MCCH Society Limited

Hollyrood

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

The inspection was carried out on 14 September 2015 and was unannounced.

The service provided accommodation for people who required personal care. The accommodation was a large detached house providing support for up to four people who live with a learning disability or associated need. Three people lived there at the time of our inspection.

There was a registered manager employed at the service who managed another two of the provider's services.. 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.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care services. The registered manager understood their responsibilities under the Mental Capacity Act 2005 and DoLS. Mental capacity assessments and decisions made in people's best

Summary of findings

interest were recorded. At the time of the inspection the registered manager had applied for a DoLS authorisation for one person living at the service, with the support of the local authority DoLS team.

People received support from staff with taking prescribed medicines. Policies and procedures were in place for the safe administration of medicines and staff had been trained to administer medicines safely.

People told us and indicated that they felt safe. Staff had received training about protecting people from abuse, and they knew what action to take if they suspected abuse. The management team had access to, and understood the safeguarding policies of the local authority.

People's needs were assessed before moving into the service with involvement from relatives, health professionals and the person's funding authority. Care plans contained detailed information and clear guidance about all aspects of a person's health, social and personal care needs to enable staff to meet people's needs.

Potential risks to people in their everyday lives had been identified, and, had been assessed in relation to the impact that it had on people.

Staff were available to meet people's assessed needs. People were encouraged and were supported to engage in activities within the service and in the community.

Recruitment practices were safe and checks were carried out to make sure staff were suitable to work with people who needed care and support. Staff received induction training and the day to day support they needed to ensure they did their job safely. Staff received support from the registered manager through supervision and an annual appraisal.

Staff supported people with their nutrition and health care needs. We found that people were enabled and encouraged to make decisions about their care. People with complex health needs were supported by relative's and health care professionals about how their care was planned and delivered.

Staff were considerate and respectful when speaking about people. Staff knew people very well, including their personal histories, hobbies and interests. There was a relaxed atmosphere in the service between people and staff.

Systems were in place for people or their relatives to raise their concerns or complaints.

There were systems in place to review accident and incidents, and the system in use was able to detect and alert the registered manager to any patterns or trends that had developed.

The registered manager ensured that they had planned for unforeseeable emergencies, so that should they happen people's care needs would continue to be met. The premises were maintained and checked to help ensure the safety of people, staff and visitors.

The management of the service was stable and staff felt supported by the registered manager. The registered manager and senior operations manager undertook regular audits and took action when changes or improvements were needed.

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.

People felt safe and staff received appropriate training and support to protect people from potential abuse.

Recruitment procedures were in place and followed recommended good practice.

Systems were in place to ensure that there were adequate numbers of staff to meet people's needs.

Medicine management was safe. People received their medicines as prescribed by their GP.

The premises and equipment was adequately maintained with a range of security checks in place.

Is the service effective?

Good

The service was effective.

Staff were supported effectively through induction, training and supervision so they had the skills needed to meet people's needs.

The registered manager understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) and people's mental capacity to consent to care or treatment was assessed and recorded.

Staff ensured people's health needs were met. Referrals were made to health and social care professionals when needed.

People were provided with a suitable range of nutritious food and drink.

Is the service caring?

Good

The service was caring.

Staff were considerate and respectful when speaking about people. Staff communicated with people using their preferred method of communication.

Staff understood people's preferences, personal histories and the best way to meet their needs.

Wherever possible, people were involved in making decisions about their care and staff took account of their individual needs and preferences.

Is the service responsive?

Good

The service was responsive.

Care plans contained detailed information and clear guidance to enable staff to meet people's needs.

The complaints procedure was available and in an accessible format to people using the service.

People were involved in making decisions about the how the service was run.

Staff made prompt referrals to healthcare professionals when people's needs changed.

Summary of findings

Is the service well-led?

Good

The service was well-led.

There was a positive and open culture, where people and staff could contribute ideas about the service.

