

AmBience Healthcare Ltd

Holly Nook

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Holly Nook is a residential care home registered to provide care for up to six people who have a learning disability. Five people were living at the service on the day of our inspection.

The home had a registered manager. 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 provider continued to have systems in place to safeguard people from harm and abuse and made sure that safeguarding alerts were raised with other agencies, such as the local authority safeguarding team, in a timely manner. Staff knew how to report any concerns related to abuse.

Staff had systems and documents in place to identify risks when meeting people's needs. The risk assessments showed ways that these risks could be reduced.

There continued to be sufficient numbers of qualified, skilled and experienced staff to meet people's needs. The provider operated safe recruitment procedures.

Medicines were stored and administered safely. Clear and accurate medicines records were maintained.

Staff knew each person well and had a good knowledge of the needs of people. Training records showed that staff had completed training in a range of areas that reflected their job role and enabled them to deliver care and support as appropriate.

Staff received training in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) to make sure they knew how to protect people's rights.

People's relatives were extremely complimentary about the caring attitude of the staff. It was clear from our observations and discussions that staff knew people well and tailored the provision of care and support to meet individual needs. The language and approach used by staff was genuine and caring.

People were supported to maintain a varied and healthy diet in accordance with their preferences and healthcare needs.

People knew how to make a complaint if they were unhappy. There was a complaints guide for people on the notice board. This enabled people to know how to complain in a format they could understand.

People spoke positively about the way the home was run. The provider had a clear set of values and we observed that both the registered manager and staff followed these. The registered manager and staff

understood their respective roles and responsibilities.

The provider continued to have systems to monitor and review the quality of service they provided. Prompt action was taken to improve the home and put right any shortfalls identified.

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 remains Good

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good.

Holly Nook

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 checked 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 30 March 2017 and was unannounced. The inspection was carried out by one adult social care inspector. We looked at information we held about the service and reviewed notifications received by the Care Quality Commission (CQC). A notification is information about important events which the service is required to send us by law. The registered provider completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what it does well and improvements they plan to make. The registered provider returned the PIR and we took this into account when we made judgements in this report.

We spoke with two people who were able to express their views of the service. Some people were not able to communicate with us due to their complex care and support needs. Therefore we spent time observing the care provided by staff to help us understand the experiences of people unable to tell us their views directly.

We looked at records in relation to four people's care. We spoke with the registered manager, two care staff and two relatives. We looked at records relating to the management of risk, medicine administration, staff recruitment and training and systems for monitoring the quality of the service.

Is the service safe?

Our findings

People told us they felt safe living at Holly Nook. One person told us, "All the staff are great, they always help me and I feel safe." People were potentially vulnerable to abuse due to their learning disabilities. The service protected people from the risk of abuse through appropriate policies, procedures and staff training. Staff knew about the different forms of abuse, how to recognise the signs of abuse and how to report any concerns. One staff member said, "I would not hesitate to report any suspected abuse." Staff demonstrated an awareness of safeguarding procedures and who to inform if they had witnessed or had an allegation of harm reported to them.

People were aware of the risks involved in their daily living. For example, one person's care plan described how they went swimming regularly. The care plan described the walk to the swimming complex and the risks involved with road safety, the persons understanding of it and their ability to recognise the dangers and risks. People's support plans were comprehensive and contained risk assessments with measures to ensure people received safe care and support. These included risks and management of people's finances, epilepsy and accessing the community. There were clear plans in place for supporting people when they became anxious or distressed. The circumstances that may trigger anxiety were identified with ways of avoiding or reducing the likelihood of these incidents. Staff received training in positive interventions to de-escalate situations and keep people and themselves safe.

The registered manager had a system of reviewing staffing levels, which was developed by the registered manager and focused on the needs of people. There were enough staff employed at the service to make sure people were safe. The provider operated safe recruitment procedures. Staff files included completed application forms, work histories and references. Each file contained evidence of satisfactory pre-employment checks such as a disclosure and barring service (DBS) check and the right to work in the UK documentation.

Systems were in place to manage and administer people's medicines safely. Staff told us and records confirmed that they had received training so that they could safely administer and manage people's prescribed medicines. Following their training we saw that staff's competence to administer medicines had been assessed. Medicine Administration Records showed that medicines had been administered as prescribed. We noted that two staff always checked when medicines were received into the service to verify the amounts being held for people and avoid any potential errors.

