awareness and safeguarding people. They were able to talk with knowledge about the risks to the person's well-being, and how they reduced those risks. These risks were also documented in the person's care plan.

There were sufficient numbers of staff to keep people safe and meet their needs. The provider supplied one to one care to the person who used the service and employed another staff member to provide additional support when needed. The person told us that the provider was always available to support them and that they never had to wait for support.

The person told us "I take my tablets with my breakfast and before bed." They also told us that they could have pain killing tablets if required. They said, "I ask [provider's name] and they give them to me." They told us that the provider helped them to take their tablets with a big glass of water. We saw that the medicines were stored safely in a locked cabinet. We saw that the required improvements had been made to the recording of medicines given to the person. In addition, the second staff member was undertaking training to be able to dispense medicines if the provider was absent.

We saw that improvements had been made to the recording of risks assessed. The provider continued to visually assess the environment every day to ensure it was free from hazards. They then documented the outcomes of their visual checks and any action required.

Is the service effective?

Our findings

The person was supported by a family team who knew them well. We saw that the staff were undertaking training to increase their knowledge of the conditions affecting the person. One staff member said, "I really enjoy learning new things. I am also looking at higher levels of training to improve my management skills."

The person was able, with support, to make decisions for themselves about their daily life. They told us they made their own decisions. We saw that they were encouraged by staff and the provider to make their own choices. They said, "I go out with [staff members names] because I like their company. They also said, "We enjoy our times out together. We have fun."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At the last inspection, the provider was not knowledgeable about the MCA and DoLS legislation. We found that, since that inspection, the provider and staff had improved their knowledge about MCA and DoLS. The provider now had systems in place to ensure they worked within the principles of the legislation.

The person was supported to eat and drink enough to maintain a balanced diet. They were able to eat what they wanted. They told us they made the choices about what they ate each day. They went shopping for food and planned meals with the staff. They said, "I go shopping with [provider's name] and I choose what we buy. We saw that refreshments were offered regularly. The person had access to the kitchen to help themselves to snacks and drinks at any time. They told us that they got thirsty a lot. They said, "I drink a lot of cups of tea and I drink lots of water because I get thirsty." The provider confirmed that this had been checked with the GP who was not concerned about it. In addition, the person had been supported to choose healthy meals and exercise more as they wanted to lose some weight. They told us they were very happy with their achievements. The service had attained the five star food hygiene certificate from the Food Standards Authority.

The person was supported to meet their healthcare needs and had access to healthcare professionals when required. They told us, "I go and see the doctor if I need to. I go to the surgery." They also confirmed that they saw the dentist, optician and chiropodist. The person told us about being scared of needles. They were required to have vaccination injections for a holiday abroad they were going on. They told us, "The nurse came here to help me have the injections." The person was also supported to access NHS healthcare screening appointments.

The provider told us that they had arranged for the person to be supported by a specific GP so that they were less anxious if they did see the GP. In addition, the provider had the support of a specialist healthcare

professional if required. They were able to provide specialist advice, if required, to ensure the person was receiving the best support they could.

Is the service caring?

Our findings

The person told us, and we saw, that they were treated with kindness and compassion by the staff team. We were able to chat with the person and staff together. We observed communication between them was affectionate and encouraging. The person understood the conversations and showed happiness at the things being talked about. For example, we were talking about their forthcoming holiday abroad. The person was looking forward to the holiday and was getting new clothes for it. They showed us their new clothes and told us what other items they still had to buy. It was clear from these conversations that they and the staff shared a positive relationship which recognised and valued them as an individual. The provider told us, "[Person] is part of the family."

The person was fully involved in deciding how their care and support should be provided. They told us about how they spent their days. They were animated and happy whilst talking about the support they received in their daily life. They told us, "I do what I want to do. I like my bedroom and I have my own bathroom. We all help each other. The staff are nice people. I like them very much."

We saw that the person was treated with respect and with dignity throughout the inspection. Their opinion was important and sought about all aspects of the day. We saw that, even though the staff knew what the person wanted, they did not assume that was what they always wanted. For example, when offering a drink or snack, the person was asked what they wanted.

The person was supported to have privacy whenever they wanted. They told us, "I can go where I want in the house. I can stay in my room if I want to." The provider confirmed that the person always decided where they wanted to be in the house. They said, "[person's name] knows that they can be alone if they want to be. It is always up to them, we do not follow them around."

Is the service responsive?

Our findings

The provider had spent many years providing care and support for the person living at the home. They valued the person as a unique individual whose own personality was important. The person enjoyed friendships and social interactions with the provider's extended family of all ages.

The person was well known in the local community and enjoyed going out to the shops and cafes nearby. The provider told us that people in community were very supportive of the person and encouraged them to spend time in their shops. The person confirmed this by telling us about each local shop they went to and what they bought there. They also told us about other places they went to on a regular basis, such as bingo and the local church.

The person spent time with us showing us their large collection of holiday photographs. They explained to us where all the photographs were taken and how they enjoyed each holiday. The provider confirmed that the holiday destinations were decided between them. They also had a holiday home abroad where they went every year. The person told us that they loved it there. They said, "I like swimming in the pool there."

The person was involved in the writing of their daily diary. Their support plan included life history information and their likes and dislikes. They were supported to add things to their support diary, including photographs and favourite pictures. The person told us, and we saw, that the provider knew the person well. The provider told us that they supported the person to ensure their independence was maximised. For example, the person got up and went to bed whenever they wished. Also, when out in the community, the person chose when they went out and where they went. The person enjoyed collecting dolls and had a large collection. They told us that they would go to the charity shop and buy things for their collection. They proudly showed us their collection. They said, "I want to get more dolls because I like them."

The person told us that they felt able to share their views with the provider on a daily basis. They told us, "If I am not happy I will tell [provider's name]. They will sort things out for me." The provider told us that they would ask for the support of the person's specialist healthcare professional if the person had a problem they required assistance with to rectify.

Is the service well-led?

Our findings

At our last inspection, the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider was not aware of their requirements of registration with us. Also systems and processes were not in place to ensure that the quality and safety of care was monitored. We saw that, on this inspection, improvements had been made in all areas.

The provider now had systems in place to record and act on all areas of the running of the home. The provider confirmed that any issues which may arise continued to be dealt with immediately as stated in the previous inspection report. We saw that the provider now recorded any issues and their outcome, as well as communicating with the person who used the service and the staff member. They said that this way was effective for their particular situation as a service for one person. The provider delivered the majority of the support for the person and so was very knowledgeable about any issues which may have occurred. In addition, recording of the person's day was improved and the person was involved in the process. The medicine records had been improved and showed clearly what medicines had been given and what they were for.

The provider is registered with us as a single provider and therefore there is no requirement for a registered manager. The service is managed by the provider.

There was a positive culture in the home which was centred around the person who used the service. The person told us, "I love to live here. [Provider's name] and [staff member's name] look after me all the time. I am very happy living with them." We observed that there was a homely and relaxed atmosphere and that the service was run like a small family unit. The provider told us that the person was treated as part of the family and was involved in all developments within the service that was run solely for them. For example, the person told us about how they had decided on the colours and wallpaper for the decoration of the upstairs hallway. Also we enjoyed joining in the conversations about the new curtains which had been bought for a bedroom.

The staff member told us that they felt as though they were a key part of the staff team. they said, "I am well supported by the provider, we work together well."

At this inspection, the provider was able to show us that they understood their responsibilities as a registered provider, including when to send us notifications about any issues of concern in the service. At the time of the inspection, there had not been any issues which required reporting to CQC.