

Tracs Limited HollyHouse

Inspection report

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Date of inspection visit: 24/09/2015
Date of publication: 05/11/2015

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 

Overall summary

The inspection took place on the 24 September 2015 and was unannounced.

HollyHouse provides accommodation to 10 men or women over the age of 18. People may have mental health needs, an acquired brain injury or a learning disability.

HollyHouse 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.

People were protected from the risk of being cared for by unsuitable staff because robust recruitment practices were operated. Medicines were well managed. People were supported by sufficient numbers of staff who

Summary of findings

received appropriate training and had the right knowledge and skills to carry out their role. People were protected from the risk of abuse by staff who understood safeguarding procedures.

People were supported by staff with the knowledge and skills to carry out their roles, including knowledge of the Mental Capacity Act 2005. People were active in choosing menus and received support to eat a varied diet. People were supported to maintain their health through support in accessing healthcare.

People were treated with kindness, their privacy and dignity was respected and they were supported to develop their independence.

People received personalised care and support. There were arrangements to respond to any concerns and complaints by people using the service.

The vision and values of the service were clearly communicated to staff. Quality assurance systems were in place to monitor the quality of care and safety of the home.

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.

People were safeguarded from the risk of abuse because staff understood how to protect them.

There were sufficient numbers of staff. People were protected from the risk of the appointment of unsuitable staff because robust recruitment practices were operated.

People's medicines were managed safely.

Good



Is the service effective?

The service was effective.

People were supported by staff with the knowledge and skills to carry out their roles.

People's rights were protected by staff's knowledge of the Mental Capacity Act (2005).

People were able to plan menus and meals and were supported to eat a varied diet.

People's health needs were met through support and liaison with relevant healthcare professionals.

Good



Is the service caring?

The service was caring.

People benefitted from positive relationships with staff.

People were treated with respect and kindness.

People's privacy, dignity and need to develop independence was understood, promoted and respected by staff.

Good



Is the service responsive?

The service was responsive.

People received individualised care that was not only responsive to their needs but provided positive outcomes and benefits for people.

People were enabled to engage in activities in the home and the community

There were arrangements to respond to any concerns and complaints by people using the service or their representatives.

Good



Is the service well-led?

The service was well-led.

The values and future vision of the service were clearly communicated to staff.

Leadership was demonstrated by the registered manager in the way the service was managed and run.

Good



Summary of findings

Quality assurance systems which included the views of people using the service were in place to monitor the quality of care and safety of the home.

HollyHouse

Detailed findings

Background to this inspection

HollyHouse provides accommodation to 10 men or women over the age of 18. People may have mental health needs, an acquired brain injury or a learning disability. At the time of our inspection there were six people living at the home.

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

This inspection took place on 24 September 2015 and was unannounced. Our inspection was carried out by one inspector. We spoke with two people who used the service. We also spoke with the registered manager, the deputy

manager and three members of support staff. We carried out a tour of the premises, and reviewed records for three people using the service. We also looked at three staff recruitment files. We checked the medicine administration records and medicine storage arrangements (MAR) for people using the service.

Before the inspection, the provider completed a provider information return (PIR). The PIR 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 also looked at notifications the service sent to us. Services tell us about important events relating to the service they provide using a notification.

We received information from a social care professional who had been involved with a person planning to use the service.

Is the service safe?

Our findings

People were protected from the risk of abuse because staff had the knowledge and understanding of safeguarding policies and procedures. Information given to us following the inspection showed all staff working at Hollyhouse had received training in safeguarding adults. Staff were able to describe the arrangements for reporting any allegations of abuse relating to people using the service. A member of staff was confident any safeguarding issues would be dealt with correctly and commented “We are quite on the ball with safeguarding”. Safeguarding procedures had been discussed at a staff meeting in July 2015. People using the service told us they felt safe living at HollyHouse. People were protected from financial abuse because there were appropriate systems in place to help support people manage their money safely. Where safeguarding allegations had taken place between people using the service, we had been promptly notified of these with appropriate action taken by the service.

People had individual risk assessments in place. For example there were risk assessments for going out and not returning and for people cleaning their rooms with cleaning products. These identified the potential risks to each person and described the measures in place to manage and minimise these risks. People also had personal fire evacuation plans. People were protected from risks associated with fire, legionella and electrical equipment through regular checks and management of identified risks.

One staff member told us staffing levels were “very good”. Another member of staff thought that an additional staff member was required. Recruitment was in process for an additional staff member to enable staffing levels to be increased for a person moving into the home. The registered manager described how staffing levels were

maintained including providing one member of staff on each shift trained to manage people’s medicines. The registered manager’s hours were additional to the hours of staff working on shifts, they told us how they would check the rota to ensure staff were not working too many shifts without a break which may affect their work.

