

Mrs Dorothy Woodcock

The Hollins Residential Care Home

Inspection report

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

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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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

The Hollins Residential Care Home was providing personal care to one person at the time of the inspection. The service can support up to two people who have a learning disability.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

We have made a recommendation about the recording of medicines and monitoring of the person's care.

The person who used the service was supported by enough safely recruited staff, who had the skills and knowledge to provide effective support. The person received their medicines as required, their risks were lowered, and infection control practices were followed. The provider and staff understood how to safeguard the person from the risk of abuse.

The person was supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Healthcare professionals were accessed when needed and advice received was followed by staff. The provider and staff ensured that the person was supported to eat and drink sufficient amounts.

The provider and staff supported the person in a caring way and promoted choices in a way that they understood, this meant the person had control and choice over their lives. Staff provided dignified care, promoted independence and respected the person's privacy.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

The provider involved the person in their care and supported them in line with their wishes and diverse

needs. Complaints were listened to and the provider understood the person's advance wishes for their future care needs.

The provider and staff were committed to providing a good standard of care, which was focused on person centred care.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 11 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

Details are in our well led findings below.

The Hollins Residential Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

The Hollins Residential Care Home 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.

The provider is registered with us as a single provider and there is not a condition in place that requires a registered manager. The service is managed by the provider.

Notice of inspection

We gave short notice of the inspection. This was because the service is small and supported one person. The person and provider are often out, and we needed to be sure they would be available.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they

plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

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

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Using medicines safely

- The provider administered and managed medicines for the person who used the service. The person said, "I have my tablets in the morning and before I go to bed. If I am in pain I tell [provider's name] and they give me a tablet to help me feel better."
- The person's medicines were stored in a locked cabinet and there were directions for the provider to follow on the prescribed medicine packaging. This ensured the person received their medicines as prescribed.
- The provider did not record the medicines administered, because the service was small and they were the only staff member who administered the person's medicines. They said, "I am the only person who administers [person's name] medicines so I know they always have them because we have a routine. They have never missed a tablet. I started to record when I gave the medicines, but it was very repetitive."

We recommend the provider follows current guidance for the safe recording of medicines in a care environment.

Systems and processes to safeguard people from the risk of abuse

- The person who used the service told us they felt safe. They said, "I feel safe here because there is always someone with me. [Provider's name] looks after me well."
- The provider and staff had a good understanding of how to protect the person from the risk of abuse both within the home and in the community. They explained their responsibilities to report safeguarding concerns to the local safeguarding authority when required.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The person who used the service understood the risks to their health and safety. They said, "I have a shaky hand sometimes, so I don't use the kettle because I might burn myself when I am pouring hot water. I have to be careful on the stairs too in case I fall so I make sure I hold the rail now."
- The provider and staff knew the person well and explained how they ensured their risks were lowered to keep them safe.
- Support plans were in place, which identified the person's risks and how staff needed to support them to remain safe.

Staffing and recruitment

- The person who used the service told us the provider or staff member was always available when they needed assistance. They said, "I can do quite a lot by myself and [provider's name] is always about when I need them."
- The person received one to one support from the provider. One additional staff member was employed to

provide support when needed. This ensured the person received consistent care from staff that knew them well.

- The provider followed safe recruitment practices to ensure the person was supported by suitable staff.

Preventing and controlling infection

- The service was clean and free from odours. The person who used the service told us they helped to keep the home clean. They said, "I wash the dishes, make my own bed and I like hoovering too. It is nice to keep my home clean."
- The provider and staff understood the importance of preventing infection and cross contamination within the service.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The person was supported by the provider and a staff member who knew them well. They had a good understanding of the person's diverse needs and explained how they supported them in all aspects of their life.
- Care plans had been developed with the person and contained details of their needs and preferences, which included the person's religious needs. The person told us the provider supported them to attend church each week.

Staff support: induction, training, skills and experience

- The staff member told us they had the opportunity to discuss their role and any areas of development with the provider. They said, "I am keen to learn, and I have discussed this with [provider's name]. I have completed the care certificate which I really enjoyed, and I am looking at further training."
- There were still some areas of training needed to ensure staff had up to date knowledge to support people effectively, such as food hygiene. Staff told us how they ensured themselves and the person followed safe food handling practices. However, they agreed it would be beneficial to undertake this training to develop their knowledge further.

Supporting people to eat and drink enough to maintain a balanced diet

- The person who used the service told us they enjoyed the food and they were involved in the preparation and cooking of their meals. They said, "I help to make the meals. I like cooking my own scrambled eggs."
- The provider and staff ensured the person's nutritional needs were monitored and managed to ensure they received enough food and drink to maintain their health and wellbeing.
- Advice received from health professionals had been followed to ensure the person was supported to eat a healthy diet. The person told us they had lost weight, which they were happy about.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- The person told us they were supported to access healthcare professionals. They said, "I have been to the podiatrist today, this is so my feet don't hurt. I have had new glasses from the opticians too. I have broken a few pairs of glasses but [provider's name] takes me to get a new pair."
- The records showed the provider and staff gained advice from health professionals, which ensured the person's health and wellbeing was maintained.
- The provider did not have a formal handover system as the service was small and there was only one staff member. The staff member told us they gained information about the person from the provider before their

shift and this helped them to keep up to date with any changes in the person's needs.

