

Holly Bank Trust

Poplars

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

The inspection of Poplars took place on 6 January 2015 and was unannounced. We previously inspected the service on 3 April 2013. The service was not in breach of the Health and Social Care Act regulations at that time.

The Poplars is a purpose built care home. It is part of the Holly Bank Trust which is an organisation specialising in providing education, care and support for young people and adults with profound complex needs.

The service had a registered manager in place. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Relatives we spoke with told us they felt their relative was safe. The registered manager and staff all received regular training in safeguarding vulnerable adults and were able to describe a number of different types of abuse.

We looked at two support plans. Both of the support plans contained up to date, individual risk assessments.

Summary of findings

People's care and support was delivered in a way that reduced risks to people's safety and welfare. The registered provider had a system in place to maintain the building and equipment.

Staff were recruited safely and staff we spoke with all told us there were enough staff to meet people's needs.

We saw that people's medicines were managed and administered safely. We saw staff had received both training in medicines and a regular assessment of their competency.

We saw the registered provider had a system in place to support new staff in their role. Staff received regular supervision and told us they felt supported however, when we looked at the provider's training matrix we saw that not all staff had received training in a number of topics including moving and handling and fire.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager and staff we spoke with demonstrated knowledge and understanding of the Deprivation of Liberty Safeguards and Mental Capacity Act 2005 and how that impacted upon the people they supported.

We saw people were supported to eat and drink in a calm and relaxed environment. Staff offered support to people in a discreet manner which promoted people's independence. Both of the support plans we looked at provided detailed about the equipment and support the person needed.

During the time we spent at The Poplars we found the atmosphere at the home to be relaxed and homely. Staff supported people in a caring but professional way. Staff we spoke with were knowledgeable about individuals' support needs, preferences and dislikes.

We saw examples of how staff promoted people's privacy and dignity, for example by knocking on bedroom doors before entering them. Staff also explained to us how they supported people to make simple lifestyle choices about what they wore or the food they ate.

People were supported to participate in a variety of activities, some of which were provided by the registered provider and others which enabled people to access the local community. This included activities such as hydrotherapy, crafts and pamper sessions.

We saw that people's support plans detailed the individual care and support people needed. We saw evidence people's plans were reviewed and relatives told us they had input into the plan at the person's annual review.

All the staff we spoke with told us they felt supported by the registered manager and that they could speak openly with her. The registered manager told us she promoted good practice within the home by acting as a role model for staff and challenging staff where she felt practice could be improved.

We found the registered provider had a system in place to assess and monitor the safety and quality of the service provision. This included monitoring accidents, incidents and safeguarding matters.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Staff we spoke with could explain indicators of abuse and the action they would take to ensure people's safety was maintained.

Records showed recruitment checks were carried out to help ensure suitable staff were recruited to work with people who lived at the home.

There were arrangements in place to ensure people's medicines were managed and administered safely.

Good



Is the service effective?

The service was effective.

Staff received regular supervision, however, we saw from the training matrix that staff were not up to date with their training.

Staff encouraged people to eat and drink in a way which promoted their independence, but offered assistance when people needed support.

Staff were aware of their responsibilities under the The Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act.

People's needs were regularly assessed and referrals made to other health professionals to ensure people received care and support that met their needs.

Requires Improvement



Is the service caring?

The service was caring.

Staff spoke in a caring manner about the people they supported,

Staff were able to tell us how they supported people to make simple lifestyle choices and how they maintained people's privacy and dignity.

The environment was nurturing to people's needs and the atmosphere was friendly and relaxed, ensuring people felt welcome and valued.

The registered provider had a system in place which enabled the views and experiences of relatives of people who lived at The Poplars to be taken into account in the way the service was provided and delivered.

Good



Is the service responsive?

The service was responsive.

Relatives told us they were involved in their family member's care and we saw documentation reflected individual needs and wishes.

People were supported by staff to take part in various activities.

Good



Summary of findings

There were systems in place to enable people to express their comments, concerns and complaints, to improve the service offered.

Is the service well-led?

The service was well led.

We asked staff about management and leadership at the service. All staff we spoke with gave positive feedback and said they felt very well supported by their manager.

The registered manager was visible in the service and knew the needs of the people in the home.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Good



Poplars

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 6 January 2015 and was unannounced. The inspection team consisted of two adult social care inspectors and an expert-by-experience. An expert by experience is a person who has personal experience of supporting people who use this type of care service.

