

iMap Centre Limited Hollybank

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

Hollybank is a care home that provides support for up to 4 people living with learning disabilities. The service is set out as a domestic type setting, with each person having their own room and shared communal areas. People have access to a well maintained garden to the rear of the premises. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Audit systems were in place to monitor the quality of the service being provided. We spoke with one person's relative who gave very positive feedback about the service, and one health professional who also gave good feedback. However, we have made a recommendation regarding the consistent completion of audits as these had not always been done in a timely manner. This had not impacted on the running of the service or people's wellbeing.

People were protected from the risk of abuse. Staff had received training in safeguarding vulnerable people and low level concerns had been reported to the local authority.

Recruitment practices were safe and people which helped protect people from the risk of abuse.

Staffing levels were sufficient to meet the needs of people using the service.

Training was in place for staff to ensure they had the correct skills in place to meet people's needs.

People were supported to have a nutritious diet, and where appropriate special diets were prepared in line with people's needs.

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.

Staff were kind and caring towards people and positive relationships had been developed.

Care records clearly outlined people's needs and provided instruction around how staff needed to support people.

Activities were available for people which helped protected them from the risk of social isolation.

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 remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

Hollybank

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 the 1 and 2 November and was announced. We gave the service 24 hours' notice of the inspection visit because it is small and people are often out doing activities. We needed to be sure that the manager would be in.

The inspection was carried out by one adult social care inspector. During the inspection people were not able to speak with us, however we were able to observe interactions between staff and people using the service. Following the inspection we spoke with one person's family member and a health professional who gave feedback on the service. We tried to contact two other people's family members without success. During the inspection we spoke with two members of staff and the manager. We reviewed the care records for two people using the service and the recruitment records for three members of staff. We made observations on the interior and exterior of the premises.

Is the service safe?

Our findings

People presented as relaxed and at ease in the presence of staff. We spoke to a health professional who spoke positively about safeguarding procedures being used within the service to protect people. One person's family member commented, "We simply don't have any concerns. [Our relative] has peace of mind, which for us is just perfect".

People were protected from the risk of abuse. Staff had received training in safeguarding vulnerable adults and were aware of the different types of abuse that could occur and how to report any concerns they may have.

Risk assessments were in place which clearly outlined what action staff should take to mitigate the risk of harm or injury occurring. Staff had received training in physical intervention, for which relevant risk assessments had been completed. Clear procedures were in place which showed the circumstances under which this should be used, outlining that this was a last resort. Accidents and incidents were being recorded and there were appropriate measures in place to keep people safe.

Recruitment processes remained robust. New staff had been required to provide a minimum of two references, one of which was from their most recent employer. They had also been subject to a check by the Disclosure and Barring service (DBS) to ensure they were not barred from working with vulnerable groups of people. This helped the registered provider to make informed decisions about safe recruitment.

Staffing levels were sufficient to meet the needs of people using the service. We observed an appropriate number of staff in post throughout the inspection and rotas confirmed these levels were consistent.

People received their medicines as prescribed. We looked at a sample of medicines and found that the correct quantities were being stored which indicated these had been administered as required. We looked at Medication Administration Records (MARs) which were being signed by staff to show when medicines had been given.

Protocols were in place for those medicines that needed to be administered on an 'as and when' basis. We found one example where a protocol was not in place, however the manager confirmed this would be done. This meant that processes were clear for staff.

Environmental checks had been carried out to ensure this was safe for people. Adaptations had been made to secure the kitchen to prevent people from accessing this. A fire risk assessment was in place and drills had been carried out with staff. Fire-fighting equipment had been serviced to ensure it was in good working order. Doors leading in and out of the premises were locked at all times which kept people safe.

The service was clean throughout and staff had access to personal protective equipment (PPE) such as disposable gloves and aprons. This helped to protect people from the risk and spread of infection.

Is the service effective?

Our findings

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met and found that they were.

People were empowered to have choice and control as much as possible in their day-to-day lives. One person's family member commented, "Staff support [My relative] in a way which they are comfortable with. They get to do the things they love but in a way, that is right for them. Staff never force [My relative] to do anything."

Staff had completed training they needed to carry out their role. This included training in moving and handling, safeguarding, food hygiene and infection control. Specific training had also been provided around the use of physical intervention. New staff had been required to undertake a period of shadowing experienced members of staff. The Care Certificate was also included in the induction process. The Care Certificate is a national qualification that new staff are required to complete.

People's nutritional needs were being met. One person's family member commented that their relative received a "Balanced diet". There was a menu in place which showed a variety of options were provided, and staff were aware of people's meal time preferences. Where people had specific needs in relation to the preparation of food this was clearly outlined in their care record.

Where required people had been referred to relevant health professionals, for example their GP, the community nurse or the Speech and Language team. Advice from these professionals had been incorporated into people's care records and was being used in the day-to-day management of their care.