Is the service effective?

Our findings

Relatives expressed their confidence in the staff and felt that they knew the needs of their family members well. One relative told us, "The staff are all fantastic they know [relative's] needs completely." Staff confirmed the training and support they received had given them the skills, knowledge and confidence they needed to carry out their duties and responsibilities effectively. This had included training to meet people's specific needs, such as first aid, manual handling, safeguarding and MCA/DoLS.

The registered manager and staff we spoke with told us that new members of staff shadowed an experienced member of staff, which had helped them to get to know the needs of the people they supported and cared for. Staff spoken with told us they felt supported by the management team and received regular supervision where they had the opportunity to discuss the support they needed and to discuss their training and development needs.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff confirmed they had received training in the Mental Capacity Act 2005 (MCA). Staff we spoke with showed an understanding of promoting people's rights and independence. We saw that, where necessary, applications for DoLS authorisations had been made to the supervisory body (local authority). Staff demonstrated they understood MCA and DoLS and how these applied to the people they supported. Staff encouraged people to make decisions independently based on their ability. This was evidenced by the care and support plans which were signed and reviewed by people together with staff.

People's dietary and food preferences were recorded in care plans. A seven day meal plan was displayed in the kitchen. It described the meal and showed a photograph of the meal with a reminder for the staff on the expected level of presentation. Meals were varied, included healthy options such as vegetables and a choices of main courses. One person's care plan requested that staff, "Encourage fresh fruit instead of crisps as a snack." Staff told us, "We discuss meal options, choices and preferences. We shop for ingredients and prepare the meals together." People had access to the kitchen and were supported to make their own snacks and meals. One person said, "The food is always lovely. I like it a lot." A relative told us, "The food is fantastic." We saw that drinks were readily available, both with meals and at other times during the day.

People had access to a range of healthcare services. One person said, "I can see my doctor if I feel poorly. The staff would help me." We saw that there were records in people's care plans detailing appointments that they had attended with a variety of healthcare professionals such as dentists, chiropodists and opticians.

Is the service caring?

Our findings

People's relatives were extremely complimentary about the caring attitude of the staff. Comments included; "They [staff] are simply brilliant." "I'd like to go there myself", "It's a wonderful place", "I'm absolutely over the moon with the service. [Name] couldn't be in a better place and "[Family member] couldn't be happier." Comments included in a family survey from August 2016 were also very positive. One family member recorded that, 'Staff are very attentive at all times.'

It was clear from our observations and discussions that staff knew people well and tailored the provision of care and support to meet individual needs. We saw that staff took time to discuss matters with people and confirm their understanding. The language and approach used by staff was exceptionally gentle and caring. The people living at Holly Nook were clearly relaxed and responded very positively to the communication and engagement of the staff team. For example, we observed staff communicating with one person who did not use speech. They used a combination of words and gestures to confirm when the person was ready to eat their lunch and monitored facial expressions and other physical signs to ensure that the food was being eaten safely. They spoke with the person and offered re-assurance and encouragement throughout the process. We spoke with staff regarding this and looked at the relevant care records. Staff were able to explain about the swallowing difficulties that the person had and how they supported the person to eat. This was done in accordance with the care plan.

The service had a strong, visible, person-centred culture. Relatives and those important to people who lived at Holly Nook valued the relationships they and their loved ones had with the staff team. They told us there were no restrictions on visiting and told us they always felt welcome. All spoke highly of how caring the staff and registered manager were. Comments from family members included, "The care is fantastic. The approach by all staff is always consistent and I know that's both effective and welcomed," "The staff are really caring and they positively push people's independence," "It's simply the best place we have seen" and "I sleep soundly at night in the knowledge that [relative] is safe and cared for."

One person who lived at Holly Nook told us how they had formed part of the interview panel for prospective staff. The person developed a set of questions for staff based on the views of people living at the service which allowed more people to be involved in the procedures for selecting staff. The registered manager told us this had brought a new insight into the recruitment process. The registered manager also told us that people were asked for feedback about staff as part of the staff supervision process.

The registered manager strove to inspire and develop the staff team, motivating them to deliver the best care possible. One staff member told us, "The expectations of delivering person-centred care was made at initial induction, and has been a constant during team meetings and individual supervision."

