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Holly House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 01 May 2018. The provider was informed forty-eight hours' before the inspection of our intention to undertake the inspection. This was to ensure that the people we needed to speak with would be available.

Holly House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Holly House is a care home service which provides accommodation for up to four people with learning disabilities. At the time of our inspection, there were three people living in the service.

The service was arranged over three floors with all of the bedroom accommodation on the second and third floors. There was a bathroom available to people on the ground floor. There were three communal areas in the service, which were a kitchen, a dining room and a lounge. People also had free access to the garden.

The providers are a partnership, and one of the providers is the registered manager of the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

The last comprehensive inspection of this service was in January 2016, when the service was rated Good. At this comprehensive inspection, we found the service was not meeting legal requirements and was rated Requires Improvement.

The systems and processes used to monitor the quality and safety of service provision had not been fully effective.

People were not always treated with kindness and compassion. We observed a senior member of staff talking about someone in a negative way, and other people we spoke with also expressed concern about some interactions between the same staff member and people.

People told us that they felt safe at Holly House, however we identified that the provider, registered manager and care staff were not up to date with essential training, such as first aid, fire safety, medicines administration and infection control.

Medications were managed safely and there were arrangements in place for the safe recording, storage and administration of people's medications.

Risks to people and the environment were assessed and reviewed regularly.

The service supported people to meet their needs and make their own decisions. Legislation relating to the protection of people's rights had been followed appropriately.

Staff had developed close relationships with the people they supported and people received care and support which reflected their preferences, capabilities and needs. People's care plans were person-centred and recorded in a format which was accessible to them. Care plans contained risk assessments specific to each person and described actions taken to reduce the level of harm.

People had enough to eat and drink, and were able to get snacks when they wanted to.

The provider and registered manager supported people with regular work placements and other activities in the community. The service environment was suitable to meet people's needs.

Staff worked in partnership with health and social care professionals to promote people's health and wellbeing, and knew how to seek further advice. People were supported to have access to health services when necessary.

People were happy with the care and support they received and could not suggest any ways for the service to be improved.

During the inspection, we identified a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have taken at the back of the full version of the report.

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.

People living at the service felt safe and staff were aware of their responsibilities to safeguard people from harm.

Risks to people's health and well-being were managed effectively.

Safe systems were in place in relation to medications.

Staffing levels were sufficient to meet people's needs.

Is the service effective?

Requires Improvement ●

The service was not always effective.

The provider, registered manager and staff had not received up to date training. There was no system in place to ensure that due dates for training were managed effectively.

Legislation designed to protect people's rights was followed appropriately and was in line with The Mental Capacity Act 2005.

People had enough to eat and drink.

People were involved in decisions about how the service was decorated, and the environment was suitable to meet people's needs.

People were supported to have access to health professionals and other specialists if they needed them.

Is the service caring?

Requires Improvement ●

The service was not always caring.

People were not always treated with kindness and compassion.

People were supported to maintain relationships with people that were important to them.

People's care plans contained information about their preferences and what they enjoyed doing.

People were encouraged to be as independent as possible, and their privacy was respected.

Is the service responsive?

Good ●

The service was responsive.

People were happy with the care and support they received.

People's care plans were personalised and were written in an accessible format.

The service had a clear policy in place for dealing with concerns and complaints.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

The provider's quality assurance systems had failed to ensure that a process was in place to identify staff training needs and meet these.

The vision and values of the service were clear and understood by staff.

Appropriate checks had been completed to ensure the safety and maintenance of the building and equipment.

There was an informal and open culture within the service, and staff told us they felt able to raise concerns.

Holly House

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 was a comprehensive inspection. We gave the provider forty-eight hours' notice of our intention to undertake the inspection, to ensure that the people we needed to speak with would be available.

The inspection was conducted on 1 May 2018 by two inspectors.

Before the inspection, we reviewed information we held about the home, including previous inspection reports. 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 any improvements they plan to make.

We spoke with the three people living at the service. We also spoke with the provider, registered manager and one staff member.

We looked at care plans and associated records for all three people, and records relating to the management of the service and observed care and support being delivered in communal areas. Following the inspection, we also spoke with one family member and one health professional who has regular contact with the service.

