Holly Hall Care Limited

Holly Hall House

Inspection report

170 Stourbridge Road
Holly Hall
Dudley
West Midlands
DY1 2ER

Tel: 01384252219
Website: www.selecthealthcaregroup.com

Date of inspection visit:
14 February 2017

Date of publication:
31 March 2017

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
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

The inspection took place on 14 February 2017 and was unannounced. Our last inspection of the service took place on 2 February 2016 and the provider was rated overall as Requires Improvement. We found improvements were required with the way medicines were managed, the recruitment practices, and reporting of notifiable incidents.

Holly Hall House is registered to provide accommodation and personal care to a maximum of 10 people who may have learning disabilities or mental health needs. At the time of the inspection there were 10 people were living at the home.

There was a registered manager 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.

Staff understood how to report concerns of abuse and manage risks to keep people safe. People were supported by sufficient numbers of staff who had undergone recruitment checks to ensure they were safe to work. However improvements were required with the systems in place to support staff who had declared health conditions. People did not always receive their medication as prescribed and records did not always reflect the reasons why 'as required' medicines where administered.

Staff had access to training and supervision to support them in their role. Staff understood the importance of seeking people's consent in line with the Mental Capacity Act 2005. The registered manager understood their legal responsibilities and had completed Deprivation of Liberty applications for those people whose liberty was being restricted. People were supported to have enough to eat and drink and had been supported to access healthcare support when required.

People were supported by staff who were kind and treated people with dignity. People were supported to be involved in their care and maintain relationships with people important to them. Information was available for people should they need support from advocacy services.

People were involved in the planning and review of the care. People felt supported by staff who knew them well and were given opportunity to take part in activities that were meaningful to them. People and their relatives knew how to make a complaint if needed.

Audits were completed to monitor the quality and safety of the service however these were not effective in identifying shortfalls to enable improvements to be made. Records completed were not always an accurate reflection of people's wellbeing.

Staff felt supported by their manager and the provider. People, relatives and staff were given opportunity to

feedback on their experience of the service and felt able to approach the registered manager with any issues.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People did not always receive their medicines as prescribed.

People were supported by staff who knew how to report abuse and manage risks to keep people safe.

There were sufficient numbers of staff available to support people.

Is the service effective?

Good

The service was effective.

Staff had access to regular training and supervision to ensure they could support people effectively.

Staff understood how they should support people in line with the mental Capacity Act.

People had sufficient amounts to eat and drink and were supported to access healthcare support when required.

Is the service caring?

Good

The service was caring.

People were supported by staff who involved them in their care and treated them with dignity.

People were supported to maintain relationships that were important to them and had access to advocacy services when required.

Is the service responsive?

Good

The service was responsive.

People were involved in the planning and review of their care.

People were supported to take part in activities that were

meaningful to them.

People were aware of how they could make a complaint if needed.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Audits were not effective in identifying shortfalls to enable improvements to be made.

Records were not always accurate.

Staff felt supported in their role.

People were given opportunity to feedback on their experience of the service.

Holly Hall House

Detailed findings

Background to this inspection

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

This inspection took place on 14 February 2017 and was unannounced. The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The form was completed and returned so we were able to take the information into account when we planned our inspection. We reviewed the information we held about the service. Providers are required by law to notify us about events and incidents that occur; we refer to these as 'notifications'. We looked at the notifications the provider had sent to us. We also contacted the local authority who monitor and commission services, for information they held about the service. We used the information we had gathered to plan what areas we were going to focus on during our inspection.

We spoke with 10 people, one relative, two members of care staff, the registered manager, assistant area manager, and three visiting health and social care professionals. We looked at two people's care records, medication records for four people, staff recruitment and training files. We also looked at records that related to the management and quality assurance of the service.

Requires Improvement

Is the service safe?

Our findings

At our last inspection we found that the service required improvement. This was because the registered manager had not notified the local authority about a safeguarding incident that had occurred in the home. Staff did not complete records which demonstrated the reasons why 'as required' medicines were administered to a person that had become anxious. Improvements were required with the recruitment processes to ensure all required information was obtained. On this inspection we found that some improvements had been made, but further improvements were still required in some areas.

At this inspection the registered manager told us she was aware of her role and responsibilities in raising and reporting any safeguarding concerns. A review of our records showed that all required incidents had been reported to us and the local authority since our last inspection.

People told us they received their medicines as required. One person said, "They [staff] give me my tablets and I take it myself. Always get them on time". Another person told us, "Yes the staff give me tablets".

