

Quality Care (EM) Limited

The Hollies

Inspection Report

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Summary of findings

Overall summary

The Hollies provides accommodation and care for up to 18 people with learning disabilities in six purpose built bungalows. At the time we visited there were 17 people accommodated. There is a registered manager at this location.

People who lived in the home told us they felt safe and we saw there were systems and processes in place to protect people from the risk of harm.

Staff received a wide range of appropriate training and were knowledgeable about the needs of people living in the home. They provided effective care and support that met people's individual needs.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are a code of practice to

supplement the main MCA 2005 code of practice. We looked at whether the service was applying DoLS appropriately and found they were meeting the requirements of the code and following the conditions of the DoLS that had been approved.

During our visit we found a caring atmosphere and people told us that staff were nice to them. One person said, "Staff are kind to me and they listen to me." People were able to pursue a wide range of interests and hobbies with appropriate support from staff.

Management systems were well established to monitor and learn from incidents and concerns. There were also systems to ensure there were sufficient numbers of skilled and experienced staff to meet the needs of people at all times.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We found the service was safe. The six people we spoke with who used the service each told us they felt safe and staff received training in safeguarding. There were very clear records and outcomes from all allegations or suspicions of abuse and all staff we spoke with understood what action they and others needed to take in the event of any safeguarding concerns.

Staff also understood the requirements of the Mental Capacity Act 2005 and, in addition, where restrictions were in place to keep people safe we saw appropriate applications had been made and granted for Deprivation of Liberty Safeguards (DoLS).

There were sufficient numbers of staff on duty and a mix of staff experience in each of the bungalows. All checks had been carried out prior to new staff starting work at the service. This showed that the service followed robust recruitment practices to keep people safe.

Are services effective?

We found the service was effective in meeting people's individual needs. Staff were knowledgeable about the needs of people in their care.

People told us they saw doctors and dentists when they needed to and there were records to demonstrate that people received the healthcare they needed to remain healthy.

Staff told us they felt the training they had received prepared them to meet people's care needs. Training records confirmed that a wide range of training had been given. Behaviour management training was given separately for staff in each bungalow so that specific needs were taken into account and staff could be consistent and effective in the way they responded to individual people's behaviour.

Are services caring?

We found the service was caring. People told us that staff were nice to them. One person said, "Staff are kind to me and they listen to me."

All personal records were held securely and people could be assured that information about them was treated in confidence and given to only those that needed to have it in order to meet people's needs.

Summary of findings

All staff had received training in how to treat people with dignity and respect. The people we spoke with told us they thought staff respected them. We observed staff listening to people and responding to them in a positive manner.

Are services responsive to people's needs?

The service was responsive to individual people's needs. People were given the information they needed in a variety of formats. They had access to advocates and when a person did not have capacity, decisions were made in their best interests.

We observed staff listening to people and offering them choices of what they wanted to do. Each person had an activities plan. One person told us, "Staff support me to choose where to go for my activities."

People also told us staff helped them to maintain relationships with family and friends. One person said, "My family visit once a month, but they call me often."

Are services well-led?

The service was well-led and had a registered manager in post. Meetings were held with bungalow managers, who in turn held meetings with the staff group in their bungalow. Staff were encouraged to question practice and raise concerns during these meetings or at any other time.

There were systems in place to ensure there were sufficient numbers of skilled and experienced staff to meet the needs of people at all times.

There were management files of all incidents, accidents and investigations regarding safeguarding people. These showed that all incidents were monitored and reviewed so that action was taken to avoid future incidents as far as possible.

We observed that all staff at every level understood their roles and responsibilities and what was expected of them.

Summary of findings

What people who use the service and those that matter to them say

The six people we spoke with who used the service each told us they felt safe at The Hollies. One person said "If I am not happy I would tell staff or go to the big office. Someone will help me there." Two others told us they would "speak with the manager" if they had problems or were unhappy about something.

People told us they knew about their care plan files. Some referred to these as the "big book" or the "blue file" and one person said, "I sign it when it is updated." Another person said, "I have seen it. It is about how to support me and has what I like and don't like."

People made positive comments about the staff supporting them. One person told us, "I have a joke and a laugh with staff" and another said, "Staff are kind to me and they listen to me."

One person told us, "Staff respect me." Another gave an example of how staff respected their privacy, "Staff always knock if I am in toilet to check if I am ok." Another said, "I choose to have a shower not a bath."

