Accomplish Group Limited

HollyHouse

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

HollyHouse 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.

HollyHouse can accommodate ten people. At the time of our inspection there were ten people living there who were diagnosed as having a mental health and/or learning disability diagnosis. They live in a detached house in a street in the middle of Cheltenham. They each have their own bedroom, nine of which have en-suite facilities. People have personalised their rooms and share bathrooms, a kitchen, lounge, dining room and conservatory. The garden is accessible and has patio furniture. There is a covered smoking facility.

HollyHouse has been developed and designed in line with the values that underpin the Registering the Right Support, Building the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities using the service can live as ordinary a life as any citizen.

This inspection took place on 17 July 2018. At the last comprehensive inspection in September 2015 the service was rated as Good overall.

At this inspection we found the service remained Good.

People received personalised care and support which reflected their aspirations, hopes and routines important to them. Staff understood them really well, anticipating their feelings and emotions, treating them respectfully, with patience and sensitivity. People's needs had been assessed and they were involved in developing their care and support with staff. If they wanted to change any aspects of this, it was discussed with staff and their care records were updated. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were encouraged to be as independent as possible. They were being supported to learn the skills they needed to live independently if they wished. People felt safe living in the home and accessing their community with staff support. They enjoyed a wide range of activities which reflected their hobbies and lifestyle choices. People's diversity was acknowledged and respected. Staff advocated on their behalf and promoted their rights and wishes.

People were supported to stay healthy and well. They chose their weekly menus which reflected their likes and dislikes whilst promoting a healthy diet. People helped themselves to drinks and snacks and cooked meals for themselves if they wished. Each person had a health action plan which described their health care needs. They had annual check-ups with their GP and regular reviews with another specialist healthcare professional. People's medicines were managed safely.

People had access to sufficient staff to meet their needs who had been through a satisfactory recruitment process. Staff felt supported in their roles and had access to refresher training to keep their knowledge and skills up to date. Staff were knowledgeable about people, their backgrounds and individual needs. Staff understood how to keep people safe and were confident any concerns they raised would be listened to and the appropriate action taken in response.

People's views and the opinions of their relatives and staff were sought to make improvements to the service provided. People met formally each month to talk about their needs and any concerns they might have. They also talked with staff daily about any issues which were dealt with as they arose. The registered manager worked alongside staff enabling them to lead by example and to also ensure their values were embedded in people's experience of their care. People told us, "The manager is kind and respects my wishes" and "Staff support us in any way they can."

The registered manager kept up to date with current legislation and good practice, and had implemented auditing and monitoring processes effectively to ensure all aspects of the service were kept under review.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

HollyHouse

Detailed findings

Background to this inspection

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

This inspection took place on 17 July 2018 and was unannounced. This inspection was completed by one inspector.

Prior to the inspection we looked at the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We reviewed the Provider Information Record (PIR). This is a form that asks the provider to give some key information about the service, tells us what the service does well and the improvements they plan to make. We contacted the commissioners of the service to obtain their views about the care provided to people.

During our inspection we observed the care provided to seven people and spent time speaking with them. We spoke with the registered manager and five members of staff. We spoke with two social care professionals and contacted a further five social and health care professionals for feedback. We also considered a report by a local advocacy group who had visited the home. We looked at the care records for three people, including their medicines records. We looked at the recruitment records for three new members of staff, training records and quality assurance systems. We had a walk around the environment and checked health and safety and infection control records.

Good

Is the service safe?

Our findings

People's rights were upheld. Two people said they felt safe in their home. One person told us at times they felt unsafe but knew staff were there to help and support them. Staff had a good knowledge and understanding of safeguarding procedures. They had access to updated policies and procedures guiding them what they should do if they suspected abuse. Staff were confident the appropriate action would be taken in response to any concerns they raised.

Safeguarding incidents were reported to the appropriate authorities including the police, the local safeguarding team and the Care Quality Commission. People were supported to manage their relationships with each other. One person explained how they kept safe in the home. They were guided about appropriate behaviour between themselves and others living in the home, encouraging them to treat others with respect. The provider information return stated that people had been advised about how to stay safe when using social media.