A system was in place to regularly assess and monitor the quality of the service people received, through a series of audits. The provider sought feedback from people and their representatives and acted on comments made.

The provider keeps up to date with current best practice which is shared within the services.

Hollyrood

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 September 2015 and was unannounced. The inspection team consisted of two inspectors.

Before the inspection, 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 home, what the home does well and improvements they plan to make. We also looked at previous inspection reports and notifications about important events that had taken place at the service, which the provider is required to tell us by law.

We spoke with one person about their experience of the service and two relatives of people using the service. We spoke with four staff including three care workers and the registered manager to gain their views. We asked six health and social care professionals for their views about the service. We observed the care provided to people who were unable to tell us about their experiences.

We spent time looking at records, policies and procedures, complaint and incident and accident monitoring systems. We looked at three people's care records, three staff record files, the staff training programme, the staff rota and medicine records.

A previous inspection took place on 23 December 2013, the service had met the standards of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Good

Is the service safe?

Our findings

People and their relative's told us that they felt safe living at the service. Observations showed that people appeared comfortable with other people and staff by smiling, nodding and giving eye contact. Staff knew people well and were able to recognise signs of anxiety or upset through behaviours and body language. There was a safeguarding policy, and staff were aware of how to protect people and the action to take ifof they suspected abuse. All staff had access to the local safeguarding protocols and this included how to contact the local safeguarding team. Staff were able to describe the signs of abuse and what they would do if they had any concerns such as contacting the local authority safeguarding team. The staff induction programme included safeguarding adults from harm and abuse and staff received annual training in this topic.

The registered manager used team meetings to reinforce how to follow safeguarding procedures with staff and to discuss whistleblowing. Staff told us they were confident that any concerns they raised would be taken seriously and fully investigated to ensure people were protected. Staff were aware of the whistle blowing policy and knew they could take concerns to agencies outside of the service if they felt they were not being dealt with properly. Staff spoke about an anonymous whistleblowing helpline which was run by the provider. The provider had policies and procedures in place for ensuring that any concerns about people's safety were reported.

Potential risks to people in their everyday lives had been identified, such as risks relating to personal care, accessing the community and monitoring their health. Each risk had been assessed in relation to the impact that it had on each person. Control measures were in place to reduce the risks and guidance was in place for staff to follow about the action they needed to take to protect people from harm. Risk assessments were reviewed at the monthly meetings people had with their link worker, a link worker is a member of staff who has responsibility for ensuring people's paperwork is reviewed. These were updated if necessary, which meant staff had up to date information to meet people's needs and to reduce risks.

Medicines were managed safely. All medicines were stored securely and appropriate arrangements were in place for obtaining, recording, administering and disposing of prescribed medicines. Clear records were kept of all medicine that had been administered. The records were clear and up to date and had no gaps indicating all medicine had been administered and signed for. Any unwanted medicines were disposed of safely. Staff were suitably trained and completed an observational assessment with the registered manager prior to administering any medicines on their own.

Clear guidance was in place for people who took medicines prescribed 'as and when required' (PRN). There was a written criteria for each person, in their care plan and within the medication file, if they needed 'when required medicines'. Medicines audits were carried out on a daily basis by two members of staff. We saw clear records of the checks that had taken place.

There were enough trained staff on duty to meet people's needs. Staffing was planned around people's hobbies, activities and appointments, so the staffing levels went up and down depending on what people were doing. The registered manager made sure that there was always the right number of staff on duty to meet people's assessed needs and they kept the staff levels under review. The registered manager was available at the service when needed offering additional support if this was required. People received one to one support when it was required. For example, two people recently went to the coast for the day with two staff.

There was a team of bank staff who worked across the provider's services who could step in at short notice, to cover staff sickness or to provide extra support with activities and provide one to one support.