We reviewed the records and saw that some people were prescribed 'as required' medicines which was to be used as the last resort when people became anxious and displayed behaviours. Records showed that staff had made some improvements and recorded what actions had been taken before they had administered the medicine as detailed in the person's protocol. However we saw on one occasion where staff had not completed these records and there was no evidence of what actions had been taken or what behaviours the person had displayed to indicate the reasons why the medicine was administered. We found that one person who required a medicine on specific days of the week, had not received their medicine as the staff member was referring to the blister pack as opposed to the Medicine record. Action was taken and the person was administered their medicine when we identified this shortfall. The registered manager made a note in the communication book alerting all other staff of the possible confusion, to ensure the person received their medicine when they needed this. We checked the balance of medicines for other people and found that the amount balanced with the record of what medicines had been administered. All handwritten medicine instructions had been countersigned by two people to validate the instructions.

We saw that where possible people were supported to administer their own medication. Risk assessments had been completed to support people to do this. However we found that these did not demonstrate that people were aware of the risks of not taking their medicine and about the safe storage of their medicines. The registered manager agreed to review and update these assessments with people. Staff we spoke with confirmed they had received medicine training and had been observed on a regular basis to ensure they were competent to administer medicines.

We reviewed the recruitment records and saw that improvements had been made since our last visit. For example a staff member's employment history had been updated with information about their previous employer, and a risk assessment had been completed for a staff member who declared they had a medical condition. However when we reviewed the records of a new member of staff with a medical condition, we found that a risk assessment to evaluate the impact on their role had not been completed. This meant that

although action was taken following our previous visit to address this shortfall, lessons had not been learnt as the same shortfall was identified. The registered manager acknowledged that a risk assessment should have been completed. The registered manager confirmed the day after our visit that an assessment had been completed.

Staff told us that prior to starting work, they were required to provide references and complete a check with the Disclosure and Barring Service (DBS). The DBS would show if someone had a criminal record or had been barred from working with adults. Records we looked at confirmed these checks took place.

We saw that three doors within the home were kept open by the use of a plastic wedge. We discussed the risks of this action in the event of a fire. The registered manager and assistant area manager acknowledged these risks and confirmed that action would be taken to order suitable devices, and to remove the wedges from the doors.

People told us they felt safe at the home. One person told us, "'Yes I do, they look after me". Another person said, "Yes, yes I feel safe". A relative we spoke with told us, "I think [person's name] is safe here I have no concerns". Staff we spoke with had a good understanding of how to identify abuse and the action they should take if they suspected someone was at risk of harm. One member of staff told us, "If I saw anyone being abusive I would report this to the manager straightaway". The provider told us in the information they provided that staff had received training in relation to safeguarding people from abuse and discussions with staff and records seen confirmed this.

Not all of the people we spoke with felt safe living with other people in the home. One person said, "I have in the past been hit by someone living here". People told us about the impact another person's behaviour sometimes had on them. We discussed this with the registered manager who told us about the strategies that were in place to manage these situations. We spoke with a healthcare professional who told us, "We received a referral and the staff and the manager are all working with us and we are supporting them and the person to try and reduce any behaviour".

People were supported to manage risks to keep them safe. Staff understood the risks posed to people and how they should support people to manage these. For example, we saw that some people could at times demonstrate behaviour that could be difficult for staff to manage. Records showed that clear protocols were in place which staff should follow to reduce the risk of behaviours that might cause harm. The staff we spoke with told us how they managed this risk and gave examples that included; talking to the person, diverting their attention away from the issue causing the distress and removing the person from the situation. Staff told us they had previously had training around managing behaviours and that refresher training had been planned.

We checked the money held in safekeeping and the records for two people. The money and records balanced correctly and two staff had signed each transaction to confirm that it was correct. Records showed that audits of the finances were undertaken regularly by the management team. We saw that all people had their own bank accounts and were supported by staff where appropriate to manage their finances.

People told us that there were enough staff available to meet their needs. One person told us, "Yes there is always someone around". Another person told us, "There is plenty of staff here". The relative and health and social care professionals all confirmed that sufficient staff were on duty to support people. Staff we spoke with also felt there were enough staff on duty. One staff member said, "I think there is enough of us on duty we get time with people and get to do all of our jobs". We saw that there were enough staff for people and that where people required support; this was provided in a timely way.

Good

Is the service effective?

Our findings

People told us that they felt staff had the skills and knowledge required to support them. One person told us, "The staff are good and they look after me well". Another person said, "The staff look after me and meet my needs". A relative we spoke with told us, "The staff look after [person's name] well, they do more with them than I could". The three health and social care professionals told us that people's needs were met in accordance with their preferences and that people were happy with the support provided to them.