People were protected against the employment of unsuitable staff because robust recruitment procedures were followed. Checks had been made on relevant previous employment as well as identity and health checks. Disclosure and barring service (DBS) checks had also been carried out. DBS checks are a way that a provider can make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

People’s medicines were managed safely. People told us they were given their medicines on time. One person told us they had “no problems” with how their medicines were given. Staff responsible for administering medicines had received training. Medicines Administration Records (MAR charts) had been completed appropriately with no gaps in the recording of administration on the MAR charts. Appropriate checks were used to ensure the safety of situations where directions for giving medicines had to be hand written and where verbal directions were received from GPs. Individual protocols were in place for medicines prescribed to be given as necessary.

The PIR revealed there had been twelve medicine errors in twelve months. The registered manager told us how actions such as retraining staff and relocating the medicine storage had resulted in no further errors being made. People’s medicines were stored securely and storage temperatures were monitored and recorded daily. Storage temperatures had been maintained at correct levels. The registered manager had plans for taking action in periods of hot weather to maintain correct storage temperatures.

Is the service effective?

Our findings

People using the service were supported by staff who had received training for their role. Staff gave examples of training they had received such as first aid, safeguarding and handling medicines. Staff told us they felt the training provided by the service was enough for their role. One member of staff praised the “in depth” induction they received when starting their employment. Information given to us following the inspection visit confirmed the training staff had received. People confirmed staff knew what they were doing when giving care and support. Some training was appropriate for the specific needs of people using the service such as mental health and diabetes. Recently employed staff had started the new Care Certificate qualification which formed the induction to their role in providing care and support to people. Staff had regular individual meetings called supervision sessions with the manager or senior staff as well as annual appraisals.

People’s consent to care and treatment was always sought appropriately and this was supported by the correct use of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make certain decisions for themselves. One person had a ‘best interests’ decision made under the Mental Capacity Act 2005 (MCA). This had been decided following a process of consultation with relatives, staff supporting the person and health care professionals. Another person had received an assessment of their mental capacity in relation to living at HollyHouse, the registered manager described how this would now involve an application to deprive the person of their liberty

under the DoLS. The DoLS protect people in care homes from inappropriate or unnecessary restrictions on their freedom. Applications had been made to restrict the liberty of two people using the service. Staff demonstrated an understanding of the principals of the MCA such as the need to assess people’s mental capacity around specific decisions. Staff had received training in the MCA and where relevant to people’s needs there were discussions at staff meetings.

People were regularly consulted about meal preferences. The PIR stated “Clients choose their menus from menu books. The menus get changed every-time they make a suggestion this is evidenced in the client meetings minutes”. People were positive about the meals offered and confirmed there was a choice of meals available with one person describing the meals as “excellent”. Another described the food as “nice” and described how they could do some basic cooking for themselves but relied on staff help for some tasks. The dietary needs of one person moving into the home had been identified and plans were in place for meeting their needs.

People’s healthcare needs were met through regular healthcare appointments and liaison with health care professionals. Records showed where people had attended health care appointments and people confirmed this. People attended their GP, dentist and other health care appointments as needed. Where relevant care plans were in place to guide staff in supporting people to meet their health care needs. The service had ensured one person who had recently moved in from another area had been allocated to a local GP. We received the views of a social care professional who commented positively about how arrangements had been made to support the health needs of a person moving into HollyHouse.

Is the service caring?

Our findings

Our conversations with people showed positive caring relationships had been developed with staff. One person commented on the good relationship they had with staff and commented “the staff treat us all good”. Another person told us staff were “very nice”. People told us they were happy to approach staff to discuss any issues or concerns. They also confirmed staff were kind and polite to them. The registered manager and staff demonstrated knowledge of people they supported including their mental health needs. We observed how action was taken to meet the needs of one person who became distressed during our inspection visit.

There was an awareness of the specific religious needs of one person moving into the service and how these would be met on a day to day basis. In addition contact had been made with local representatives of the religion the person practised to enable their support to be used if required.

We observed how staff involved engaged with people involving them in decisions about how they spent their day. Discussions were held with people to check their choices about activities, trips out and their preferences for meals. Client meetings were held either as a group or on a one to

one basis. People were also involved in planning their care and support. The PIR stated “Clients are currently having care plans re written to the new formats. Clients are involved throughout as well as families and social workers”.

The importance of advocates was recognised by the service. Included in a client’s charter for people at HollyHouse was the statement “The right to have an advocate outside the home.” Information about advocacy services was available to people and one person was using the services of a local advocate where necessary.

People’s privacy and dignity was respected and promoted. People we spoke with confirmed that staff knocked on their door and asked permission before entering their room and this was the practice we observed during our inspection visit. Staff gave us consistent examples of how they would respect one person’s privacy and dignity when providing care and support. We observed staff treating people respectfully during our inspection and explaining to them the purpose of our visit.

