

Sunflower Care Homes

The Hollyhocks

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

Improvements were required to the way in which risk assessments were carried out and documented. People did not always have accurate risk assessments in place and procedures did not always clearly document when reviews of people's risk assessments had been carried out.

Quality monitoring systems were in place however actions to improve standards were not always completed in a timely manner. There was no review of outstanding actions to monitor the progress or action that had been taken to make the improvements.

People received consistent and safe care. Staff understood the need to protect people from harm and abuse and knew what action they should take if they had any concerns. Staffing levels ensured that people received the support they required at the times they needed them. There were sufficient staff to meet the needs of the people and recruitment procedures protected people from receiving unsafe care from care staff unsuited to the job.

People received care from staff that were supported to carry out their roles to meet the assessed needs of people. Staff received training in areas that enabled them to understand and meet the care needs of each person.

People were supported to take their medicines as prescribed. Records showed that medicines were obtained, stored, administered and disposed of safely. People were supported to maintain good health and had access to healthcare services when needed.

People were actively involved in decisions about their care and support needs. There were formal systems in place to assess people's capacity for decision making under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

Care plans were written in a person centred manner and focussed on empowering people; personal choice, ownership for decisions and people being in control of their life. They detailed how people wished to be supported and people were fully involved in making decisions about their care. People participated in a range of activities and received the support they needed to help them do this. People were able to choose where they spent their time and what they did.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe.

Improvements were required to the way in which risk assessments were carried out and documented. People did not always have accurate risk assessments in place and procedures did not always clearly document when reviews of people's risk assessments had been carried out.

There was enough staff to meet people's needs and keep them safe.

Appropriate recruitment practices were in place to ensure staff of a suitable background were employed by the service.

There were systems in place to manage medicines in a safe way and people were supported to take their prescribed medicines.

Is the service effective?

Good 

The service was effective.

People were actively involved in decisions about their care and support needs and how they spent their day. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People received personalised support. Staff received training which ensured they had the skills and knowledge to support people appropriately and in the way that they preferred.

People's physical health needs were kept under regular review. People were supported by a range of relevant health care professionals to ensure they received the support that they needed in a timely way.

Is the service caring?

Good 

The service was caring.

People were encouraged to make decisions about how their support was provided and their privacy and dignity were

protected and promoted.

There were positive interactions between people and staff.
People were happy with the support they received from the staff.

Staff had a good understanding of people's needs and preferences and these were respected and accommodated by staff.

Staff promoted people's independence in a supportive and collaborative way.

Is the service responsive?

Good ●

The service was responsive.

Pre admission assessments were carried out to ensure staff were able to meet people's needs.

People were listened to, their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred.

People were supported to engage in activities that reflected their interests and supported their well-being.

There was a transparent complaints system in place.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Improvements were required to monitor the quality and safety of the support people received.

A registered manager was in post and they were active and visible. They worked alongside staff and offered regular support and guidance.

People, relatives and staff were encouraged to provide feedback and it was used to drive continuous improvement.

The Hollyhocks

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 16 and 17 May 2016 and was announced. We gave the provider short notice of our inspection to be sure that the staff would be available to support the inspection. The inspection was completed by one inspector.

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. The provider returned the PIR and we took this into account when we made judgements in this report.

We reviewed the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law. We also contacted health and social care commissioners who place and monitor the care of people using the service.

During our inspection we spoke with six people who used the service, one relative, three members of care staff and five members of the management team including the registered manager.

We looked at care plan documentation relating to five people, and three staff files. We also looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information for care staff, meeting minutes and arrangements for managing complaints.

Is the service safe?

Our findings

Concerns were identified with the processes that were in place to complete adequate and current risk assessments. We found risk assessments in relation to the way people were supported with their care and activities they completed had not been completed in a transparent way. For example, we found that one person's risk assessment had the date changed so it was not clear when the original risk assessment had been produced, or if an adequate review had been completed. We also found another person's risk assessment had not involved the person and contained inaccurate and out of date information about the support that the person required to keep them safe.