Before the inspection we reviewed all the information we held about the service. We also spoke with the local

authority contracting team. At the time of the inspection a Provider Information Return (PIR) was not available for this service. 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.

We used a number of different methods to help us understand the experiences of people who lived in the home. Not all the people who used the service were able to communicate verbally, and as we were not familiar with everyone's way of communicating we were unable to gain their views. We spent time in the lounge and dining room areas observing the care and support people received. During the inspection we spoke with four relatives of people who lived at the home on the telephone. We also spoke with a senior manager, the registered manager, three senior support workers and two support workers. We spent time looking at two people's care records and a variety of documents which related to the management of the home.

Is the service safe?

Our findings

Each of the relatives we spoke with on the telephone told us they felt their relative was safe. One person said, “I know (person) is safe because I see them regularly and they could let me know if something was wrong... I would know if (person) were frightened or unhappy... (person) is always pleased to see them” Another relative told us, “It’s very safe or I wouldn’t leave (person) there”.

All the staff we spoke with confirmed they had received training in safeguarding vulnerable adults and were able to describe a number of different types of abuse. For example, physical, mental, racial, financial and emotional abuse. One member of staff we spoke with told us how staff may identify that a person was being abused. They said, “You would look out for things like a change in behaviour. If they are quiet when usually noisy and noisy if they are usually quiet, or if there is bruising”. Staff told us they felt confident to report any concerns they may have to the registered manager or to a senior support worker. This demonstrated staff working for the service were aware of how to raise concerns about potential harm or abuse and recognised their personal responsibilities for safeguarding people using the service.

We looked at the training matrix and saw that only two staff had not yet received training in safeguarding vulnerable adults, however, we noted both these staff were booked to attend training within the next month. This demonstrated the registered provider had a system in place to ensure staff received regular refresher training in safeguarding vulnerable adults.

The registered manager told us they had attended role specific training with the local authority. They were aware of the safeguarding referral process and told us of an instance where they had made a referral to the local safeguarding authority. This showed the registered manager was aware of their responsibilities in relation to safeguarding the people they cared for.

We saw individual risk assessments were in place and kept up to date for people. For example, we saw one plan contained risk assessments to support the person with showering, shaving, finances, social and leisure. Staff we spoke with knew to refer to these details in people’s support plans. One member of staff we spoke with told us the service had risk assessments for a number of potential

scenarios. They said, “We do risk assessments for seizures, accidents on the bus, choking. We list all the risks and anything that might happen and then put in actions to deal with it”. This meant care and support was planned and delivered in a way that reduced risks to people’s safety and welfare.

We saw the home was clean, tidy and well maintained. The registered manager told us Holly Bank Trust had a number of regular contractors who ensured the building and equipment was fit for purpose. The registered manager explained that having regular contractors ensured they understood the particular needs of the people who lived at the home and how their activities may impact upon them. For example, keeping their tools and equipment secure.

We looked at the recruitment records for two members of staff. We found that recruitment practices were safe and that relevant checks had been completed prior to staff commencing employment. This included obtaining two written references and checking their professional qualifications, where relevant. We also saw Disclosure and Barring Service (DBS) checks had been completed prior to staff commencing employment with the service. The DBS provides criminal record checking and barring functions. This helped reduce the risk of the provider employing a person who may be a risk to vulnerable adults.

We asked the registered manager how the home was staffed. They said the home had four senior support workers and about 40 support workers. They said they also employed two designated cleaning staff. They told us the home currently had a vacancy for a deputy manager and two further senior support workers. The registered manager said they usually operated with eleven staff in the morning and nine or ten in the afternoon and evening. They said the number of staff on a weekend varied slightly depending if people who lived at the home were away for the weekend.

We asked a senior support worker how the home was staffed at night. They said there were two night staff on duty at the home, however, they explained that as there were a small number of other homes on the same site as The Poplars there was also a senior support worker who was available to provide extra support to staff if required. This showed the registered provider ensured a system was in place to provide extra support to staff during the night, should it be required. Staffing levels were appropriate to provide care and support for people.

Is the service safe?

As part of our inspection we looked at how the service managed people's medicines. We saw people's medicines were stored safely. We reviewed a random sample of three medicines. In each case we found the stock tallied with the number of recorded administrations. We saw evidence of how staff recorded the medicines people took out of the home if they went on leave and how the staff recorded any medicines which were returned when the person came back to the home. This showed people were protected against the risks associated with medicines because the registered manager had appropriate arrangements in place to manage people's medicines.