Staff told us that prior to starting work, they completed an induction that included shadowing a more experienced member of staff. One staff member told us, "I worked with staff first to get to know the routines and people's needs. This was helpful and gave me the confidence in my role. I also completed training. It was good". Staff we spoke with told us they had received training on an on going basis. One staff member said, "The training here is good and we have regular updates. I have also completed national vocational training and other training enabling me to develop my role". Another staff member told us, "I have completed all key training and training specific to people's medical needs such diabetes. I feel I have the skills and knowledge for my role". Records showed that staff had access to regular training opportunities to enable them to have the skills and knowledge for their role and to meet people's needs.

Staff told us that they received supervision with their manager to discuss their role, training and development. One member of staff told us, "I have regular supervision and I feel supported". Another staff member said, "I have regular meetings and we discuss my performance and people's needs and any training I would like to attend". Records showed that staff received regular supervision with their line manager.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and we found they were.

People told us that staff sought their consent prior to supporting them. One person told us, "If I need any support from the staff I ask them or they offer so yes I always agree to this support being provided". Another person said, "I come and go when I want and do what I want there are no restrictions here". We saw that most people were able to make their own choices and were independent in aspects of their daily life. We saw that some people went out for the day and came back when they wanted. We saw that some restrictions were in place for people and records showed the reasons for this. For example one person had their cigarettes restricted to a specific frequency throughout the day. The rationale for this was recorded in their care records and there was evidence that best interests discussions with the person's family and healthcare professionals had been undertaken. However we saw that a mental capacity assessment for this particular decision had not been completed, and an assessment had been completed which was more

generic and covered care and welfare. The registered manager agreed to review this document. The registered manager had identified that some people's liberty was being restricted in their best interests to keep them safe and applications had been made to the local authority as required.

Staff we spoke had a good understanding of MCA and DoLS and we saw they worked within the principles when supporting people. Staff were aware that applications had been made for some people and the reasons for this. Staff understood the importance of supporting people to make decisions. One member of staff told us, "If I support people I always gain their permission first. I would always respect their decision. People can make unwise decisions and some people here do and all we can do is explain the risks but it's their right at the end of the day".

People told us they were happy with the meals they were provided with. One person told us, "I enjoy the food provided and I have enough. I have smaller portions because of my weight". Another person said, "The food is nice, if there is something I don't like, the staff give me something I like". Staff told us and we saw that people were encouraged to be involved in the planning and preparation of their meals. One staff member told us, "We discuss the menu with people at meetings and they decide what they eat. We always encourage people to come and help us prepare the food but not many do". We saw that people helped themselves to breakfast when they got up. People also helped themselves to snacks and drinks throughout the day. We saw that people chose different lunchtime options, but most people had the same option for their evening meal. One person told us, "Music at meal times, it's nice". We saw that mealtimes were relaxed and a pleasant experience for people who spoke with their friends or staff about their day. Staff understood people's dietary needs and their preferences, and they knew which people were at risk and needed monitoring to ensure they had enough to eat and drink.

People were supported to access healthcare services where required. One person told us, "Yes staff go with me. They make any appointments I need straight away". Another person said, "Yes I attend all appointments and the staff support me to attend". Staff we spoke with understood the actions they should take to support people to maintain their health. Records we looked at showed that people had been supported to access a number of services including, hospital appointments, opticians and the GP. We saw people had health action plans in place but these had not been updated for a few years. The registered manager agreed to review the purpose of these as healthcare information was already recorded within people's care records.

Good

Is the service caring?

Our findings

People told us that staff were kind and caring to them. One person told us, "'Your care is their priority". Another person said, "The staff are lovely, kind, and caring. The boss is too and she looks after me". A relative said, "The staff are all very caring and look after my family member very well". The social and healthcare professionals we spoke with all made positive comments about the staff and described them as approachable, kind, supportive, and respectful. One professional said, "The staff know people well and they support them emotionally as well as practically".

We saw that staff had established friendly relationships with people. People were relaxed in staff members company and could be seen laughing and joking with staff throughout the day. Some people were tactile with staff and we observed people seeking staff support by taking hold of their hand and giving them a hug. We saw that people were responsive to staff and knew the staff that were supporting them.

People were supported to be involved in their care and told us they were given choices. One person told us, "I choose how I spend my day and what I do". Other people told us how they were supported to make decisions about things including; what they would like to eat and where they would like to go. One person told us that they had regular meetings to discuss the food that was provided and the places they wanted to visit. Staff we spoke with told us they promoted people's choices. One staff member said, "We encourage people to make their own choices about their day and what they want to wear. Most people do this without us prompting them now". We saw people being given choices throughout the day about all aspects of their daily care.

