Your Healthcare Community Interest Company

Hollyfield House

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

Overall summary

We undertook an unannounced inspection of the service on 10 November 2015. At our last inspection on 12 December 2013 the service was meeting the regulations inspected.

Your Healthcare Community Interest Company is a social enterprise based at Hollyfield House which provides a reablement service to people leaving hospital. This includes providing people with personal care and support for up to six weeks in their own home after discharge from hospital. At the time of our inspection the service was supporting 30 people with their personal care. The staff providing care were called 'enablers'. The reablement service works closely with the provider's occupational therapy, rapid response and district nursing teams.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were provided with the support they required, this included meeting people's personal care needs and supporting people to gain confidence and become more

Summary of findings

independent. The service worked closely with the provider's occupational therapy team to identify people's needs and to help ensure the support provided maintained people's health and welfare. Risks to people's safety were identified and management plans were in place to minimise those risks. This included ensuring appropriate equipment was in place to support the person safely whilst maintaining their independence.

Staff supported people in line with their preferences and ensured they were involved in decisions about their care. Staff were aware of how people communicated and were knowledgeable about people's non-verbal communication methods. Staff were aware of their requirements under the Mental Capacity Act 2005 and supported people appropriately.

Staff supported people with their nutritional needs, and liaised with healthcare professionals as necessary to help people manage their health. Healthcare professionals informed us staff were quick to raise any concerns about people's health, so that people could be supported appropriately and preventative measures could be implemented, for example in regards to pressure ulcer development. Staff supported people with their medicines.

Staff were respectful of people's privacy and dignity. They were knowledgeable about people's individual preferences, their culture and their religion and ensured they provided support that met these needs.

Staff received regular training to ensure they had the knowledge and skills to meet people's needs. Competency assessments were undertaken prior to new staff being able to provide support unsupervised, and their competency was regularly checked through supervision sessions. The management team undertook spot checks to review the quality of support provided and ensure it was in line with people's care plans.

Staff were supported by their colleagues and their managers. They felt comfortable asking for advice and were encouraged to express their views and opinions. The management team used feedback from staff, people and their relatives to adjust the service and improve service delivery so that it met the needs of the local population.

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 sufficient staff to meet people's needs, including ensuring two staff were provided when required.

Staff were aware of the risks to people's safety and supported people to manage those risks. Staff followed safeguarding procedures when needed.

People received their medicines as prescribed.

Is the service effective?

Good

The service was effective. Staff had the knowledge and skills to support people with their personal care needs. Staff also supported people with their nutritional needs and liaised with healthcare professionals when needed to support people to maintain their health.

Staff had training on the Mental Capacity Act 2005 and supported people in line with the Act. Staff ensured people consented prior to providing support, and information was included in people's care records if they needed additional support to make decisions about their care.

Is the service caring?

Good

The service was caring. Staff had built good working relationships with people. They ensured people were involved in decisions about their care and provided support in line with people's preferences. Staff were aware of people's communication needs.

Staff respected people's privacy and dignity. Staff were aware of people's religious and cultural preferences and provided support in line with these.

Is the service responsive?

Good

The service was responsive. The service worked with the provider's occupational therapy team to identify people's personal care needs. Support was provided to develop people's independence and support them to rebuild their skills.

People were encouraged to give feedback about the service and were asked to complete satisfaction surveys. The staff used the findings from the satisfaction surveys to improve the service provided. Complaints were investigated and dealt with appropriately.

Is the service well-led?

Good

The service was well-led. Staff were supported by their manager and their colleagues. They felt comfortable asking for advice and expressing their opinions.

The senior staff checked the quality of care and support provided. This included going to people's homes to observe the support provided and review care records. The service held meetings to identify ways to further improve service delivery.

Hollyfield 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 10 November 2015 and was unannounced. The inspection was undertaken by an 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.

Prior to the inspection we reviewed the information we held about the service. This included the statutory notifications received. Before the inspection questionnaires were sent to staff, people and their relatives to obtain their feedback about the service. 30 staff, 12 people and two relatives returned completed questionnaires. We reviewed the findings and used the information to inform our inspection planning.

During the inspection we spoke with seven staff, reviewed five staff records and seven people's care records. We reviewed records relating to the management of the service. We spoke with representatives from the occupational therapy team, the district nursing team and the rapid response team who work closely with the domiciliary care service.

After the inspection we spoke with six people who used the service and eight relatives.

Good

Is the service safe?

Our findings

One person's relative told us, "I feel [the person] is very safe with the carers and I can now nip down to the local shop for a paper when they are here without worrying about [the person]." One person said, "[I] feel very safe with the carers who come."