The service was last inspected in January 2016, when it was rated as Good.

Is the service safe?

Our findings

People told us they felt safe at Holly House. We saw that the people living at the service were at ease in the company of, and communicating with, the provider and registered manager that supported them when required. One person said, "Yes I feel safe, it's safe here." The other two people living at Holly House replied "Yes" when we asked if they felt safe.

The provider, registered manager and staff members had an understanding of how to recognise and respond to a safeguarding concern. They told us about action they had taken when they had safeguarding concerns about one person. The action taken was appropriate and involved contact with relevant external social care professionals. The registered manager was aware of how to contact the local authority safeguarding team and when this would be necessary.

We looked at risk assessments in people's care files, which were individual and relevant to the associated risk being managed. There were examples that the provider had taken steps to ensure positive risk taking was effective to promote independence and use of skills in a person's daily routine, such as making hot drinks, and using equipment and utensils in the kitchen. People's risk assessments were monitored and reviewed regularly. Since the previous inspection, no accidents or incidents had taken place, however we discussed this with the provider who told us should they occur, they would review them to identify any action required to prevent a reoccurrence.

Systems were in place to ensure people were safe in an emergency. People told us what they would do if the fire alarms sounded and where they needed to meet outside of the service. The provider confirmed people had taken appropriate action to evacuate the building when the alarms had sounded in an unplanned fire drill shortly before the inspection. People's care plans contained Personal Evacuation and Escape Plans (PEEPs), which detailed how each person needed to be supported to evacuate the building in the event of an emergency. We saw records to show that fire equipment was regularly checked to ensure it was worked effectively.

The service was well maintained and equipment was safe to use. The service had an up-to-date gas safety certificate and we saw records of Portable Appliance Testing (PAT), to show electrical appliances were serviced routinely.

Medicines were managed safely. People told us they received their medicines from staff and that they could request 'as required' medications (PRN), such as paracetamol for a headache if needed. Each person who needed PRN medicines had clear information in place to support staff to understand when these should be given. All medicines were stored securely and administered by staff members who had received appropriate training. Medication Administration Records (MAR) were completed correctly. The MAR chart provides a record of which medications are prescribed to a person and when they were given. There was an appropriate process for the ordering of repeat prescriptions, obtaining newly prescribed medicines, and disposal of unwanted medicines. Systems were in place to ensure that where medications required specific monitoring of effectiveness by health professionals, this was occurring.

Since the previous inspection in January 2016, no new staff had been employed by the service. People told us that staff were around when they needed them. There was a duty roster in place, which was flexible to meet people's specific needs. For example, the provider explained that if a person needed support to attend a medical appointment, arrangements would be made to ensure that this was possible, and sufficient staff remained at the service. A staff member confirmed this and said "People always get support if needed, if I can't go, someone else will."

People told us they were supported to keep their own bedrooms clean and tidy and do their own laundry. One person told us they had not cleaned their bedroom the day before the inspection, and one of the staff said they could do this the next day when they were home. Another person told us they cleaned their own bedroom. All areas of the service used by people were seen to be clean. The provider was aware of what action they should take should there be an infectious risk in the service and had relevant equipment available such as disposable gloves and aprons.

Is the service effective?

Our findings

The provider, registered manager and staff were not up to date with relevant training. They told us about previous training they had completed, but were not clear about recent training they had received. Staff training certificates showed that staff had not completed any training in the past year. This included essential training to ensure the safety of people such as fire awareness, food hygiene, medicines administration and infection control. The provider explained that due to the small team of staff at Holly House, it was difficult to find a suitable training provider and they planned to look into online training through 'e-learning'. The provider had not completed an assessment of the training needs of staff or the service.

Formal supervision and appraisals had not previously taken place for all staff. The provider explained that they had started to complete mid-year supervisions and make a formal record of these; we saw documents to evidence that this had taken place for two staff members. However the provider is required to ensure that all staff receive regular reviews and assessments of their training needs, competency and supervision. The provider had failed to ensure this for all staff and was not meeting the required standards.

The failure to plan and ensure staff receive appropriate training necessary to carry out their role is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

All three people using the service had been living at Holly House for a number of years, and had consequently developed close relationships with the provider, registered manager and other staff members. One staff member said, "We try and do our best for them [people using the service]. Some of them can keep things under their hat, so it's down to us to find out what's going on and say to them, 'If there are any problems, we can take care of it.'"