People told us they felt listened to and that the communication in the home was good. One person said, "The staff explain things to us and they listen to us, they always have time for us and it is lovely to have a chat about things". Another person said, "The staff talk to me, they don't abandon me in my room". We saw staff spending time with people and talking to them about what they had planned for the day or about their hobbies and interests. When people asked staff something they always responded to the question. We saw that staff checked on people that preferred to remain in their room and had a brief chat with them and spent time with people in the smoking area.

People were treated with dignity and given privacy. One person told us, "I have my own key to my room so I can lock it. This is my private space and the staff always knock before they come in". Another person said. "The staff know I like my own space and they respect this. I prefer to stay in my room. The staff do check on me and try and encourage me to come out but I like being in my room". Staff we spoke with told us how they ensured people were treated with dignity and gave examples that included; respecting people's decisions and giving them choices, and respecting people's private time in their room. One staff member told us, "If I support people with personal care I always make sure the door is closed and they are covered up. Sometimes we talk to people about the appropriateness of their clothing, especially if their top is too low and we discuss alternatives to maintain their dignity". Another staff member said, "If someone is in their room I always knock the door and wait for them to say it is okay for me to enter. This is important to respect people's privacy and dignity". We saw staff put this into practice and saw staff speak with people in a

respectful way, refer to people by their preferred name and respected people's time alone.

People were encouraged to maintain their independence where possible. One person told us, "I am independent I clean my room, and bath myself and make my own drinks". Another person said, "I do most things myself and I go out by myself". Staff told us they encouraged people to be independent. A staff member said, "Most people are able to do things for themselves and we encourage this so they do not lose their life skills". We saw people were encouraged to make drinks and take their plates and cutlery into the kitchen and to wash up. We saw some people were encouraged to assist to clean their own rooms. People we spoke with confirmed they did some tasks daily and they told us they enjoyed doing their housework independently.

People told us they were supported by staff to maintain relationships that were important to them. One person told us, "I see my friend when I want to and I either visit them or they come here". Another person said, "The staff help me stay in touch with my family they know how important this is to me". We saw there were no restrictions on people visiting the home. A relative told us, "I can visit when I want it is really relaxed here".

The registered manager had information about advocacy services and knew when people may need this support. The registered manager confirmed that no-one was currently using advocacy services. Advocacy is about enabling people who may have difficulty speaking out, or who need support to make their own, informed decisions that affect their lives.

Good

Is the service responsive?

Our findings

People and their relatives told us that before they moved into the home, an assessment took place to discuss what support they required and to ensure that the provider was able to meet their needs. A relative we spoke with told us, "A detailed assessment has been completed and we have shared information about my family member's life, routines, and preferences. We came and had a look around and thought it had a family feel to it. My family member liked it and [person's name] came and tried it and liked it". A person we spoke with said, "Before I moved in I discussed what support I needed and wanted and how I liked things done. I like it here and have been involved in the move". Records we looked at showed that assessments had taken place and that people had been consulted about their care needs.

People told us they were involved in reviews of their care and had seen their care plans. One person told us, "I have a key worker and we discuss my needs and if there is anything I want to do in the future. She also makes sure I am okay". Another person said, "Yes they listen to me during my care plan review". We saw that one person had a review of their care during our visit. A social care professional told us, "They [person name] are very happy here and they said the staff support them when they ask for support. They do not want to leave. The care records reflect their needs and are reviewed when needed". Records showed people had monthly meetings with their keyworkers to discuss their needs and any issues they may have. Care records had been updated where required to ensure the information held about people remained up to date.

People felt that staff knew them and their care needs well. One person said, "The staff know me well they treat me as an individual. Another person told us, "When I feel low, I say always look on the bright side of life. A staff member told me that, it helps. They support me well I am happy here". Staff we spoke with had a good understanding of people's likes, dislikes and preferences with regards to their care. For example, staff could tell us about people's hobbies, background, and aspirations. Records contained personalised information about people's preferences and staff knowledge reflected the information recorded.

People told us staff were responsive to their needs. One person said, "I only have to ask and the staff are there to assist me. They stop what they are doing to help me. This is good". We saw that staff provided support to people when requested. For example, a person asked for assistance to dry their hair and the staff member provided assistance without delay. Another person said, "If I want a cigarette the staff get me one and give me my lighter I rarely have to wait". The healthcare professional we spoke with told us, "The staff are responsive and they have listened to our recommendations and applied the strategies we think will work better. The manager is also keen to implement any changes we recommend. They have already purchased the furniture we said would benefit a person".