Adapting service, design, decoration to meet people's needs

- The service was also the provider's home. There was a homely atmosphere and the person was free to access all areas of their home. The person showed the inspector around their home and explained what all the various rooms were. The person told us they had chosen how their room was decorated and they had chosen the bedding they liked.
- The person did not need any specific adaptations at the time of the inspection. However, they showed us a bath mat they used and explained how this made sure they were safe when getting in and out of the bath independently.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

- The person who used the service was able to make decisions about their care. They said, "I want to live here because I like it and I choose to do the things I like."
- The provider told us the person did not access the community alone because of the risk to them using the busy road directly outside of the service. The person said, "I don't want to go out on my own because the roads are scary, and I might get hurt."
- There were no DoLS in place because the person understood their risks and they were not being restricted by the provider or staff. However, through discussions with the provider and staff we saw they understood when they may need to assess a person's capacity to make decisions.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- The person who used the service told us they felt cared for. They said, "I like [provider's name] they make me feel better when I don't feel well. They put their arm around me and I feel better. I feel loved."
- We observed caring interactions between the person, provider and staff member. The person was able to approach the provider for reassurance and the provider gave the person their time when they needed it.
- The atmosphere service was homely, and the person told us they felt at home. They said, "I love my home, everything is great here."
- The person told us they had friends in the local community and the provider encouraged these relationships.

Supporting people to express their views and be involved in making decisions about their care

- The provider and staff encouraged the person to make choices about their care. The person said, "I go to bed when I want to and [provider's name] asks me what I want to do."
- The provider and staff told us the support was led by the person. They said, "[Person's name] is able to make their own decisions and we listen to what they want. Their needs and choices in how they live their life are really important."

Respecting and promoting people's privacy, dignity and independence

- The person who used the service was treated with dignity and their right to privacy was respected. They said, "I am treated really well. I can go to my room when I want to because sometimes I like some time on my own."
- The provider encouraged the person's independence. For example, the provider encouraged the person to complete daily living skills, such as cooking and cleaning. The person told us they enjoyed completing these activities and were supported when they needed help.
- Records were stored securely to ensure that the person's confidential information was protected.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The provider ensured the person was involved in the planning and reviewing of their support. This ensured the person was supported in line with their changing needs and wishes.

- The provider and staff member knew the person well and supported them in line with their preferences.

The records detailed the person's preferences and diverse needs to ensure all the person's needs were met.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider and staff member knew how to communicate with the person in a way that met their needs.

The person had good communication skills and the provider told us if they had difficulty understanding a question they would rephrase it or use short simple questions to aid their understanding.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The person told us they were involved in activities which they enjoyed. They said, "I go out with [provider's name] we do things that I like together, we have a nice time. We go shopping and I enjoy going to the community centre where I have friends. I like it when we go on holiday to Llandudno too."

- The person attended the local church and they told us how they enjoyed singing. They said, "I like going to church I always have and [provider's name] goes with me; we sing together." This showed that this person's religious needs were met.

Improving care quality in response to complaints or concerns

- The person told us they felt able to raise anything with the provider. They said, "I can tell [provider's name] anything and they always help me and make things better."

- At the time of the inspection there had been no complaints received at the service. However, there was a system in place to ensure complaints were investigated and responded to.

End of life care and support

- At the time of the inspection there was no one who was receiving end of life care. However, advance decisions had been sought to ensure if the person became unwell they would be supported in line with their wishes.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to Requires Improvement. This meant improvements were needed to ensure there were systems in place to monitor the service provided.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider carried out most of the support for the person who used the service. They understood their needs and ensured the person was healthy and well. However, there was a lack of recording to show how the person had been supported. For example; there were no daily records or health monitoring records completed.
- The provider told us the person was weighed regularly, and they had seen the G.P. The G.P. had advised a healthy diet and the person told us they had lost weight. However, there were no records to show the monitoring of this person's weight and the advice received from the G.P.
- The provider told us because there was only one person using the service who was supported on a one to one basis by themselves, they did not feel they needed to record or monitor everything. However, there was a risk of inconsistent care if the provider was unavailable.

We recommend the provider follows good practice guidelines for the recording and monitoring of people's care.

- At the time of the inspection, there had been no events at the service that required a notification submitting to us as required by law, such as deaths and safeguarding. However, the provider was aware of their responsibility of their registration.
- The rating of the last inspection was made available to the person who used the service, which shows the provider promoted an open culture.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The person felt able to approach the provider. The person said, "I love spending my time with [Provider's name] we enjoy doing things together. They are always here for me"
- The staff member was positive about the provider and understood the values of the service. They said, "[Provider's name] is very approachable and supportive. I can speak with them about anything. They have always centred everything around [person's name] their needs are important, and we help them to live a full life."
- The provider promoted the values of the service, which were followed in practice. The provider said, "Everything I do is for [person's name] their needs come first and always will do. I know them very well and I

value them as a person. I make sure they do things for themselves, which is important to keep their independence."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service had a family feel, which the person was a big part of. They told us the provider listened to them and made sure they were happy.
- The relationship between the provider and the person was open and transparent. It was clear from our observations that the person was fully engaged in the service and the provider respected their involvement.

Continuous learning and improving care

- The staff member told us they were continually looking to develop their knowledge and understanding and were actively seeking training in various areas of care. They told us the provider encouraged their development.

Working in partnership with others

- The provider worked with other professionals, which ensured the person received safe and effective support in all areas of their lives. This included the person's physical and emotional wellbeing.