Darlington Borough Council

Holicote

Inspection report

93 Newton Lane, Darlington, Co Durham. DL3 9HH
Tel: 01325 469707
Website:

Date of inspection visit: 10 August 2015
Date of publication: 04/09/2015

Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	
Is the service caring?	
Is the service responsive?	
Is the service well-led?	Good

Overall summary

At the last unannounced, comprehensive inspection on 15 December 2014, we identified breaches of the Care Quality Commission Registration Regulations 2009. We asked the registered provider to take action to make improvements. We asked the registered provider to ensure they were preventing the risk of cross infection by having the appropriate equipment and policies in place. We asked the registered provider to ensure they had up to date policies in place for staff to follow. We asked the registered provider to improve their quality assurance process and management visits. We also asked the provider to deliver staff training on the Deprivation of Liberty Safeguards process and Mental Capacity Act.

The registered provider wrote to us to say what they would do to meet legal requirements in relation to these breaches.

We undertook this focussed inspection to check that the registered provider had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to the previously identified breaches of regulation.

We inspected Holicote on10 August 2015. This was an unannounced inspection which meant that the staff and registered provider did not know that we would be visiting. This was a follow up visit to our inspection on 15 December 2014.

Holicote is registered to provide accommodation for people who require nursing or personal care. The service

Summary of findings

provides respite care for up to five people with a learning disability who live in the Darlington area. The service is situated in the local community and is part of a housing complex.

The service had a registered manager in place. 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.

At the last inspection we saw that there was no guidance in place for "as required" medicines and we requested that this be put in place as soon as possible to ensure these medicines were administered safely. We saw on this visit the recording of medicines had improved with "as required" protocol's now in place for each person along with their photograph and other important information such as allergies and their GP contact details. This meant staff had clear and consistent guidance on the use of medicines for people.

At our last inspection we saw appropriate policies and procedures were not in place for the management of infection control. The service did not have an infection control policy, and Measures were not in place to reduce the risks of contamination by safe methods of transporting contaminated items. We saw on this visit the service had immediately sought the appropriate equipment for moving soiled linen and a new policy was put in place. This meant that staff had the equipment, knowledge and support to minimise the risk of cross infection at the service.

On our previous visit in December 2014, concerns were raised by a staff member about the quality of cleaning at the service. With additional training, support, new policies and procedures and new equipment we saw and was told that the cleanliness of the service had much improved.

On our last visit we found that staff did not all understand about the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). We were told that all staff had received training from the local authority's lead person for the MCA and DoLS processes.

At our last visit we found not all policies that were needed were in place at the service. There was no infection control policy or Deprivation of Liberty Safeguards policy. This meant staff could not be expected to follow correct and safe procedures if guidance was not in place for them to access. On this visit we saw new policies were in place and the service had taken measures to ensure staff had read and understood them. The service had also implemented a more robust monthly registered manager's audit that took a wider view of quality at the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

There were policies and procedures to ensure people received their medicines safely. “As required” protocols and photographs were now in place for every person who used the service.

The service had policies, procedures, new equipment and training to ensure staff understood infection control procedures. Staff told us the cleanliness at the service had improved.

Is the service effective?

Is the service caring?

Is the service responsive?

Is the service well-led?

Good

The service was well-led.

There were effective systems in place to monitor and improve the quality of the service provided.

Policies were now in place which meant staff had the correct guidance when working with people.

Regular visits were in place by the registered manager to audit the service and changes were made to ensure people’s views were sought as part of this quality assurance process.

Holicote

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.

We inspected Holicote on10 August 2015, this was to check they had made improvements since their last inspection on 15 December 2014. This was an unannounced inspection which meant that the staff and provider did not know that we would be visiting.

The inspection team consisted of an adult social care inspector.

Before the inspection we reviewed all the information we held about the service. The provider had completed a provider information return (PIR) which we received in 2014. 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.