People told us about their choices of food and some of them told us staff supported them to make their own lunches. One said, "I can cook eggs, but my favourite is steak."

We observed staff listening to people and offering them choices of what they wanted to do. One person told us, "Staff support me to choose where to go for my activities. I like trampoline on Saturdays and dancing to music at Dove Dance in Shirebrook."

Another person said, "I can choose to use public transport to Sutton Book Club. I always win bowling in Derby. I go swimming in Edwinstowe. I also enjoy horse riding in Mansfield."

We saw there were enough staff to support people individually and staff were interacting with people, playing table top games, playing music and going out shopping.

People told us staff helped them to maintain relationships with family and friends. One person said, "My family visit once a month, but they call me often." Another told us, "My sister visits every week. My other friend visits once a month and I go to theirs as well."

The Hollies

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 regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process.

We visited the home on 23 April 2014. Our inspection was unannounced which meant that the provider and staff did not know we were coming. The inspection team consisted of an inspector and an Expert by Experience who had experience of using care services. The Expert by Experience was accompanied by a support worker.

Prior to this visit the service was last inspected by the Care Quality Commission in April 2013 when there was non-compliance with respect to medication records and

maintenance records. However, during a follow up visit in August 2013 we found the service had improved and was meeting all national standards covered during the inspection.

Before this inspection visit we reviewed all the information we held about the home. This helped us to decide which lines of enquiry to focus on during our inspection.

There was a registered manager in post at this service and in addition there was a deputy manager and six bungalow managers. On the day of our visit we spoke in detail with six people living at the service. We also observed the way staff interacted with other people. We spoke with five members of staff, the registered manager and a chief executive officer for Care and Development who represented the provider company.

We looked at samples of care and support plans, staffing records, records of incidents and complaints and other records linked with the management of the service.

Are services safe?

Our findings

We found the service was safe. The six people we spoke with who used the service each told us they felt safe at The Hollies. When we asked what they would do if they felt unsafe at any time, one person said "If I am not happy I would tell staff or go to the big office. Someone will help me there." Two others told us they would "speak with the manager" if they had problems or were unhappy about something.

Staff on duty told us they had received training in safeguarding adults and we saw from the training plans that all staff were scheduled for additional refresher training during the next two months. We looked at a management file of safeguarding concerns and found very clear records and outcomes from all allegations or suspicions of abuse, however serious, that had been made.

There was also a copy of the policy and procedure for staff to follow and staff we spoke with demonstrated that they understood what action they and others needed to take in the event of any safeguarding concerns.

There were some people using the service whose behaviour was challenging to staff and to others and some who were at risk of harming themselves. All staff had received training in behaviour management and the techniques to use safely. We looked at the care plan files of three people and found clear plans of how staff should respond to specific behaviours of the individuals to enable them to prevent them from hurting themselves or others.

All accidents, injuries and incidents were recorded in full and there were systems in place to ensure these were analysed and staff were made aware of them. We spoke with one of the bungalow managers who had responsibility for checking and analysing all incident forms. This ensured all information was given and follow up action was taken to ensure all staff were aware of the action to take to keep people safe.

From speaking with staff and from the care plan files we looked at, it was clear that staff understood the requirements of the Mental Capacity Act 2005. This is an act introduced to protect people who lack mental capacity. We saw that assessments of people's capacity to make specific decisions about their care and support had been completed. In addition, where restrictions were in place to keep people safe, we saw appropriate applications had

been made and granted for Deprivation of Liberty Safeguards (DoLS). We checked the requirements listed for each of these and found they were being met. All actions required were being pursued to make sure people were subjected to the least restrictions possible, whilst maintaining their safety. The training plan showed that training in the Mental Capacity Act and DoLS was given to all support staff.

There were extensive risk assessments on each person's file to show the risks involved in their care and support and these led to clear plans to reduce risks to safety at the same time as offering support in day to day tasks. Priority was always given to ensuring other people who used the service were safely moved away from any person showing challenging behaviour.

We observed staff working with people and saw there was a sufficient number of staff on duty during our visit. A member of the support staff told us, "We have early and late shifts and waking night staff. There are enough staff members at all times in these bungalows." We looked at the staffing rotas and found that separate rotas for each bungalow had been designed to meet individual people's needs. Most people required 1:1 staffing ratio to ensure they were supported safely and for some this was increased to two staff when they were accessing the community. The same staff were assigned to bungalows and there were additional "floating" staff who assisted or could be called upon should there be a need to keep people safe during any incident.