Appropriate adaptations had been made to the service to meet people's needs. For example, the kitchen area had been secured to protect people from the risk of harm and one of the bathrooms on the first floor had been adapted to meet the needs of a person using the service.

Is the service caring?

Our findings

One person's family member told us that staff were "Very caring and kind" towards their relative which had helped to keep them "Settled". This impacted positively upon this person's family because it gave them "Peace of mind".

Positive relationships had developed between people and staff. On arrival at the service we observed staff giving one person a foot massage. This person presented as relaxed and at ease. Throughout the inspection we overheard staff talking kindly and in a friendly manner.

Staff encouraged people to maintain relationships with their families and with the community. One person's family member commented that they took their relative out on a routine basis and that staff would offer support if this was needed. During the inspection people had spent time out in the community and care records reflected that this occurred on a daily basis.

Staff acted to protect people from any distress. We spoke with a health professional who commented that staff had acted appropriately and "Brilliantly" to raise concerns and get help when they had noticed physical health issues with one person living at the service. Clear information had been kept in this person's care record and it was evident that relevant health professionals had been involved to keep this person safe.

Staff were mindful of maintaining people's privacy and dignity. People had the option of spending time in their rooms or in communal areas as they preferred. Rooms could be locked to prevent other people from entering, however staff had keys so they could access these if needed.

People's confidentiality was protected. Personal information about people was stored in an office which was locked when not in use and information that was stored electronically was password protected to prevent unauthorised access.

The service had been decorated to reflect people's preferences. One person preferred to keep the décor in their bedroom very minimal, which had been respected. Other people preferred their bedrooms to have more decoration and had added more of their own personal effects. One person's relative commented, "[My relative] loves their bedroom".

Is the service responsive?

Our findings

During the inspection we spoke to a health professional who made positive comments about the support staff gave to people. Compliments had also been received by the service which praised staff for their efforts. These included, "I just thought I would let you know how brilliant [staff] were with [people]. [Staff] interactions with [people] were genuinely lovely to see".

People's care records provided a clear outline to staff around how they should support people. These included important information about people's physical and mental health needs. Comprehensive information around the management of risk was in place along with an assessment of how this risk had been made manageable through introducing appropriate strategies.

People's care records were personalised and contained details of their likes, dislikes, personal preferences and preferred daily routines. At the front of each person's record there was a list of "dos and do nots" which included ways of interacting with people without causing them to become distressed.

Action was taken to meet people's needs. In one example the manager had contacted a sportswear company on behalf of a person using the service. This was because they had very specific preferences around some items of clothing. The manager had asked if these items could be provided and whether these could be purchased wholesale to reduce the cost to the person. At the time of the inspection a response had not been forthcoming. However, this showed a proactive response to meeting this person's needs.

During the inspection we spoke with staff and the manager about people's needs. The information provided to us reflected what was written in people's care records. This showed that staff were familiar with people and knew how to support them.

Information within people's care records had been reviewed to ensure it was kept up-to-date and accurate.

People were supported to regularly engage in activities. During the inspection people were out doing activities. Records also showed that activities such as trampolining, going for walks and bike riding were some of the things people had participated in. One person's family member commented how their relative loved going to McDonalds and was supported to do this as a treat.

There was a complaints process in place for people and their families to access if they needed to. People's family members confirmed that they knew how to make a complaint and would feel comfortable doing so. At the time of the inspection there had not been any complaints received from people using the service or their relatives.

Is the service well-led?

Our findings

At the time of the inspection the service did not have a registered manager. However, a new manager had come into post and was in the process of applying to be registered with the CQC. We received positive feedback from staff and health professionals about the new manager.

Audit systems were in place to monitor the quality of the service being provided. We observed that some of these had not always been completed in a timely manner, for example a recent medicines audit had been missed and accidents and incidents audits had not been completed for October 2018. However, when we looked into these areas we did not find any issues.

We recommend that the registered provider ensure that audits are being carried out as required within the service.

The registered provider completed monitoring visits to the service. These visits looked at people care records, medicines, accidents and incidents and the environment to ensure that standards were being maintained in these areas. We followed up on the actions required following the most recent audit and found that appropriate action had been taken.

Staff meetings were taking place during which important information about the service was passed to staff. The most recent meeting had included a discussion around maintaining professional boundaries.

At the time of the inspection the registered provider had sent surveys out to people's families to get their view on how the service was being run. This meant that the results were not yet available. However we spoke with one person's relative and looked at compliments received by the service which showed people were happy with the service being provided.

The registered provider is required by law to display the rating from their most recent inspection. During the inspection we observed that this was being done. The registered provider is also required to notify the CQC of specific events that occur within the service. This was being done as required.