There were appropriate recruitment practices in place. One member of staff said, "I wasn't allowed to start working here until they [the management] got all my checks back." Staff employment histories were checked with previous employers and staff backgrounds were checked with the Disclosure and Barring Service (DBS) for criminal convictions before they were able to start work and provide care to people. This gave reassurances that the staff the provider employed were suitable to work in the care sector.

There was enough staff to keep people safe and to meet their needs. One person told us that there was always a member of staff available when they needed them. They said "I never feel like I'm on my own, especially if I need to talk, there's always someone here." Staff told us that there was enough staff available to meet people's needs and to ensure people received the support they required whilst they were at home or completing activities in the community. We observed that the levels of staffing allowed each person to receive attentive support from staff whilst encouraging and facilitating people's independence. We saw that staff spent time sitting in the company with people and engaging them in conversations or activities they enjoyed.

People were supported by staff that knew how to recognise when people were at risk of harm and knew what action they should take to keep people safe. One person said, "I feel very safe with the staff. They look after me, especially near a road." Staff were able to tell us about signs they looked out for which may suggest somebody was at risk of harm. One member of staff said, "If I had any concerns about anybody I would report it straight away." Another member of staff confirmed, "If there were any safeguarding concerns I'd report it and make sure it was dealt with." The registered manager understood the importance of making safeguarding notifications and we saw that referrals had been made to the appropriate bodies. Where appropriate, staff were kept informed of incidents and their outcome. Staff were kept updated about the action that had been taken to prevent or reduce the possibility of any further incidents.

There were appropriate arrangements in place for the management of medicines. One person said, "They [the staff] get my medication for me. They check it on the form and then they give it to me. Then they tick it off." People told us they always got their medicines when they needed them and they did not run out. One person said, "They [the staff] come and check them and count them so we never run out." Staff received training in the safe administration, storage and disposal of medicines and they were knowledgeable about how to safely administer medicines to people. People's medicines were securely stored and there were arrangements in place so that if people needed medicines due to how they were feeling these could be

given as required. We saw that staff completed medication administration records (MAR) accurately after each person had received their medicine.

Is the service effective?

Our findings

People received support from staff that had the knowledge and experience to carry out their roles effectively. People told us staff worked well with them to understand their needs and how they could best be supported. One person said, "The staff understand what I need or how they can help. They're really good." The registered manager recognised staff's skills and experiences and built on these to ensure all staff were able to provide a good level of support to people. For example, staff with prior experience of specific aspects of care were encouraged to share their knowledge with other staff. All staff received training which enabled them to understand the needs of the people they were supporting and were required to shadow experienced members of staff to understand the specific support each person required. One member of staff said, "We have training on all the basics – safeguarding, first aid, food hygiene but we also get specialised training." Training records showed that staff had targeted training to meet people's needs, for example, staff received training in diabetes and epilepsy. The registered manager confirmed they were seeking further training to enable staff to support people with behaviour that challenges themselves and others.

Staff had the guidance and support when they needed it. Staff were confident in the manager and were satisfied with the level of support and supervision they received. One member of staff told us, "There's always someone around we can get hold of if we need advice." Another member of staff told us they felt very well supported on both a personal and professional level. Supervisions were used to discuss performance issues and training requirements and to support staff in their role. The registered manager had been unexpectedly absent from the service for a period of time and was aware of the need to complete staff appraisals on her return. Staff received supervisions and had access to the management team if they wished to raise concerns or areas of further development.

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. We checked whether the service was working within the principles of the MCA and we saw that they were. 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.

The management team and staff were aware of their responsibilities under the MCA. We found that staff received relevant training and when staff had identified that people's mental capacity may be limited, staff understood they had a responsibility to support people in a way that met their needs. Staff were able to describe how they worked with people to obtain their consent and respected their decisions. For example, one member of staff explained how they encouraged people to make their own decisions and what the impact of this could be, but that ultimately they could decide what they wanted to do. We saw that the registered manager had applied for the appropriate authorisations when supporting people in the community.