There was a mix of staff experience on duty in each of the bungalows so that newer staff were always well supported by the presence of more experienced staff. We looked at the staffing files for eight of the staff. Each file was well presented so that we could see all the checks that had been carried out prior to people starting work at the service. These showed that the service followed safe recruitment practices to keep people safe. We saw an example of the staff disciplinary process being used when there were concerns about the practice of one member of staff. We also had previous information on our records that demonstrated staff were suspended from work if there were any suspicions of people who used the service being at risk from them. This meant that people who used the service and their families could be assured action was always taken to keep people safe.

Are services effective?

(for example, treatment is effective)

Our findings

We found the service was effective in meeting people's individual needs. When we spoke with support staff, they were knowledgeable about specific needs of the people in their care. We looked at the care plans of four people that used the service and found clear assessments giving full information about their individual needs choices and preferences.

People were involved in the on-going assessment of their needs. People told us they knew about their care plans and had been involved in giving information to put into the plans. One person told us, "It is about how to support me and has what I like and don't like." In one care plan we saw staff had written the plan as if it were dictated by the person. They recorded that it was written from speaking with the person in small doses to understand their likes and dislikes and preferences for helping with personal care. In another care plan we saw a family member had signed their agreement to the plan on behalf of a person who did not have the mental capacity to understand it for themselves. People told us the staff knew what they liked to do and one person showed us their bedroom, which demonstrated their interests and achievements. They said, "I have everything I need here."

There was information about people's health needs and medication in their care plan files. People told us they saw

doctors and dentists when they needed to. We saw records of appointments with various health professionals. This helped to ensure that people received the healthcare they needed to remain healthy.

The staff had written handover notes, which gave clear, up to date information about the health, support and activities for each person. Staff told us they always read the notes made by previous staff on duty when they started their shift so that they were fully aware of any incidents and could provide consistent care and support.

We spoke with staff who told us they felt the training they had received prepared them to meet people's care needs. We also saw the training records that confirmed the training that had been given. There were dates planned on a training schedule for refresher training that was needed. Staff were organised in groups and each group had a week of intensive refresher training, covering all essential subjects for supporting people. There were specific sessions about autism, diabetes and stroke awareness. Also the role of the worker was covered with person centred planning and documentation. Behaviour management training was given separately for staff in each bungalow so that specific needs were taken into account and staff could be consistent in the way they responded to individual people's behaviour.

Are services caring?

Our findings

We found the service was caring. We asked people how they were treated by staff and they told us that staff were nice to them. One person said, "I have a joke and a laugh with staff." Another person said, "Staff are kind to me and they listen to me."

We saw in the care plan files that individual preferences were written down and there were personal histories. Staff told us they had read care plans and had spoken to family members about individual likes and dislikes. In one person's plan we saw specific instructions for staff to always offer a choice of two sets of clothes and the staff on duty confirmed they always did this.

People told us about their choices of food and the support staff gave them with shopping. Some people told us how staff supported them to make their own lunches. One said, "I can cook eggs, but my favourite is steak." We observed staff offering a choice of drink from those they knew a person liked and then preparing a drink in a person's favourite mug. The care and support we observed demonstrated that staff showed compassion and kindness.

All personal records were held securely in locked offices in the bungalows and in the main building. It was clear from the files who had access to the information and each of the staff had signed their name at the beginning of the files to show they had read the assessment information and support plans. This showed that people could be assured that information about them was treated in confidence and given to only those that needed to have it in order to meet people's needs.

All staff had received training on how to treat people with dignity and respect. All the people we spoke with told us they thought staff respected them. One gave an example and said, "Staff knock if I am in toilet to check I'm ok." Staff told us people could have private time when they wanted and we saw people moving freely from communal areas to their bedrooms independently.

We observed how staff listened and responded to people and saw that they encouraged positive behaviour. One person was in their bedroom with two staff outside the room with the door open. This was planned as the safest and most respectful way to support this person. We heard how the staff spoke respectfully with the person to encourage them with dressing.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

The service was responsive to individual people's needs. People were given the information they needed. We saw there was information available in the main administration office and in each bungalow about the service in a variety of formats.