One person we spoke with said they were 'happy' with the way their support needs were met, and they were independent in the majority of their day to day care needs. Due to the nature of the service, there was a small staff team who regularly communicated with each other to ensure people's needs were met. People's care plan's contained relevant up to date information about the person's needs and how these should be met.

People's ability to make decisions was assessed in line with the Mental Capacity Act. 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. All people were able to make day to day decisions themselves, such as what they did and how they spent their time.

The provider and registered manager were aware of how to support people to make their own decisions in line with the MCA, and also how to seek further information and advice if needed. For example, the provider

described how they had sought advice from an independent mental capacity advocate (IMCA) when they had felt one person seemed pressured by a social club to attend a holiday.

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 are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Everyone living at Holly House was free to come and go on their own if they wished to, therefore there had been no necessity to apply for DoLS.

People spoke positively about the meals provided and told us they could help themselves to drinks and snacks throughout the day, or ask a member of staff. Care plans contained detailed information about what food and drink people liked and disliked for each mealtime, including their 'favourites'. One person living at the service was a vegetarian, and the registered manager told us they had developed a number of different meal ideas for the person, to ensure they had an appropriate diet. We saw the list of meals in the person's care plan. Meal times were a social event within the service, and were appropriately spaced and flexible to meet people's needs and other daily commitments.

People's care plans contained information about people's past medical history and current health needs, including how these should be monitored or met. For example, one person's care plan contained information about their health needs relating to Deep Vein Thrombosis (DVT). The records showed that these were being met. We discussed this further with the provider and registered manager, who showed a clear understanding of these health needs and the management and risks of them in relation to blood thinning. The registered manager had also shared this information appropriately with the person's work and social clubs that they attended. This would mean that others would have the necessary information to act appropriately should there be a medical emergency, such as the person cutting or hurting themselves.

Systems were in place to ensure that if people had to move to an alternative care venue such as hospital, important information was passed on. People told us they were supported to attend dentists, opticians and doctors when required. One person we spoke with described the additional support they had required when they had been physically unwell. The provider told us a member of staff would always accompany a person to a hospital or other appointment. We spoke with a health professional who said, "[The provider and registered manager] are always quick to phone for advice about any problems."

The service was clean and decorated according to the tastes of the people who lived there. One person told us they had chosen the colour for their bedroom and had been able to personalise this to their choice. The provider explained how people had also been involved in discussions when new flooring in the kitchen was planned and completed. Although people's suggestions were not always adopted, this showed that they were considered in decisions around the decoration of the service, and we saw that the design and layout of the environment met people's needs.

Is the service caring?

Our findings

People were not always treated with kindness and compassion. During the inspection, we heard a senior member of staff talking about a person using the service in a negative way that the person was able to hear. We spoke with other people in connection with the inspection, who also expressed the view that the same senior member of staff was not always as understanding of people and their needs.

However, when we spoke with all three of the people living at the service, they responded positively stating they felt staff at Holly House were kind and caring.

We observed some positive interactions between people and the provider and registered manager. For example, people were asked how their day had been when they returned to the service. This showed an interest in the person and their life. The provider and registered manager were aware of people's friends and family and knew what mattered to each person, including upcoming events they had planned. For example, one person had a holiday booked in the upcoming months, which the provider and registered manager had helped to arrange for the person.

People had control over the activities and events that were happening in their lives. We spoke with people about the work and volunteering roles that they undertook. We also spoke with them about their social lives and hobbies they enjoyed doing. This gave them a sense of responsibility and value in their lives, which promoted their wellbeing. The providers and staff understood people's life histories, their likes and dislikes, and who and what was important to them. This information was included within care plans. People were aware of their care plans and had been involved in developing these. The provider and registered manager described how people's care plans were read to those who were unable to read them, and we saw that all care plans and risk assessments had been signed by the person.

People were encouraged to be as independent as possible and where they did require help or support, this was always available to them. For example, a family member told us that when they were unable to support their relative at an appointment, one of the providers or a staff member will always accompany them.