People were supported to maintain a balanced diet and eat well. People told us they were fully involved in

deciding and preparing their meals. One person told us they wanted to improve their health and they had been supported by staff to monitor and lose weight. Staff supported people to understand about a balanced diet and involved people to learn about preparing nutritious and tasty meals. People were supported by staff to plan their meals so they could buy the ingredients they needed. Staff were knowledgeable about people's nutritional needs and the support they required and where necessary, people were given equipment to enable them to eat their meals as independently as possible.

People's healthcare needs were monitored by staff on a daily basis and staff had information on how care should be delivered effectively to maintain people's optimum health. Staff were knowledgeable about people's health needs and understood when people were not feeling themselves or needed assistance from healthcare professionals. We also saw that people were supported to have regular check-ups with opticians, podiatrists and dentists.

Is the service caring?

Our findings

People were relaxed and comfortable in the company of staff and told us that the staff treated them very well. One person said, "They're [the staff] all lovely and very kind". Staff spoke to people with endearment and fondness. When people chose to spend time alone, staff respected this and checked on their wellbeing at appropriate intervals.

Staff demonstrated a good knowledge and understanding about the people they cared for. The staff showed a good understanding of people's needs and they were able to tell us about each person's individual choices and preferences. People had developed positive relationships with staff and we saw many examples of staff laughing and joking with people and offering encouragement. For example one member of staff joked with people about the meal they were preparing and encouraged them to experiment with new ingredients.

People were encouraged to express their views and to make their own choices in everything they did. For example, on the day of our inspection a group of friends using the service had decided they wanted to go out for lunch and staff supported and facilitated people to do this. One relative also commented that the care their loved one received was about encouraging them to do as much as they could – but that it was ultimately the person's choice what they did and staff respected their decisions.

The registered manager was committed to matching people together who were compatible and may have common interests or backgrounds. This also included the staff that were employed to support them. For example, the registered manager had recognised that to meet some people's needs on an emotional level, they would benefit from support from more male care staff. People reacted well to the new male staff and felt there had been a positive impact to the support they received.

Staff understood the need to respect people's confidentiality and understood not to discuss issues in public or disclose information to people who did not need to know. Any information that needed to be passed on about people was placed in a confidential document or discussed at staff handovers which were conducted in private. Staff respected people's privacy and ensured that all personal care was supported discreetly. Staff supported people to maintain their dignity, for example, we saw one member of staff support one person to adjust their clothing to ensure their dignity was not compromised. People were grateful for the thoughtful way in which staff supported them.

People received personalised care which supported people's individual requirements. Staff were encouraging and attentive. We observed staff offer reassurance when one person showed signs of anxiety and staff supported them to relax and feel comfortable. Staff also recognised when people were concerned about family members and supported them to see each other at convenient places, and support them to purchase gifts. For example, one person's family member became unwell, staff supported the person to visit the person in their own home and send them flowers.

The registered manager had a good understanding of advocacy services and understood when there could

be a need for people to receive support from an advocate. For example, if people had little family involvement or required support with making significant decisions. At the time of the inspection nobody using the service required the support of an advocate however the registered manager understood the importance of encouraging people to access this service if it was necessary.

Is the service responsive?

Our findings

People's care and support needs were assessed before they received the support of the staff within The Hollyhocks to determine if the service could meet their needs. People were encouraged to meet staff and other people who used the service to enable them to make an informed decision about whether they wanted to use the service. We saw that the registered manager ensured they gathered as much information and knowledge about people during the pre-admission procedure from people themselves, their relatives or guardians and professionals already involved in supporting each person. This ensured as smooth a transition as possible to ensure people received the support they required.

People's care plans contained information about people's past history and their support networks. For example, one person's care plan detailed the person's family support and the people that were important to them. We saw that staff used the information to engage people in conversations about these people. For example, staff initiated conversations about friends and family that people cared about and were knowledgeable about when the person may next see them.