From the care plan files we looked at we could see that people's capacity to make specific decisions about their care and support had been considered under the Mental Capacity Act. When a person did not have capacity, plans were in place for decisions to be made in their best interests. An independent mental capacity advocacy was involved with one person to act on their behalf. Information was in the person's file and there were records that showed this advocate visited on a monthly basis. We saw evidence that family members were acting on behalf of another person.

We observed staff listening to people and offering them choices of what they wanted to do. Each person had an activities plan. One person told us, "Staff support me to choose where to go for my activities. I like trampoline on Saturdays and dancing to music at Dove Dance in Shirebrook."

Another person said, "I can choose to use public transport to Sutton Book Club. I always win bowling in Derby. I go swimming in Edwinstowe. I also enjoy horse riding in Mansfield."

We saw there were enough staff to support people individually and that staff were interacting with people, playing table top games, playing music and going out shopping. Records showed and staff confirmed meals were planned with people and they went on food shopping trips together at least every two weeks.

People told us staff helped them to maintain relationships with family and friends. One person said, "My family visit once a month, but they call me often." Another told us, "My sister visits every week. My other friend visits once a month and I go to theirs as well."

Information available in picture format included how to make a complaint. Three people told us they would speak to their key worker, the manager or general manager if they had any particular concern. There was a file for the management of complaints and concerns received and the manager had recorded the action taken. From the one we read it was clear that an investigation had been thorough and response given to the complainant. Forms were available for recording any future complaints.

Are services well-led?

Our findings

The service was well-led and had a registered manager in post. There was also a deputy manager and there was always at least one of them available for staff to contact. Meetings were held with bungalow managers, who in turn held meetings with the staff group in their bungalow. One bungalow manager said there had not been a bungalow meeting for the last three months, but would hold one in the next two weeks. The registered manager also used emails and notices to pass on important information to staff. We saw the records of a recent meeting with all night staff. The manager told us staff were encouraged to question practice and raise concerns during these meetings or at any other time. We spoke with staff who said they did not always have a chance to see managers during their shifts, but they knew they could contact the office if they needed to.

When we looked at staffing records we saw that some staff had not always had regular supervision meetings with their immediate manager. The registered manager was aware of this and had sent a prompt note to people to book these meetings. We spoke with one member of the support staff who had a supervision meeting on the morning of our visit which was four months since the previous one. Another of the staff was also due to have a meeting that day. The registered manager told us that they aimed to get every member of staff back to more regular supervision meetings.

There were systems in place to assess and monitor that there were sufficient numbers of skilled and experienced staff to meet the needs of people at all times, no matter how complex their needs. We saw that there were sufficient numbers of staff to meet people's individual needs on the day of our visit and the training schedules confirmed the training they received. Some people required two staff and these were provided at the times they were needed.

The registered manager told us staffing numbers were discussed in bungalow managers' meetings. We saw the

minutes of the last one of these which had been held on 3 February 2014. The manager said they tried to have these meetings every two weeks, but had not managed to have one at all in March 2014. There was a plan to resume the meetings, but bungalow managers could approach the registered manager at any time if staffing needs changed. We saw the staffing rotas for the previous and present weeks and these confirmed the staff that had worked. There were always staff awake in each bungalow at night and additional staff were on the premises and available in case more were needed. Two staff we spoke with said there were always other members of staff to cover shifts if one staff member was not available.

There were management files of all incidents, accidents and investigations regarding safeguarding people. These showed that all incidents were monitored and reviewed so that action was taken to avoid future incidents as far as possible. Past incidents were discussed when in training staff particularly during behaviour management training.

We saw that other areas of the service were monitored to ensure consistent quality. There were some audits carried out by bungalow managers and these ensured care planning was up to date, medication was appropriately managed and the environmental safety checks were all carried out. One manager had specific responsibility for monitoring all behaviour management incident reports to ensure they were appropriately completed before they were submitted to the manager. We saw examples of these and they showed that all alternatives were considered before any restrictive action was taken, which was in line with the plan for that person. The general manager for the provider company carried out full annual reviews of the quality of the service and the next one was due to start in May 2014.

We observed that all staff at every level understood their roles and responsibilities and what was expected of them. One of the staff told us, "We know what we need to do and we work consistently with the same people. The training is very good and the staff all support each other."