People's risks were assessed and managed to keep them safe from harm. People confirmed any hazards had been identified and discussed with them. For example, one person explained how they made sure their mobile telephone was fully charged before they went out independently in case they should need staff support. Strategies had been developed in response to accidents or incidents to prevent the further risk of injury or harm. For instance, after a person had received minor burns when cooking, further training and support was provided to ensure they were aware of the risks and knew how to reduce them. The registered manager spoke about a positive risk-taking philosophy which supported people to be as independent as possible, whilst considering possible hazards and minimising risks. For example, people living with diabetes were supported to learn how to manage their diet and to self-administer their medicines.

People occasionally became upset or anxious. Staff understood what might cause or increase anxieties and how to help people manage these. Staff had completed training in the management of challenging behaviour. Staff confirmed physical intervention or medicines were rarely if ever used in response to incidents. Comprehensive incident records were completed analysing what had upset people, how staff had supported them and reflecting on what had worked well or what could be done differently. Staff were observed effectively using distraction and diversion to enable people to regain a sense of calm.

Staff understood when routines were very important for people as well as the way in which they communicated with them. They were observed closely following guidance described in the person's care records. Visiting health and social care professionals commented on how well staff understood people and how effective they been in supporting people to remain living at Holly House.

People's accommodation had been refurbished and redecorated. This was an on-going task with areas of the home highlighted for further attention. Staff checked to make sure fire and water systems were in working order. Each person had a personal evacuation plan in place describing how they would leave their home in an emergency. A fire risk assessment completed in July 2017 identified areas for improvement and these actions had been completed.

People were supported by enough staff to meet their needs. The registered manager said they worked to a minimum of four staff per shift but this was usually six to meet people's individual needs. There had been a significant reduction in the use of agency staff and the staff team confirmed staff levels were maintained and told us there are "better staffing levels" and "more new staff and less use of agency". People told us that if there was last minute sickness, particularly at weekends, the registered manager often helped out.

Recruitment processes ensured all the necessary checks had been completed including a full employment history, confirmation of their character and skills and a Disclosure and Barring Service (DBS) check. A DBS check lists includes any information held locally by police forces that is reasonably considered relevant to the post applied for. New staff completed an induction programme which included health and safety training.

People's medicines were safely administered and managed. Staff had completed training in the safe administration of medicines which included five observations of them administering these to people. People had their medicines at times to suit them and when they requested them. People were supported to manage their own medicines. Staff monitored these to make sure they were taken as prescribed. Protocols were in place for the administration of medicines to be taken when needed and when staff should call emergency services. Medicine administration charts were completed satisfactorily. Audits were in place to make sure medicines were administered safely.

People were protected against the risks of infection. They were made aware of the importance of maintaining a clean environment and helped with this task. Staff had completed infection control training and safe practice was followed including the maintenance of the appropriate records. The provider information return confirmed an annual report for 2017 had been completed, in line with the requirements of the code of practice on the prevention and control of infections. The last inspection of the home by the Food Standards Agency in 2015 had awarded them with four out of five stars or a good rating. Since then the kitchen had been completely refurbished.

People's care and support had been adapted and improved upon in response to lessons learnt from incidents or near misses. The monthly review of their care records clearly showed their progress or deterioration and the responses made by staff. The registered manager and staff described the actions they had taken to change their approaches to people so that staff could adapt the way they supported them to ensure their changing needs were met. Staff debriefs after incidents or accidents provided the opportunity to reflect on whether anything could be done differently. This learning was then shared with the staff team.

Good

Is the service effective?

Our findings

People's needs were assessed to make sure the care and support they required could be provided. The registered manager said several universally recognised assessment tools were used according to people's diagnosis, for example, of learning disability or mental health. People's physical, emotional and social needs were monitored and reviewed to ensure their care continued to be delivered in line with their requirements. Input from other healthcare professionals was part of this process. For instance, the registered manager had a meeting with commissioners to share the latest assessed needs of a person so they could plan for the future. This would ensure they received the appropriate levels of care and support.