People's care records detailed people's choices and preferences about how they liked to receive their care. For example care plans recorded if people needed support to have a wash, use the toilet or access the community. One person told us the staff were very good at supporting them to maintain their personal care. They said, "The staff help me run the bath and check the water so it's not too hot." Another person told us, "Sometimes I forget to have a shower and the staff just remind me or ask if I want one. They're really good." People were supported with their personal care in a way that was appropriate for each individual, with some people needing more support than others. Staff were responsive to people's individual needs and provided their care in a person centred manner.

People were protected from the risks of social isolation and loneliness. Staff worked with people to identify their interests and understand how they wished to spend their time. People were able to spend time with other people with similar interests and chose together what they would like to do. Some people preferred to spend some of their time at day services and other days were spent at home. One person with an interest in cars was supported to visit a car museum and other people were supported by staff to go out for lunch, go bowling, go shopping or have a barbecue.

People and their relatives were involved in deciding on the level of support they required. One person told us they met with staff to discuss the support they wanted. The person told us they felt staff listened to them and respected their decisions. Staff were responsive to people's needs and encouraged and facilitated people to become as independent as possible. For example, one person told us, "I help do the chopping [for dinner]. I like doing that." We saw that staff asked and encouraged people to become involved in skills that would improve their independence, particularly around meal preparation and independent living skills like laundry and cleaning. Staff provided advice to people and offered appropriate support for each person to contribute how they wished.

Complaints procedures were in place which explained what people or their relatives could do if they were

unhappy about the care and support people received. Staff were responsive and aware of their responsibility to identify if people were unhappy with anything, and to support them to make a complaint if they wished. We saw that no complaints had been raised by people using the service.

Is the service well-led?

Our findings

Improvements were required to the quality assurance procedures that were in place. During a period of unexpected leave from the registered manager, a management team had taken over to ensure the service ran with limited impact on people who used the service. Quality assurance systems were in place and identified actions that were required to improve the service were identified however these were not always acted on in a timely way. For example, an audit on people's care plans identified that they had not been regularly reviewed or updated. There was an action to rectify this but this had not been actioned for more than two months.

People who used the service reacted positively to the registered manager and staff commented that they had confidence in the management and felt that the service was well led. Staff felt confident to speak with the management team if they had suggestions for improvement or concerns. One member of staff said, "I feel really comfortable to go to the management. They're very open and approachable." Staff were aware of their roles in providing care that was tailored to the person. Staff spoke passionately about providing care to people in a person centred way clearly describing the aims of the service as supporting each person's individual's needs. The staff we spoke with enjoyed their jobs and enjoyed working with the people they supported.

The culture within the team focused upon encouraging and supporting people to live the lives they wanted to live. All of the staff we spoke with were committed to providing a high standard of personalised care and support. Staff were focussed on outcomes for people and were proud of the development people made. For example, staff explained the progress one person had made with their anxiety around new people and encouraged the person to reflect positively on the growth they had achieved. Staff worked well together and as a team, they were focused on ensuring that each person's needs were met. The registered manager understood the importance of having competent and skilled staff and had introduced a benefits package for staff.

Systems were in place to gather feedback about the quality of care people received. We saw that the service completed annual surveys which involved people that used the service. The surveys gave positive results and there were no recommended actions for the service to consider. People were invited to attend meetings with their keyworker and people were supported to consider what was and wasn't working well for them. Staff took time to observe people's reactions and body language to gain feedback from people about what they enjoyed or were unhappy about. We saw that a suggestion box was on display for all people, staff and visitors to contribute to. Regular staff meetings took place and minutes were available for staff that were unable to attend. Minutes showed that there were opportunities for staff to discuss accidents and incidents and best practice that had been identified.

The service had policies and procedures in place which covered all aspects relevant to providing personal care which included safeguarding and recruitment procedures. The policies and procedures were detailed and provided guidance for staff. Staff had access to the policies and procedures whenever they were required and staff were expected to read and understand them as part of their role. The registered manager

had submitted appropriate notifications to the CQC when required, for example, as a result of safeguarding concerns.