When asking people whether there were sufficient staff to meet their needs, one person said, "Most certainly. The staff are very good indeed you couldn't wish for better." The registered manager regularly reviewed the staffing levels at the service to ensure they were able to provide people with the support they required. The service was currently in the process of recruiting staff to accommodate the additional referrals expected throughout the winter months. On each shift an additional staff member was identified to act as a 'floater' meaning they were able to provide cover when needed, for example, in response to staff sickness or when staff were held up at an appointment and unable to attend all their calls that day. Some people at the service required the support of two staff, for example, if they needed support with moving, transferring and mobilising around their home. There was an allocated 'double up' team. This enabled staff to work in pairs providing support to people who required this. This benefitted people as it meant staff were able to travel together so people did not have to wait for both staff to turn up before receiving support with personal care, and staff were familiar with each other's working styles to enable better joint working. One person's relative told us, "We have two carers. They always come in the same car and we have never had only one carer turn up."

Safe recruitment practices were followed to ensure suitable staff were employed. This included ensuring staff had relevant experience and qualifications. Among recruitment checks that were carried out, criminal records checks were completed, references from previous employers were obtained, people's identity and their eligibility to work in the UK was checked to ensure appropriate staff were employed to work in a caring role.

The management team, in combination with the occupational therapy team, assessed the risks to people's safety and welfare. People's care records identified the risks to their safety and how staff were to support them to manage those risks. This included the risk of people falling and the support they required in regards to their mobility, and the risk of developing pressure ulcers and how their skin integrity was to be maintained. Equipment was in place to support people to manage their risks, including mobility aids and pressure relieving equipment. For example, one person needed the use of a walking stick, however, they often forgot to use it due to memory problems. Staff ensured they reminded the person to use the equipment provided to maintain their safety. If staff were unsure of how to use the equipment or how to maintain a person's safety they liaised with the occupational therapy team to receive further training and information.

Staff supported people to be protected from harm. Staff were able to describe signs of abuse and they told us any concerns about a person's safety were raised to their manager. There were clear expectations and requirements in regards to reporting allegations of possible abuse. The management team liaised with the local authority's safeguarding team if they had concerns a person was being abused. The provider had a safeguarding lead who staff were able to approach if they needed any advice or support relating to safeguarding people. This person was also available to support staff involved in safeguarding investigations.

People who required support with their medicines received this safely. In regards to their medicines, one person told us, "The carers give it to me and they record what they have given and when in the diary. I do have a lot of pain and they give me pain relief." Information was included in people's care records of the medicines they were taking, the dose and when they were required to take them. Staff said they had access to this information when supporting people and it was clear what medicines people were required to take and when. Staff told us when they supported people to take their medicines they recorded this on a medicines administration record (MAR) detailing the medicines given, dose and time they were given. Unfortunately we were unable to view the completed MARs as these were kept at people's home. However, we saw that the management team reviewed the accuracy of MARs during their quality checks. Some people who had memory problems required their medicines to be kept in a secure storage device as there was a risk that they would not remember that they had already received their medicines and take additional medicines than their required dose.

Good

Is the service effective?

Our findings

One person told us, "I think the staff are well trained and knowledgeable." A representative from the district nursing team told us staff were, "Competent and confident."

Staff completed an induction to ensure they were aware of their roles and duties, and were able to undertake them competently. The induction included shadowing experienced staff, and completing training required for their role.

Staff regularly attended training to ensure they had the knowledge and skills to undertake their roles. This included training on safeguarding adults, moving and handling, assessing risk, dementia awareness and medicine administration. Staff said there were, "Always training courses." The management team discussed the content of training courses with staff during regular supervision sessions to ensure they understood the training and retained what they were taught. Regular competency assessments were undertaken to ensure staff provided safe care to people in regards to moving and handling, and medicine administration. Staff were also able to achieve qualifications relevant to their role including National Vocational Qualifications in health and social care. When allocating staff to support people the management team ensured staff had the skills to support people including interpersonal skills to ensure staff and people worked well together.

The management team supervised staff and reviewed staff's performance and the support provided to people. Supervision sessions were also used to identify where staff could further support their colleagues. For example, a new electronic recording system had been introduced and one staff member had been asked to share their IT skills with other staff.

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. We checked whether the service was working within the principles of the MCA.