Recruitment practices were safe and checks were carried out to make sure staff were suitable to work with people who needed care and support. Staff recruitment checks had been completed before they started work at the service. These included obtaining suitable references, identity checks and completing a Disclose and Baring Service (DBS) background check, checking employment histories and considering applicant's health to help ensure they were safe to work at the service. The registered manager interviewed prospective staff and kept a record of how the person performed at the interview.

Staff had job descriptions and contracts so they were aware of their role and responsibilities as well as their

Good

Is the service safe?

terms and conditions of work. Successful applicants were required to complete an induction programme at the provider's head office before working alongside current staff at the service.

The premises were maintained and checked to help ensure the safety of people, staff and visitors. The staff carried out weekly health and safety checks of the environment and equipment. Procedures were in place for reporting repairs and records were kept of maintenance jobs, which were completed promptly after they had been reported. Records showed that portable electrical appliances and firefighting equipment were properly maintained and tested. Regular checks were carried out on the fire alarm and emergency lighting to make sure it was in good working order. These checks enabled people to live in a safe and adequately maintained environment.

People had a personal emergency evacuation plan (PEEP) and staff and people were involved in fire drills. A PEEP sets out the specific physical and communication requirements that each person has to ensure that they can be safely evacuated from the service in the event of a fire. People's safety in the event of an emergency had been carefully considered and recorded.

Accidents and incidents were recorded via an online system called Recordbase. Staff completed a paper version of the incident form which was then recorded online. Accidents and incidents were investigated by the registered manager and an action plan was then completed. The system was able to detect and alert the registered manager to any patterns or trends that developed. All notifiable incidents had been reported correctly.

Good

Is the service effective?

Our findings

People told us that staff looked after them well. Some people had complex health needs and were unable to communicate their feelings verbally so we made observations and spoke with the relatives of two people. One relative said, "We could not hope for a better place. The staff are attentive lovely people, it is like a family." Another relative said, "The staff are super and my sister is very happy." Staff knew people very well including their personal histories, hobbies and interests.

Staff were trained and supported to have the right skills, knowledge and qualifications necessary to give people the right support. There was an ongoing programme of training which included face to face training, on line training and distance learning. The provider had a training department based at their head office which tracked and arranged training for staff in conjunction with the registered manager. New staff completed a week-long induction programme at the head office before starting work at the service. This included training in topics such as safeguarding adults, health and safety, Mental Capacity Act (2005), Deprivation of Liberty Safeguards, first aid, moving and handling, food safety and administration of medicines. New staff worked alongside more experienced staff within the service before working unsupervised and they completed an in-house induction plan. Staff said they had received the training they needed to fulfil their role, and records at the service confirmed this. Staff received refresher training in a number of subjects to keep their knowledge up to date and current. Staff were trained to meet people's specialist needs such as Dementia and Mental Health.

Staff told us they felt supported by the registered manager and the staff team. Staff received regular supervision meetings in line with the provider's policy. These meetings provided opportunities for staff to discuss their performance, development and training needs. The registered manager also carried out annual appraisals with staff to discuss and provide feedback on their performance and set goals for the forthcoming year. However staff felt that a new supervision system which had been put in place wasn't as effective. The registered manager was aware of this and had planned to make further changes following the staff's feedback.

The registered manager and staff were aware of their responsibilities under the Mental Capacity Act (MCA) 2005, and the Deprivation of Liberty Safeguards (DoLS). Staff had been trained to understand and use these in practice. Staff asked people for their consent before they offered support. People's capacity to consent to care and support had been assessed. Staff told us if a person lacked the capacity to make a decision, a best interest meeting would take place. MCA assessments for less complex decisions such as agreeing to their tenancy and support agreement followed by a best interest meeting, to make sure this was in the best interests of the person. One person had a best interest meeting documented regarding their medication, this involved the person's relatives and healthcare professionals. People and their key representatives in their lives were consulted before decisions were made.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. People living at the service were constantly supervised by staff to keep them safe. The registered manager had taken advice from the local DoLS team and had completed a referral to apply to deprive someone of their liberty.