People's bedrooms were individualised, and were furnished and decorated in the way that each person had chosen, such as the colour of the walls. There were photographs, ornaments and other personal possessions in the bedrooms, which reflected people's interests.

People confirmed their privacy was respected when they used the bathroom and were in their own bedrooms. They had the ability to lock these doors which the provider confirmed.

Confidential information, such as care records, was kept securely so they could only be accessed by those authorised to view them.

Is the service responsive?

Our findings

We spoke with all three people living at Holly House, who all told us they were happy with the care and support they received. They did not identify anything they would change about the service, or the way they were supported.

People's care plans were detailed and person centred to each person living at the service. The provider and registered manager told us that people were involved in writing their care plans and also with their annual reviews, which we confirmed with a person. People had also signed their care plans to confirm that they were happy with what had been written. Care plans were in a format suitable for the person. One person had limited ability to read; therefore their care plan had been produced in a format that was accessible to them. This included the use of symbols and colourful pictures to describe certain routines and aspects of their life. Care plans contained detailed information regarding weekly activities that people attended, which included work placements and social clubs. People were supported to attend holidays with providers and also with social clubs.

The provider and registered manager were responsive to people's communication styles and gave people information and choices in ways that they could clearly understand. Staff used plain English and repeated messages as necessary to help people understand what was being said.

Each person living at the service had a daily record book which contained up to date information and showed they were being cared for and supported to meet their needs in accordance with their care plans. The providers and staff were aware of each person's preferences and routines. One staff member said, "Everything is done on an individual basis, we have a personal knowledge and we know everyone well."

The service had not had any complaints since the previous inspection; however the provider was able to explain what action they would take if a complaint was made. The service had a clear complaint policy in place. People told us that they could raise issues with the provider or other staff members if they needed to, and felt that they would be listened to.

All three people living at Holly House were younger adults. There was therefore no formal process in place to assess and record people's preferences around their end of life care. However, we spoke with the provider and registered manager about this, who told us that should this need arise, they would support people as far as possible to identify and meet their wishes and receive support as appropriate from external health professionals.

Is the service well-led?

Our findings

Systems and processes were in place to manage the safety and maintenance of the building and equipment within the service and we saw documents to reflect that necessary checks had been completed. However there was a lack of systems and processes to ensure that the quality of all service provision was maintained. As stated within the effective section of this report, the provider had failed to ensure that they, the registered manager or the other staff members, had completed regular training updates and that staff received adequate development, supervision and appraisals.

All three people using the service told us they were happy with the care and support they received from the provider, and they could not suggest any ways that the service could be improved. People appeared relaxed with the provider and registered manager and said they could express their opinions to them. A health care professional told us "I am always welcomed, offered a cup of tea, and given a private room to talk to service users." Other people we spoke to in connection with the inspection told us they found the provider and registered manager approachable to talk to. A health care professional said, "I have always got on well with them. All queries are dealt with promptly and professionally."

The provider described the values and vision of the service as 'promoting independence' and 'enabling people to live the life they want.' We saw that these values were evident throughout the inspection. The registered manager explained that Holly House was very much people's home, and that any new admissions would first be invited to meet the people already living there. If the existing people were not happy or felt uncomfortable, then a new person would not be admitted.

Care staff were aware of the vision and values of the service and spoke positively about the management of the service and support they received. We saw minutes of monthly staff meetings that had taken place, which included discussions about upcoming events and people's individual needs.

People were supported to make a positive contribution to the local community, and the providers worked in partnership with statutory services and others involved in the care of people for the benefit of people. The provider, registered manager and staff team supported two people living at Holly House to carry out employment in two local supermarkets. The registered manager described how the service worked closely with the Local Authority team dedicated to employment and training for people with a disability, and they knew who to contact for advice or support. Visitors were welcomed to the service, and action had been taken by the provider to improve communication with other agencies and people's friends and family. For example, people had their own communication's book, where family members or other professionals could leave messages and comments for the provider or other staff members to be aware of and stay in contact.

The provider was aware of their responsibilities to notify CQC of significant events, such as safety incidents, and complied with the requirements of their registration. The service's previous inspection rating was displayed prominently in the entrance hall.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had not ensured that staff received training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform. Regulation 18 (2) (a).