Staff had recently received training on the Mental Capacity Act (MCA) 2005 and they were aware of their responsibilities in regards to supporting people within the principles of the Act. In was clear within people's records whether they had the capacity to consent to their care and under what circumstances a MCA assessment may be required to establish whether people could consent to their care, for example in regards to more complex decisions. Staff ensured people had the required information in order to make informed decisions about their care. Staff explained what they were planning to do before providing support to ensure they had the person's consent to continue with their duties. Staff were clear about people who had a power of attorney in place to make decisions on their behalf in regards to financial, or care and welfare decisions.

Staff supported people at mealtimes if they required it. Information was included in people's care records about what support they required at mealtimes. We saw there were concerns that one person had a loss of appetite and there were concerns that they were only eating very small amounts. Staff were instructed to provide meals for this person and also to ensure that snacks and drinks were left within the person's reach. Another person wanted to become more independent with meal preparation and to manage their own nutritional needs, and staff were supporting them to rebuild these skills.

The service worked closely with people's GPs, the provider's occupational therapy team, district nursing team and the rapid response team to ensure people's healthcare needs were met. The rapid response team ensures any urgent nursing needs are able to be met at the person's home without admission to hospital where possible. Staff told us there was good joint working and there was always staff around to ask for their opinion about how to support people with any healthcare needs. Representatives from the occupational therapy and nursing teams told us staff liaised with them appropriately and always raised any concerns they had about people's healthcare needs. A representative from the rapid response team told us the staff were, "keen, supportive" and quick to "check things out." A person's relative said staff were "very proactive" in getting support with the person's healthcare needs.

Good

Is the service caring?

Our findings

In regards to staff one person told us, “They are very nice people and I do have regular carers I can trust.” Another person said, “Yes they are very nice and we get on well. We have a good rapport and they seem to like me.” A relative told us, “They deal with the [the person] in a supportive and gentle way.”

A representative from the occupational therapy team told us the staff were, “Very different but all very good. They are very caring.” A representative from the district nursing team described the way staff spoke and interacted with people as “lovely”, “empathetic” and “appropriate”.

People were encouraged to be involved in decisions about their care. They were asked about the support they required and how they wanted that support to be delivered. The management team told us it was important for people to engage in the service and be able to work towards agreed goals. Staff told us they ensured people were involved in day to day decisions about how they were supported. One person said, “No matter what they are doing we are always consulted.”

Staff were aware of how people communicated. As much as possible staff spoke the same language as the people they were supporting, however, interpreters were used when required. Staff told us they were able to communicate with people, and were able to use gestures and body language to ensure people understood what was being said. One person’s relative said, “Although my wife has communication problems they still ask her for consent before they do anything and they are getting to know and understand her hand signs and gestures now.”

The same staff supported people to ensure continuity of care, and to enable staff to build relationships with people. Staff were matched to people according to their skill set and also considered personalities, interests and cultural backgrounds. If people requested a change in staff this was respected and actioned. Staff were also matched according to people’s preferences. For example, the service was recruiting more male staff as some people preferred to be supported by men.

People’s care records outlined people’s religion and their cultural needs. Staff were aware of people’s backgrounds, and were respectful of people’s religions and cultures. This included ensuring their preferences in regards to how personal care was delivered and how their nutritional needs were met. For example staff were aware of what practices needed to be followed on a person’s religious Sabbath day and ensured appointments did not clash with the times people kept for prayer.

Staff respected people’s privacy and dignity whilst undertaking personal care. This included use of clothing and towels to ensure people did not feel exposed. Personal care was undertaken in the privacy of people’s bathrooms or bedrooms with curtains and doors shut. If people required prompting with personal care then staff gave them the space to undertake their own personal care in privacy. One staff member told us, “You treat people how you would like to be treated.” A person’s relative said, “They are very respectful more like family. When it comes to dignity they pull the blinds … when doing his personal care. They cover him with a towel when washing his top half... When hoisting [the person] they make sure [they are] covered with a towel and they protect their privacy.”

Good

Is the service responsive?

Our findings

A representative from the district nursing team told us, people received "proper care" from the reablement service. They said they "cannot speak more highly" about the service, and staff always made sure people were safe and well before leaving them. The senior manager said about their staff, "They care. They're proactive in getting things sorted for people. They go the extra mile."

All referrals to the service came through a 'single point of access'. This enabled the occupational therapy team to assess people's needs and identify those that would benefit from accessing the reablement service. The occupational therapist worked with people, their relatives and the reablement staff to identify what goals people wanted to achieve with the support of staff. A care plan was produced outlining where people required support with their personal care and how that support was to be delivered. One staff member told us, "Reablement has been one of the best things …People get a chance to be independent again." Another staff member said their role was "to give [people] confidence."