Electronic recording systems were being used to document people's experience of their care and support such as accident and incident recording. There were plans to further develop the use of these systems. People's care and support had been developed in line with nationally recognised evidence-based guidance (Building the Right Support) to deliver person-centred care and to ensure easy access and inclusion to local communities.

People were supported by knowledgeable staff. Staff confirmed they had access to training and support to develop and maintain their skills and knowledge. A training spread sheet monitored when refresher training was needed such as first aid, food hygiene, equality and diversity and fire safety. Staff had completed the Diploma in Health and Social Care or a National Vocational Qualification. Training specific to people's needs such as mental health awareness, diabetes, dementia and the management of challenging behaviour was also provided.

The registered manager had identified the need for training around the diagnosis of 'personality disorder' and had requested this from the provider. Staff had individual support meetings every two months (or monthly during probation) to discuss their training needs and the care being provided. They said communication between the team was really good and important information was passed over in the communication diary or at handovers. Staff commented, "All training is up to date" and "I have been supported to complete training and look at my career development."

People's dietary needs had been discussed with them. They were supported to eat and drink healthily. They were also supported to manage risks to their health whilst balancing their preferences for food or drink which might increase their risk of illness. The provider information return confirmed, we provide "them with as much information as possible to make informed decisions about what they are eating". People were observed helping themselves to drinks and snacks. People living with diabetes had emergency supplies of drinks and snacks available should the need arise. People chose their meals each week and some people prepared and cooked their own meals. People's weight was monitored and people were supported in weight loss programmes if they wished to reduce their weight.

People's health and wellbeing was promoted. They had a health action plan and a summary of their healthcare needs to take to hospital in an emergency. They had annual health checks in line with national campaigns to ensure people with a learning disability had access to healthcare services. People attended

dentist and chiropody appointments. Their changing health needs were raised with the appropriate health care professionals and people were supported to manage long term conditions. Staff worked closely with social and healthcare professionals to share information to ensure they received coordinated and timely services when needed. A visiting social care professional told us, "They have been helpful in giving information when required and supportive of a recent funding process."

People lived in a house situated in a residential area. They had been involved in decorating their rooms and choosing the décor of communal areas. The registered manager said the provider had recognised the accommodation provided in the home could be better and refurbishments had been made to improve the environment. This work and review of the accommodation was on-going.

People made choices about their day to day lives. They were observed choosing how to spend their time, what to eat and drink and what to wear. People's capacity to consent had been assessed in line with the Mental Capacity Act (MCA) 2005. 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 unable to consent to aspects of their care had assessments in place describing what decisions they were able and unable to make. When decisions had been made in people's best interests, for example for medicines, they were recorded and indicated who had been involved in the decision making process. When needed people had access to an independent mental health advocate to support them with major decisions about their finances or health. People were involved in discussions planning for the appointment of a lasting power of attorney (for health and/or finances). A lasting power of attorney is appointed to oversee a person's health or finances when they no longer have the capacity to make decisions for themselves.

People deprived of their liberty had been granted the appropriate authorisations in line with the Mental Capacity Act (MCA) 2005. 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 are called the Deprivation of Liberty Safeguards (DoLS). The registered manager closely monitored compliance with any conditions associated with these safeguards such as referral to a healthcare professional or travelling abroad. When restrictions were in place, staff had discussed with people about ways of making sure the least restrictive solution was found. For example, people having front door keys or being supported to manage their finances and alcohol intake responsibly. A member of staff said, "We are strict and have rules without being authoritarian."

Good

Is the service caring?