Staff told us that not all staff were fully trained to administer people medicines. They said that all staff were due to receive training so they could administer people medicines. One member of staff explained that this would ensure they were administering people's medicines in a more 'person centred way' as the person who was supporting the individual could also support them with their medicines and not have to wait for the senior support worker to administer them.

Is the service effective?

Our findings

We looked to see how new members of staff were supported in their role. Staff we spoke with told us new members of staff had a four day induction and then spent two weeks shadowing a more experienced member of staff before they were put on the duty rota. Staff were also mentored for six months to support them in fulfilling their role. A senior care staff member we spoke with said they felt this worked well in supporting new recruits. We looked in the personnel file of a member of staff who had been recruited recently and saw documented evidence of their induction. This demonstrated the registered provider had a system in place to support new and inexperienced members of staff.

The staff we spoke to all told us they received regular supervision every six to eight weeks. They also said they received an annual performance appraisal which identified their training needs and set future learning objectives. Staff told us the appraisal was reviewed throughout the year. The registered manager told us the senior support workers had the responsibility of supervising the support workers and they completed the supervision for the senior support staff. This demonstrated staff received regular management supervision to monitor their performance and development needs.

We asked six members of staff to describe the training and development activities they had completed. One support worker told us, "We get lots of training, particularly in first year, and then it tends to be updates. Most of the training is done through Hollybank". A senior carer said, "I really like it here. I have worked my way up to being a senior. I have done all the training available. I can now train people to administer medication".

Following the inspection we asked the registered manager to email us the training matrix for staff who worked at the service. We looked at training records for the staff team and saw not all staff had received up to date training in a number of topics. For example the training matrix recorded staff should receive training in moving and handling every year however, the matrix recorded that 11 staff had not received this training. 20 staff had not received training in fire prevention and 10 staff had not received training in food hygiene. During the period of time we were at the service we did not see any evidence of poor practice by staff when performing their duties. However, the training

matrix evidenced staff had not received receiving appropriate training. This meant there was a risk that staff may not have the knowledge and skills to perform their job roles. This demonstrated a breach of Regulation 23 (1)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. The registered manager demonstrated an understanding and knowledge of the requirements of the legislation and told us that capacity assessments were recorded in people's care files. We looked at two support plans and found they contained detailed information relating to capacity and best interest decision making.

A senior support worker described the process they had undertaken to reach the decision as to whether a person had a vaccination against influenza, "We did a capacity assessment with the manager, parents, seniors, and the doctor and if they (person) lacked capacity we made a best interest decision about the flu jab". We reviewed a MCA capacity assessment in one person's support plan regarding the decision to have this treatment. We saw the person had been supported through this process and information about how the best interest decision was reached was fully documented. Following this process demonstrates openness and transparency in providing services for people who lack capacity as prescribed in the Mental Capacity Act 2005.

We found the service to be meeting the requirements of the Deprivation of Liberty Safeguards. The registered manager told us they supported four people who had a DoLS in place and they had a further two applications awaiting assessment with the local authority. Staff we spoke with were able to verbalise a basic understanding of the principles underpinning the legislation. This meant people were only deprived of their liberty when this had been authorised by the Court of Protection, or by a Supervisory Body under the Deprivation of Liberty Safeguards.

The registered provider had suitable arrangements in place to ensure people received good nutrition and hydration. We looked at two people's support plans and found they

Is the service effective?

contained detailed information about the person's dietary needs and the level of support needed to ensure the person received a well-balanced, varied diet. These plans contained a photograph of the person, and photographs of the equipment required to support them. The support plans also contained a detailed written risk assessment, guidelines on assistance required, positioning, equipment and how to communicate with the person whilst supporting them to eat and drink.

We observed people eating lunch, and saw people enjoying their freshly prepared meals in a friendly and homely atmosphere. At tea time we saw three support workers supporting five people. The meal had been prepared by one of the carers from fresh ingredients and people were being supported using adapted crockery and cutlery maximising and encouraging each person to undertake as much of the task as they could. Staff communicated sensitively with people throughout the each meal time. This demonstrated people were supported to eat and drink by staff who enabled them to be as independent as their ability allowed.

We viewed two support plans and saw documentation which evidenced referrals were made to other health

professionals where appropriate. For example, GP, occupational therapist and dietician. This showed people using the service received additional support when required for meeting their care and treatment needs.

Each support plan also contained a Circle of Support document which provided information about all the people who were involved in the support of the individual and each person had VIP health passports and were supported to compile a health action plan.