People were involved in planning the menus, buying food and preparing parts of the meal. People were supported to choose their meals using photographic picture cards of meals. Staff knew about people's favourite foods and drinks and about any special diets. The meals looked appetising and fresh ingredients were used. People were offered a choice of drinks with their meal and had access to fresh fruit when they wanted it. Healthy eating and exercise was encouraged. If staff were concerned about people's appetites or changes in eating habits, they sought advice from healthcare professionals. People's food and drink intake had been recorded within their daily diary. Staff told us if they were concerned about dehydration they would put a fluid chart in place to monitor a person's fluid intake and seek further medical advice.

People's health needs were recorded in detail in their individual health files. People's health was monitored and when it was necessary health care professionals were involved to make sure people remained as healthy as

Good

Is the service effective?

possible. All appointments with professionals such as doctors, opticians, dentists and chiropodists had been recorded with any outcome. Future appointments had been scheduled and there was evidence that people had regular health checks. People had been supported to remain as healthy as possible, and any changes in people's health were acted on quickly. A health care professional told us the staff had been "very pro-active" in supporting people to their GP.

When people had to attend health appointments, they were supported by staff that knew them well and who would be able to support them to make their needs known to healthcare professionals.

Good

Is the service caring?

Our findings

One person we spoke with told us, "The staff are friendly, I like it here". Some people were unable to tell us about their care and support because of their complex needs so we observed staff interactions with people and observed how the staff responded to people's needs. We also spoke with the relatives of two people living at the service who said, the staff were kind, friendly and respectful. A health care professional told us staff always showed a caring attitude towards people and always sought advice when people needed extra support.

There was a relaxed atmosphere in the service and we heard good humoured exchanges between people and staff. Staff knew people very well, with many staff having worked at the service for a number of years. Each person had a communication passport within their care plans, this detailed important details about people's lives, such as details of family members, important events and included photographs. We observed staff talking to people about their family and forth coming activities.

People looked comfortable with the staff that supported them. The provider had a clear vision and set of values which were known and embedded by the staff team, these included respecting people as individuals, valuing people for who they are and enabling people to live the life they choose.

Staff communicated with people in a way they understood. They spoke slowly and clearly with people and answered their questions calmly and patiently. Staff crouched down so they could make eye contact with people. Staff told us about people who had complex communication needs. Some people had less verbal communication and used aids such as a buzzer to alert staff if they required assistance. We observed the staff responding quickly when the buzzer was pressed offering support and assistance. People had detailed communication support plans, this detailed how people liked to be communicated with, how the environment effected communication and how people informed staff of their likes and dislikes.

Everyone had their own bedroom that they had been involved in the choice of decoration. Each bedroom reflected people's personalities, preferences and choice. Some people had photographs and pictures on their walls. People had equipment like televisions, radios and music systems. All personal care and support was given to people in the privacy of their own room. Staff explained how they supported people with their personal care whilst maintaining their privacy and dignity. We observed staff explaining to people what they were doing and why, before they carried out tasks. People, if they needed, were given support with washing and dressing. People chose what clothes they wanted to wear, with staff offering choices in a way people could understand.

When people were at home they could choose whether they wanted to spend time in the communal areas or time in the privacy of their bedroom. We observed people choosing to spend time in their bedroom and in the lounge which was respected by staff. People could have visitors when they wanted to and there were no restrictions on what times visitors could call. People were supported to have as much contact with their friends and family as they wanted to. Relatives told us they were kept fully informed about their relative and were welcomed.

People were actively involved in making decisions about their support at monthly house meetings and review meetings. Staff were in close contact with people's family and friends who were all involved in helping people to achieve their goals and aspirations. People were confident that their views would be listened to and acted on. For example, one person had requested to visit the theatre for a Christmas pantomime which was arranged by the staff. Information was presented in ways that people could understand which helped them to make choices and have some control over making decisions.