Our findings

People had developed positive relationships with staff. They were observed spending time with staff, enjoying their company. They chatted amiably, shared jokes and were relaxed and happy. People said, "Staff are good" and "They have my back." Social and health care professionals told us, "They know her really well" and "The overall ambience of the home has improved." Staff knew people really well. They were aware of their backgrounds and personal histories. The provider information return (PIR) stated, "People are de-escalated through a calm and reassuring manner which is a comforting low arousal approach." Staff appreciated how important routines were to people and respected these. Staff were observed anticipating people's anxieties and worries, enabling them to cope and manage their emotions. Staff gently responded to people using sensitivity, patience and compassion. Representatives from a local advocacy group said, "There was a feeling of family" and "Staff were great; approachable for service users."

People's equality and diversity was recognised. People's protected characteristics under the Equality Act were promoted. Staff respected people's lifestyle choices and supported them discreetly and sensitively. They advocated for them within the home minimising discrimination and possible harassment. People's cultural and spiritual needs had been discussed with them and the impact this was likely to have on their care and support. People were supported to attend religious services of their choice and also attended associated day services where they took part in services and activities. People with pets were supported to look after them.

People said they talked with staff about their care needs. Each month they formally met with staff to give feedback about their care and support. This was recorded and included reflecting about anything they might like to change. We observed people informally chatting with staff about their views and opinions about their care and support and coming to an agreement about the way forward. The PIR stated, we aim to put people at the "centre of the service", to help them "feel valued and empowered" and creating a "positive culture". Staff confirmed, "There has been a change in culture for the better" and "I raised concerns about the wellbeing of one person which resulted in them being referred to a health care professional with a really positive outcome."

People said they were able to keep in touch with those important to them. They met with friends socially at clubs. They contacted their parents by telephone or video links. Relatives and friends were welcome to visit at any time and there were private areas for people to meet with them if they wished.

People's privacy and dignity was respected. People decided when they wanted to spend time alone and staff respected this. People were encouraged to be as independent as possible. People chatted with us about how they were learning to be independent in aspects of their daily lives so they could eventually live more independently. People's information was treated confidentially and staff were discreet when they shared information with social and health care professionals. A member of staff commented, "We do the best we can" and a person told us "Staff support us in any way they can."

Good

Is the service responsive?

Our findings

People's care was individualised, reflecting their personal needs, routines important to them and their choices about how they would like to live their day to day lives. People told us how they were involved in making sure their care and support reflected what they needed. For example, having scheduled time with an individual member of staff to do activities of their choice each day. The provider information return (PIR) stated, "People have detailed support plans completed with their maximum involvement, with support from specialists within the service." People were observed confidently discussing with staff their plans for the day and week ahead. If changes were needed to their routines, for example, going to a health care appointment instead of a planned activity, they were involved in the planning of these changes to reduce any anxieties.

People's care records were reviewed and amended with them. Monthly and six monthly reviews were held to make sure their needs continued to be met. Records evidenced when there were any changes and staff were informed of these and expected to confirm they had read the changes on a read and sign record. People confirmed they were involved in the planning of their care and support. They said, "They respect my wishes" and "They are helping me to learn the skills to live on my own, but I'm not ready yet." The PIR confirmed, "We created a plan towards a more independent lifestyle after a person voiced that what is most important to them, was going out by themselves again." Other people told us how they helped with the shopping, cooking and laundry as well as using public transport.

People were supported to participate in activities which supported them to avoid social isolation in line with nationally recognised evidence-based guidance (Building the Right Support). The registered manager said, "People we support are encouraged to voice their opinions and staff and management are responsive to their wants." People said they enjoyed a wide range of activities which included swimming and using a gym at their local club, using facilities such as shops, libraries and going to car boot sales. Their chosen activities were discussed with them and staff also encouraged people to try new activities. For example, they had joined a national dieting club, attended a local vintage car rally and were considering options for travelling abroad. One person had said they would like to set up their own business and had been offered a paid job to clean the vehicle used by the home. This enabled them to acquire the skills they needed in a safe environment before trying other options.

People's communication needs had been discussed with them and were highlighted in their care plans. Consideration had been given to complying with the Accessible Information Standard. When needed information was provided in an easy to read format using pictures and photographs to illustrate the text. For example, health action plans and care plans. People's care records guided staff about how to interpret their behaviour and body language as an expression of how they were feeling and how staff should respond. For instance, giving space, talking slowly and in short sentences. The registered manager was aware of the need to make information accessible to people. People had been encouraged to embrace information technology. People had telephones which could use the home's broadband connections.