Staff were able to give people a service tailored to their needs, and gave people the time during appointments to undertake the tasks they were able to do. One staff member said in regards to supporting people with their personal care, "We're there for as long as needed…we go at their pace." The focus of the service was on what people could do and enabling them to do as much as they could for themselves. Staff said that best bit of their role was, "Seeing people developing and becoming more independent" and they were most proud of, "Getting people to the stage where they can do things for themselves." One person's relative told us, "They are encouraging [the person] to try and dress themselves. They have to be jollied along and [the staff] are good at that." Another person's relative said, "They are trying to get [the person] as independent as possible and we are very grateful for this.

A representative from the occupational therapy told us they reviewed the daily records kept by staff about the support provided to people. This enabled them to ensure appropriate support was being provided and to identify any patterns in behaviour that suggest people had additional needs that had not been previously identified.

A weekly meeting was held between the service, the occupational therapy team and the rapid response team to discuss people's needs and to identify who was ready to leave the service and whether they required additional long term care and support. For example, one person had been supported to manage most of their personal care independently but continued to need support to wash their back and lower legs.

There were support structures in place to enable staff to further support people with their individual needs. For example, staff had access to a community dementia nurse who was able to provide them with advice and guidance about how to provide a responsive service to people living with dementia.

A process was in place to record and respond to complaints. The staff told us they worked with people to address any concerns before they escalated to a complaint. All complaints were reviewed by a member of the management team to ensure the complaint was investigated appropriately and action was taken to address the concerns. One person's relative said, "I feel I could discuss any worries with them and they would handle it very professionally."

People and their relatives were asked for their views and opinions during the completion of a satisfaction survey at the end of their engagement with the service. The findings from the satisfaction surveys were reviewed and used to implement changes within the service to improve the support provided to others. Previously feedback showed that some relatives thought the support provided was for long term care needs, rather than a short term assessment and reablement service. In response to this feedback the service worked with the hospital and occupational therapy team to ensure better information was provided to people and their relatives explaining the role of the service.

Good

Is the service well-led?

Our findings

One person's relative said, "I think the service is very well managed, I cannot give them enough praise." Another person's relative told us, "I don't think there is any need for improvements as the service is just perfect and is working well."

One staff member told us in regards to team working, "We always support each other…Don't feel like you're on your own." Another staff member said if they had any concerns, or needed advice they "just ring" and "there's always support at the end of the phone." All staff we spoke to felt well supported by their manager and the provider's management team.

The management team encouraged staff to share their ideas and there was open information sharing amongst the team. Meetings were held quarterly with all staff to review referral processes and joint working arrangements with healthcare services. Meetings were also held with senior staff to review on call arrangements and management processes, including supervision of staff who required additional support.

Staff enjoyed their job and were proud of the service they provided. However, they said at times when they were nominated as 'on call' as well as required to undertake their roles and responsibilities providing personal care that this could be stressful. We informed the registered manager and another of the provider's managers about this pressure within the staff team and they said they would relook at the on call duties and establish if there was any further support that could be implemented to relieve this stress and pressure on their staff team. They also informed us that another staff member was available to stand in and cover the support provided to people to enable the staff member to focus on their on call duties, and they would reemphasis this support to the staff team to ensure it was utilised when required.

The senior staff checked the quality of care provided to people. This included undertaking 'on the job' supervision, where senior staff went to people's homes, reviewed the support provided, the interactions between staff and people, and reviewed the quality of care records. From the completed supervisions we saw that staff were completing people's care records appropriately and accurately, reflecting what support had been provided and the medicines administered. During these reviews senior staff asked people for their feedback about the staff member. We saw that people were happy with the support provided and liked the staff. The records confirmed that staff adhered to people's care plans, supporting them to undertake tasks independently and to make progress with identified goals.

There were a range of staff meetings held to review service delivery and to look at what could be implemented to further improve the support people and families received. Some of these meetings also captured the views and opinions of relatives and helped tailor the service to local population needs. For example, the provider was starting to develop a 'Dementia navigator' role for families to use which would support relatives of people living with dementia to access the services and information available to them. From these meetings it was also identified that the development of the 'enabler's' role to incorporate some basic clinical tasks would enable a more responsive service. For example, staff were able to carry out testing on urine samples to diagnose urinary tract infections, and some staff were starting to be trained to test blood sugar levels for people with diabetes.

There were systems in place to record and report accident, incidents, complaints and safeguarding concerns. The management team reviewed individual cases to ensure appropriate action was taken to support the person and to identify any additional support required to prevent the incident from recurring. The management team also reviewed the information to identify any trends. If the information suggested a staff performance concern there were processes in place to support staff as necessary.