People were supported to maintain independence. Staff gave us examples of how they would act to promote independence such as prompting with personal care and ensuring people made drinks for themselves instead of making drinks for them. Support plans acted as a guide to staff in this area. People were also supported to develop independence by accessing the community through shopping trips and the use of public transport.

Is the service responsive?

Our findings

People received care that was personalised and responsive to their needs. Staff demonstrated knowledge of how to provide personalised care. One told us this involved “the person themselves at the centre of the care plan”. Support plans contained detailed information for staff to follow to support people. We observed at shift handover, staff discussing techniques to support a person if they became distressed. One person’s support plan contained information for staff on “how best to support me” this included “reassuring me when I feel agitated or anxious”. We spoke with the person who described in positive terms, staff’s interventions when they became anxious which followed the plan. People’s support plans were kept under review through person-centred reviews with input from the person, their relatives and relevant professionals.

Support plans were available in formats to guide staff with the approach identified for people with different needs. For example the support given to people with mental health needs would be detailed in a ‘recovery star’ plan. People with a learning disability would have an ‘active support’ plan. The PIR stated “One page profiles were in place in people’s care plan files. These gave an overview of important information about the person. The PIR further explained these “Clients have one page profiles which allow us to get to know the person before their diagnosis. It includes what matters to the person and what people admire about them”.

One person had received support to reduce their cigarette smoking from smoking a high number a day to reducing this to within single figures. This took place with the agreement of the person and involved the use of a key ring on a necklace to remind the person of the times cigarettes were due. As well as a practical reminder the use of the necklace helped to reduce any anxiety the person may

have experienced through not recalling when they were going to have a cigarette. The reduction in smoking had health and financial benefits for the person and they had more time to follow new interests. The support provided was viewed as a success. A member of staff who had worked closely with the person told us “We feel we have been able to support (the person) well”. A detailed plan was in place to guide staff on how to use the correct approach to support the person.

People were supported to take part in activities and interests both in the home and in the wider community. Activities people took part in individually included trips out, playing pool and taking French lessons. One person had been supported to take part in an annual race for charity, the cause being personally important to the person. Gardens both at the front and the rear of the care home were accessible for people using the service.

People were also supported to maintain contact with family members in response to their wishes. The PIR described how one person had been enabled to visit a relative when they were dying and outlined the wider support given to this person. One person told us how their son would visit them on a regular basis at HollyHouse. Another person’s support plan described how they would make visits to their family.

There were arrangements to listen to and respond to any concerns or complaints. Information about how to make a complaint was given to people in a suitable format using plain English and pictures in a pack with other information about the service. People we spoke with had not raised any concerns but told us they would approach the staff if they had the need. A record of previous complaints received and the responses to them demonstrated how thorough investigations had been completed, appropriate responses given and improvements made.

Is the service well-led?

Our findings

The registered manager told us their future vision was to create a service where people were enabled to develop more independence. The PIR stated “The environment will be changing due to a re-decoration and structure. Most rooms will have flatlets and others kitchenettes this is to provide more independence and set the feeling of home for each of our clients.” The registered manager discussed their plans with us and we observed how work had started on one of the rooms. Aspects of the registered manager’s plans had been shared with staff at meetings.

Staff demonstrated a clear awareness and understanding of whistleblowing procedures within the provider’s organisation and in certain situations where outside agencies should be contacted with concerns. Whistleblowing allows staff to raise concerns about their service without having to identify themselves.

The home had a registered manager who had been registered as manager of HollyHouse since May 2015. The manager was aware of the requirement to notify the Care Quality Commission of important events affecting people using the service. We had been promptly notified of these events when they occurred. The registered manager was supported by a deputy manager.

The registered manager was accessible and approachable for people using the service and staff. During our visit we observed and were aware of the situation with the day to day running of the care home and were able to respond where appropriate demonstrating leadership through providing direction and support to staff. People using the

service commented positively about the management of HollyHouse, one person told us the management was “very good”. Staff also gave positive views about the management of the service particularly how the service had developed under the current registered manager, such as “there have been some really good changes to the service”. One staff member told us the registered manager was “very focussed on the clients”.

People benefitted from checks to ensure a consistent service was being provided. A series of quality audits were carried out based on the five key questions we ask about services. An audit for the question “Is the service safe?” was completed in July 2015. This used a variety of sources for information such as talking to people using the service, observing staff giving people their medicines and talking to the registered manager. Findings were recorded and any points for action with outcomes and a time scale. For example an action for completing DoLS referrals had been completed.

A series of audits some completed through unannounced visits by representatives of the registered provider were in place to check the quality of the service provided. These included audits on people’s monies, training records, care plans and the environment. A falls audit also took place every six months.

Surveys had been used to gain the views of people using the service, their representatives and health and social care professionals. The registered manager reported the latest survey exercise had not been useful due to a lack of responses. Despite this there were plans for future surveys to be carried out.