It was clear from our observations and discussions that staff knew people well and the care they provided was targeted for people's individual needs. The interactions between people and staff were gentle and caring. The people living at Holly Nook were comfortable, relaxed and responded positively to all of the staff

team. For example, we observed staff communicating with one person who wished to complete a laundry task. They spoke with the person, asked questions, offered re-assurance and encouragement throughout the process without being patronising.

Staff were able to spend time getting to know people, their likes, dislikes and personal histories. One staff member told us, "Whilst we know everyone here and their wants and needs each person has a nominated keyworker. This allows for a real relationship to develop." Staff spent time with people, both during care tasks and at other times. Care was not rushed, staff took the time people needed, such as when overseeing someone preparing their breakfast. Staff spent as much time as possible with people. When they wrote notes, staff sat alongside people rather than going into an office or to a separate area. Staff also respected when people wanted to spend time alone.

People's dignity was upheld. When people needed assistance with personal care, such as to use the toilet, staff offered this with sensitivity and discretion. Personal care took place in private, behind closed doors. People had their own bedrooms to entertain visitors if they chose and personal care was given in locked bathrooms. A member of staff told us, "Knocking on doors, keeping staff numbers to a minimum when providing personal care are basic considerations but we are also mindful of where and when we discuss things."

Is the service responsive?

Our findings

Each person had their needs assessed before they moved into the home. This was to make sure the home was appropriate to meet the person's needs and expectations. From the initial assessments care plans were devised to ensure staff had information about how people wanted their care needs to be met. The registered manager told us, "It goes beyond meeting people's needs, this is people's home and as such compatibility is a great consideration."

People's care plans showed they had been involved as much as possible in the planning and reviewing of their care. People's care records contained personalised information about them, such as their day and evening care and support routines, hobbies, interests, food preferences and life history. This detailed information helped inform staff when supporting and assisting people with their personal care and their preferred activities. One person who lived at Holly Nook had devised their own 'care plan'. They told us, "I want people to know all the things I like so I made this document to show people all my interests and hobbies, such as bush craft." Another person had a love of aeroplanes. They had been assisted to plan a holiday in the UK ensuring that they would be flying to their destination.

The registered manager told us they knew the people who lived at Holly Nook very well and knew their needs and wants. Care and support was planned and delivered in accordance with people's personalised care needs. The registered manager demonstrated a person-centred strategy, which was intended to ensure that people who used the service received care and support that met their individual needs and enabled them to live their life in a non-restrictive way.

We saw that people's care was reviewed to ensure that their support needs were kept up to date. These meetings reviewed any changes in the person's care and support that were needed. Feedback from care professionals was also included. It was noted that there had been regular discussions regarding how the care of some people could be best met.

People told us that they felt able to feedback their views on the service and were encouraged to do so. One person said, "We have regular meetings with staff and the manager. We talk about my care plan and anything else we want to talk about."

People living at the home told us that they would speak to the registered manager or a member of staff if they had any complaints or concerns. An easy to read leaflet in the foyer provided information to people on how to raise concern or complaint. A policy was in place to guide staff on how to deal with any complaints received. No complaints had been recorded within the past twelve months and the registered manager confirmed that no formal complaints had been received about the home.

Is the service well-led?

Our findings

A registered manager was in post. 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.

Relatives and staff spoke positively about the quality of communication and the general management of the service. One relative said, "I cannot speak highly enough about [registered manager]. They understood all our initial concerns and fears when [person] moved in. The communication was excellent, we get told about everything." Another commented, "I get regular calls and updates." A member of staff told us, "The registered manager provides good support." Another member of staff said, "Leadership and communication are excellent. The manager leads from the front and certainly isn't afraid to get stuck in."

A person-centred, open and transparent ethos was understood throughout the staff team and was consistently put into practice. A member of staff who had experienced work in other care settings told us, "This is an exceptional place to work."

The provider asked people, relatives and healthcare professionals to complete written surveys about their experiences, which we saw. They were positive and people had rated the service highly in all areas. Some of the comments in the surveys included, "My lunch was lovely", "The service has had a huge impact on [person's] life", "Always going the extra mile."

There were quality assurance systems in place to monitor care and plan on going improvements. There were audits and checks to monitor safety and quality of care. We looked at the findings of recent audits and these had been very positive. Where areas for improvement had been identified an action plan had been developed and action had been taken or was in the process of being taken, within agreed timescales.

The registered manager and the provider promoted a positive, transparent and inclusive culture within the service. They actively sought the feedback of people using the service, staff and external social and health professionals.