The Poplars was purpose- built to accommodate people with both a physical and learning disability and consisted of two adjoining bungalows each having six wheelchair accessible bedrooms all with ensuite level access shower and toilet facilities. Each bungalow had a kitchen/dining area with a shared main lounge and a bathroom with accessible bath and tracking hoist. All internal areas were wheelchair accessible with tracking hoists in most areas. People had access directly to outdoor space via their bedrooms or from the communal areas. This meant the design and layout of the building was conducive to providing a homely but safe and practical environment for people who lived at the service.

Is the service caring?

Our findings

We saw staff were very caring, kind and spoke respectfully with people. One member of staff said, “I think we provide a very good quality of care here. Carers strive to meet the needs of the adults on a daily basis. We can tell the care is good by their (people who live at the home) reactions”.

Staff told us that ensuring compatibility between staff and people who lived at the home was important. A senior support worker we spoke with said, “We try to identify staff who work well with people”. Another member of staff told us they predominantly worked with one adult. They explained this ensured they knew the person very well and could ensure they met their individual needs.

There was a happy relaxed atmosphere at the home and staff were quiet and gentle in their interactions with people. For example, we saw one member of staff who was making a drink for the person they were supporting. When the person wanted their attention, the staff member went over to the person and spoke to them rather than speaking to them across the room.

Staff we spoke with knew details of people’s likes, for example music and activity. They also told us about people’s preferences in terms of sharing spaces and/or stress triggers. For example, we observed one person who spent time in the reception area. Staff told us this person preferred to be alone and wheeled their own chair into the foyer. Staff explained the person liked to watch people coming in and out of the building. When we looked at this person’s daily records we saw a number of entries which recorded this person had chosen to sit in the foyer.

We observed one person eating their breakfast. Their support worker told us they ensured other people were not in the kitchen when this person ate their meals as they found it hard to eat when other people were eating. We observed the support worker giving constant reassurance both through speech and touch. We also observed the support worker offering the person physical objects to

enable them to make their own choices. For example, boxes of breakfast cereal and different drinks. This demonstrated this person was supported to make simple lifestyle choices.

We asked staff how they encouraged people to make choices. One member of staff told us they would get items from the person’s wardrobe to show them, they said this enabled them to choose the clothes they wished to wear. They also told us about one person who could indicate their choice by the direction of their eyes and through touch. Another member of staff said they would offer people a choice of two outfits. They also said if the person showed no preference they would make a choice in the person’s best interests ‘for example if it is a cold day make sure you give a choice of appropriate clothing such as a cardigan’. This demonstrated that people were supported and cared for by staff who knew them well.

We saw staff knocked on doors before entering people’s bedroom and observed staff treating people with dignity and respect at all times. Staff were able to tell us how they promoted people’s privacy and independence. For example by closing doors and curtains and covering them with a towel when they were removing items of clothing. One member of staff said, “I know one adult likes walking, so today I have walked them from the bathroom to their bedroom”. This showed this member of staff had promoted this person’s independence.

We asked the registered manager how they gained the views and opinions of people who used the service. They told us about the residential advisory group which met every three months. They said this group was made up of the chief executive, the head of residential services, the Disability Equality Officer and a representative from each of the homes operated by the registered provider. They said the representative was a parent of someone who lived within Holly Bank Trust. We saw minutes from meetings held in May and September 2014, topics included changes to the Care Quality Commission inspection process and suitable accommodation for future holidays. This showed people were consulted in the way the service was provided and delivered.

Is the service responsive?

Our findings

Relatives we spoke with told they were always welcome at the home and had as much access as they wished. One relative said, “They bring (person) to me on a regular basis which is great”. Another relative said, “I visit a lot and I take (person) out. The staff are always very helpful”.

Staff told us about the activities which people who lived at the home participated in. One staff member said, “We do a lot of activities. We did a Christmas party in a working men’s club, we got a DJ and someone dressed up as Father Christmas. In summer time we have taken them (people) out to Ilkley and had tea out. We have mini buses but we also take the adults out on buses and trains”. Another member of staff told us in the summer people could go sailing and there was a hydro pool for people to use. Staff also told us about pampering, aromatherapy, musical bingo sessions which were held.

The registered manager told us about the activity programme which was offered to people by Holly Bank Trust. We looked at the time table and saw a number of different activities for people, including, messy art, crafts and wheelchair dancing. This showed the registered provider supported people to have fun as well as to perform activities of daily living.

Relatives said that they had input into peoples support plans at their annual review. One relative said, “I am always invited to the annual reviews and that is a good chance to change their care plan if we need to”. Another relative said, “[Person] has an annual review and the social worker attends, we discuss [person’s] care plan, but so far there haven’t been any issues”.