People were confident raising concerns. They said they would talk with the registered manager or staff. They talked formally each month with staff about any issues or worries they might have. They told us, "I would

talk with [name of registered manager] she's pretty cool" and "I am confident the manager would look into my concerns." A record of complaints received was kept electronically and monitored by the provider. Full records were kept with any action taken in response and what feedback had been given to the complainant. Three complaints had been received in 2018 and dealt with to the satisfaction of the complainant. The registered manager and staff were open, accessible and approachable listening to people's concerns and issues as they arose. The registered manager reflected that it was important that people knew they would be listened to and were given feedback about what action could or could not be taken in response to their concerns.

People's preferences for end of life care had been discussed with them as appropriate. Records confirmed how they would like to be supported, their choice of service and memorial.

Good

Is the service well-led?

Our findings

People benefited from a person centred approach to their care and support. The registered manager said they empowered people, providing them with a home and tailoring their support. By working alongside staff, the registered manager was able to observe the quality of care provided first hand. They were able to lead by example and to impress on staff the culture and values of the service they wished to be provided. Staff said, "There was a good transition between managers, it has been enjoyable to be around and a positive change in culture" and "We do our best and provide a friendly and welcoming home."

There had been a change in registered manager since our last inspection. 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. Social and health care professionals commented, "[Name] approach has had significant positive impact" and "I have additionally noted an improvement on staff morale and with this the overall ambience of the home." Staff and people said they felt able to raise concerns and challenge ways of working. One person told us, "If a staff member is doing anything wrong I would speak to the manager, who would look at the best option to deal with it."

The registered manager understood her responsibilities to meet the Care Quality Commission's (CQC) requirements and to adhere to health and safety legislation and keep up to date with changes in legislation and best practice. She maintained her professional development and had become a trainer so that she could deliver training face to face with staff. People's personal information was kept confidentially and securely in line with national guidance. Staff felt supported in their roles and were confident raising concerns under the whistle blowing procedures. Staff said, "The manager is brilliant, doing really well" and "The team are working better together, there is much more transparency."

The registered manager completed a range of quality assurance checks. These showed areas such as health and safety, fire systems, food hygiene and medicines were managed effectively. The registered manager had also identified key areas for further improvement such as the review of care plans, activities and the environment. The provider monitored people's experience of their care and support through regular visits to the service and produced an annual quality assurance report. These audits recognised the need for improvements and actions identified were being implemented. The registered manager was also commended for the improvements already made. The registered manager confirmed electronic recording systems and databases were in place which enabled the provider to have more effective monitoring of the quality of the service provided. There were plans to further expand these over time to include areas such as care planning.

People, their relatives and staff were asked for their opinions of the service. People were able to talk with staff each month as well as giving feedback on a daily basis. People were invited to attend a "Have your say" day with the provider and other people using their services. There was a suggestion box in the home and people also attended house meetings. The registered manager said a person had recently requested a hot

tub for the garden and she had explained this was not feasible at present but an adult paddling pool with seats could be purchased. Staff said they felt able to make suggestions about changes to care and support which the registered manager had positively responded to. For example, seeking advice and training from health care professionals.

People benefited from staff who had learnt from incidents and feedback from people. Staff reflected about their responses to incidents and whether any changes should be made to the support they provided. A health care professional commented, "With [Name] support to ensure they have the right staff, use the correct behavioural approaches they have enabled a person to stay in their home." The provider information return written by the registered manager stated, "I try to create an open and nurturing environment."

There were links with local agencies and organisations which a health care professional confirmed had grown over the years. Records confirmed information was shared with other agencies and organisations when needed to ensure people's health and wellbeing was promoted. In line with nationally recognised evidence-based guidance (Building the Right Support) people lived in a home in a local community where they were able to forge links and relationships.