We spoke with the local authority commissioning service who had recently inspected Holicote. They told us they found much the same things as were in the CQC report from December 2014. On their re-inspection they stated the service manager and registered manager had worked hard and found on their last visit there were just a few minor recommendations to bring the service in-line with their local authority's contractual requirements,

We spoke with the registered manager and the service manager.

We looked at records that related to the day to day running of the service.

Good

Is the service safe?

Our findings

On our last inspection we were told by care staff that there were issues with the quality of cleaning by the two domestic staff. Staff told us; “It’s not done the right way and you have to go over it again,” and “Mops have been found in the wrong buckets.”

There were two cleaners who worked at Holicote who have a learning disability themselves. Following our visit, an employment support service was brought in to act as mentors and coaches for the cleaners, they attended infection control training and new easy read job sheets were put in place so the cleaners could easily show the tasks they had completed. The service manager told us; “It’s a lot cleaner now and our relationship with the cleaners has improved hugely.”

Many people using the Holicote respite service require support with continence needs. On our last visit we saw there was no policy in place for how staff should manage soiled items and no safe way of transporting soiled items to the laundry to reduce any infection risk. This meant that staff and people using the service were at risk of acquiring a healthcare acquired infection.

Following our visit, the service immediately sought red bags to ensure items could be carried safely. A new policy was written and shared with staff for the management of infection control. All staff were also trained by the local infection control nurse from the Clinical Commissioning Group and the specialist nurse also provided advice and visited the service. This meant that staff had the equipment, knowledge and support to minimise the risk of cross infection at the service. At our last inspection we saw there was no guidance in place for “as required” medicines and we requested that this be put in place as soon as possible to ensure these medicines were administered safely. On this visit we saw that the medication form had been re-designed to enable two staff to sign all administrations of medicines and new “as required” guidance was put in place. We saw the recording of medicines had been improved with “as required” protocol’s now in place for each person along with their photograph and other important information such as allergies and their GP contact details. This meant staff had clear and consistent guidance on the use of medicines for people.

Is the service effective?

Our findings

Is the service caring?

Our findings

Is the service responsive?

Our findings

Good

Is the service well-led?

Our findings

The home had a clear management structure in place led by a registered manager who was not based at the service as they had other roles within the local authority services. The service manager was in day to day charge of the service and worked alongside staff providing support to people. The service manager had been undertaking two roles at the start of the year but since October 2014 they were just in charge at Holicote. At our last visit the service manager said they were going to implement one page profiles starting with staff and moving on to people who used the service to ensure that everyone was working with a person centred approach. One page profiles state what is important to and for someone and can be recorded on one page. On this inspection we saw these were now in place for people and improvements had been made to the care files to make them more person centred and easier to follow.

The law requires that providers send notifications of changes, events or incidents at the home to the Care Quality Commission. We had received appropriate notifications from the service as well as an action plan following our last inspection stating how and by then the service would meet the requirements we set out.

On our last visit we saw the registered manager visited the service monthly to carry out an audit based on a previous regulatory regime Regulation 26 visit. Whilst this check did look at records, fire checks, medicines, safeguarding and recruitment it did not give a thorough or holistic quality check of the service. The registered manager showed us they had now implemented a new quality assurance visit report that included the views of the people who used the service and their families. The service manager also told us they had commenced monthly meetings for people who used the service to gain their views and talk about what was happening at Holicote. This meant that people were more involved in the running of the service and their views were sought.

On our last visit to the service we saw several key policies were not in place at the service including infection control and Deprivation of Liberty Safeguards and the Mental Capacity Act. This meant staff and people using the service could be at risk of inappropriate or unsafe care and treatment. We saw that the service had implemented new policies and procedures to cover these areas and the administration of medicines following a review by the service. All these policies were discussed at staff meetings and staff had signed them to show they had read them. We also saw that staff had received training in the Deprivation of Liberty Safeguards and the Mental Capacity Act from the local authority lead person in this area and the local infection control lead nurse. This meant that staff had the guidance and training to work in safe ways.