People told us they were supported to take part in activities they enjoyed. One person said, "I like gardening. I use the green house. The staff encourage me to use it". Another person told us, "The staff ask me what I want to do and I want to go on a cookery course. The staff are trying to find a course for me". We saw people who were able to went out to places they liked such as going shopping. Other people kept themselves busy by playing cards, completing jigsaws and colouring. We saw people were asked about what activities they wished to take part in and that staff then supported them to do this. Some people went out in the car which

was provided for their use to go shopping and to have a drink out locally. We saw that people had previously been supported to visit the cinema, museums and to go on holiday. All people we spoke with confirmed that they chose what activities they wished to do. One person said, "'They try to get me to join in but sometimes I'd rather watch television".

People knew how to make a complaint if required. One person told us, "If I was not happy I would go to the manager. But there are no complaints from me". The relative we spoke with said, "I have no complaints but I know a procedure is in place and I would speak to the manager". We saw that information was displayed informing people of how they could complain if they needed too. This was provided in an accessible format for people. Information provided by the provider told us that the home had not received any complaints and the registered manager confirmed this. The registered manager explained how any complaints that were made would be handled, and this included completing an investigation and then providing feedback to the person.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection we found that the service required improvement as the provider had not informed us about a notifiable incident that had occurred. Improvements were also required with the record keeping and the audits undertaken at the home. We found that although some improvements had been made further improvements were required.

A review of our records confirmed that the provider had met their legal requirements and had informed us about notifiable incidents since our last visit. Some improvements had been made with the record keeping and staff now completed a daily record of the support they had provided to people and how they spent their day. However we saw further improvements were required as these daily records were not always accurate. For example we found that a record indicated that a person had a positive day without any issues. Another record for this person said they had been administered 'as required' medicine due to demonstrating behaviours.

At our last inspection in February 2016 we rated the service as Requires Improvement. The provider was required to display this rating of their overall performance. This should be both on any website operated by the provider in relation to the home and one sign should be displayed conspicuously in a place which is accessible to people who live at the home. We saw that the rating had been displayed on the website operated by the provider but we could not see this displayed in the home. We spoke with the registered manager who was not aware that the rating needed to be displayed, and displayed this immediately after being made aware.

We saw that audits were completed to monitor the quality of the service. These audits looked at areas such as medication, infection control, care records and finances. We saw that the provider also undertook monthly audits and completed a report. However, we saw that these were not always effective. For example the provider had not identified that the rating was not being displayed. And although they had checked staff recruitment files, they had not identified that action had not been taken to support the staff member with a health condition. This meant the systems in place where not always effective to determine any areas for improvement.

We saw incidents of behaviours were monitored and where incidents had occurred and increased the registered manager had taken action in response to these. This included a referral to the behavioural psychological services.

People told us they liked living at the home and they thought the manager was kind and approachable. One person said, "[Managers name] is very approachable. I can talk to her and she actually listens". Another person told us, "The boss is nice she is easy to talk to and we see lots of her". We saw that the registered manager had a visible presence around the home and people were relaxed in her company. We saw people went to see the manager when they were upset to discuss the reasons for this and the manager provided support and assistance to people. This demonstrated people felt at ease and comfortable to go to the manager and had confidence that she would assist them.

Staff told us they felt supported by the registered manager. One member of staff told us, "She is really good, very supportive and she provides good leadership and direction. She is versatile and helps us on the floor supporting people". Staff told us they enjoyed working at the home and that everyone worked well together and created an "open and inclusive atmosphere". We saw that staff meetings took place and staff confirmed that they were given the opportunity to discuss the care they provided to people. Staff also told us they felt confident to raise suggestions and that they would be listened to. One staff member said, "I feel valued and if I had any ideas these would be listened to".

Staff told us they knew how to whistle blow if they had concerns about the care provided, and they could explain how they would do this. One staff member told us, "There is a policy in place, I would raise any concerns I had and I know the manager or assistant area manager would take action". Whistleblowing is the process for raising concerns about poor practice.

We saw that people's feedback on their experience of the service was regularly sought. This was done in resident meetings, keyworker meetings and people were supported by staff to complete a survey. One person told us, "I go the meetings, they ask what I want". We also saw systems were in place to seek feedback from relatives and staff. We saw the report of the findings which contained many positive comments. We saw that some recommendations had been made in relation to the communication within the home and people getting more exercise. Actions to address these were recorded.