Both of the support plans we looked at were detailed and person centred. For example, one person’s night plan recorded ‘I need to be checked every hour... please do not

put the light on as it will wake me up’. Their communication care plan also detailed how the characteristics displayed by the person indicated if they were content or distressed. Having detailed records helps staff to know what is important to the people they care for and enable them to provide appropriate and individual care and support.

In both of the care and support records we looked at we saw information on how people could complain. We saw this was in a format which would be easier for people who used the service to understand. The registered manager told us they had not received any formal complaints since our previous inspection. However, they explained that in the event of a complaint being received it would be acknowledged, fully investigated and then they would respond to the complainant with their findings.

When we telephoned relatives of people who used the service, one person raised a minor concern with us. We discussed this with the registered manager. They said they would look into the matter and report back to us. The day after our inspection the registered manager emailed us to tell us what action they had taken and we were satisfied the matter had been addressed appropriately.

We asked a senior support worker how they supported people if they needed to go into hospital. They told us a person needed to be admitted to hospital the day before our inspection. They said a member of staff had gone with the person and had stayed with them. We asked what had happened when the staff member’s shift had finished. The senior support worker told us a member of night staff had then gone to the hospital and someone from the day shift had then gone up when the night shift person needed to go home. This demonstrated the registered manager had a system in place to ensure people continued to receive consistent and person centred care if they needed to use a different health care service.

Is the service well-led?

Our findings

One relative we spoke with said, “I have a good working relationship with the manager. She is always happy to receive comments and acts on them straight away”. This demonstrated a culture of openness and transparency.

The registered manager of the service had been in post nearly three years. All the staff we conversed with spoke very highly of the registered manager. One member of staff said, “I enjoy my job. I think she is a good manager. I can go and talk to her. I can go and ask her things”. Another staff member said, “She is a good manger, she is busy but always listens to you and supports you”. Staff said they felt confident to speak openly and that their comments would be listened to. The registered manager also told us they felt supported by their senior manager. They said, “If I knock on her door, she listens. The organisation listens and takes on board what you say to them”. This demonstrated there was an open and transparent culture at the service for all employees.

We asked one of the senior support workers what they felt the values of the organisation were. They responded, “To provide high quality care to the highest possible standards allowing independence. And to treat everyone as an individual”. They also added, “She (registered manager) has helped me a lot. She delegates and it makes me feel proud that she trusts me. She coordinates things very well.”

We asked the registered manager how they promoted good practice within the home. They told us they tried to ensure they acted as a role model for staff. They said if they observed anything they were unhappy about they were not afraid to challenge staff and discuss how they could do things better. This demonstrated the registered manager was confident to question practice and make suggestions for service improvement.

We saw the registered manager held regular staff meetings. We saw minutes from senior staff meetings held in August, October and December 2014. We also saw minutes from

general staff meetings held in September and November 2014. We saw a range of topics were covered which included; key worker responsibilities, staffing, mental capacity assessment and eating and drinking guidelines. Staff meetings are an important part of the provider’s responsibility in monitoring the service and coming to an informed view as to the standard of care and treatment for people living at the home.

We looked at the systems in place to assess and monitor the safety and quality of the service provision. We saw the registered provider had an online incident management system. We saw that any accidents, incidents, safeguarding matters and medication incidents were entered onto the computer programme. We looked at an entry that had made by a member of staff, we saw they had to provide details about the nature of the incident and the impact it had had upon the person. The head of residential services told us when staff added an incident onto the sytem the registered manager received an alert to ensure they were aware of the matter. They also told us the registered provider’s quality risk manager looked at all the entries that were made on the system and ensured that any action required had been completed. This demonstrated the registered provider had a system in place to monitor and review all accidents and incidents.

We asked the registered manager if they completed any regular adits of the service. They told us an audit of people’s medicines was completed twice a year. We looked at the audit dated October 2014 and saw it covered a variety of topics including, storage, administration and destruction of medicines. The registered manager told us their pharmacist had recently completed an audit but they had not received the report back. We asked if they audited people’s support records and they said this had not been done for a number of months. They explained they were currently recruiting a deputy manager for the service and one of their responsibilities would be to complete a number of regular audits to assess the services compliance with policies and regulatory requirements.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff</p> <p>The registered person did not have an effective system in place ensure staff received receiving appropriate training, professional development, supervision and appraisal.</p> <p>Regulation 23(1)(a)</p>