Records were up to date, held securely and were located quickly when needed.

Good

Is the service responsive?

Our findings

People told us they received the care and support that they needed when they wanted it. The staff worked around their wishes and preferences on a daily basis.

People's needs were assessed before moving into the service with involvement of the person, their relatives, health professionals and the person's funding authority. Care plans contained detailed information and clear guidance about all aspects of a person's health, social and personal care needs, which enabled staff to meet people's needs. The plans included guidance about people's daily routines, communication, life histories and any health condition. Relatives told us they had been involved in the planning of their family member's care and support needs.

People's care plans were reviewed with them on a regular basis, changes were made when support needs changed, to ensure staff were following up to date guidance. Staff understood people's communication needs well and interpreted what people wanted and what people were saying. People with complex communication needs had detailed individualised communication plans which detailed the use of any aids used to aid communication. These included guidance for staff under the following headings, "How I communicate", "The best way to communicate with me", "Best places and times to communicate with me", and "How I tell you what I would like". We observed staff following these communication plans and communicating with people with their preferred method of communication.

People were involved in their care, which was specific to their needs. People with complex communication needs were supported by staff who knew them well. People's needs had been reviewed with the involvement from relatives and healthcare professionals. A health professional told us the staff team always responded effectively and in a timely manner when they had received interventions from health professionals. People's life histories, details of their family members and important events had been recorded in their care plans, so that staff knew about people's backgrounds and important events.

People had a weekly activity timetable which included social activities, for example bingo and skill building, for example banking and phone calls with relatives. People were supported to achieve the goals they had been set, for example making cakes. The short term goals included details of the participation and involvement. This showed people were supported to set and achieve individualised goals. Activities were recorded within people's daily files and included activities such as hydrotherapy, arts, food shopping and jigsaw's.

A system was in place to receive, record and investigate complaints. The complaints procedure was available to people and was written in a format that people could understand. Pictorial complaint leaflets were available within the service. There had been no complaints made since the last inspection. Staff told us they would talk to the registered manager if they had any concerns or issues, and would support people to complain if they wished to. Staff knew people well and were able to tell if there was something wrong. Staff would then try and resolve this. Relative's told us they were confident that any concerns they did raise would be dealt with appropriately.

People were supported to take part in regular meetings. The meetings involved asking people if they enjoyed living at the service and if there were any improvements people wanted to make. Staff recorded people's answers and body language. This meant people could express their views and were involved in making decisions in the way the service was delivered.

Good

Is the service well-led?

Our findings

The service had a registered manager in place who was supported by a personal assistant who was a deputy to manage the care staff. The registered manager managed two of the provider's other services along with Hollyrood. The registered manager split their time between the three services and was available to the staff when required. Staff understood the management structure of the service, who they were accountable to, and their role and responsibility in providing care for people.

Observations with people, staff and visiting professionals showed that there was a positive and open culture between people, staff and management. Staff were at ease talking with the manager who was available during the inspection. Staff told us the registered manager was "Very supportive", and "Available to talk whenever we (staff) need to". A health care professional said the registered manager regularly liaised with health services.

The registered manager made sure that staff were kept informed about people's care needs and about any other issues. Regular team meetings were held so staff could discuss practice and gain some mentoring and coaching. Staff meetings gave staff the opportunity to give their views about the service and to suggest any improvements. Staff handover's between shifts highlighted any changes in people's health and care needs, this ensured staff were aware of any changes in people's health and care needs.

The registered manager and senior operations manager completed regular audits, such as, medicines and infection control. When shortfalls were identified these were addressed with staff and action taken. Environmental audits were carried out to identify and manage risks. Reports following the audits detailed any actions needed and recorded who was responsible for taking the action. Actions were signed off once they had been completed. Actions had not always been completed within the timescale set by the senior operations manager, for example the registered manager had not completed the outstanding annual medication competencies with the staff team. The registered manager was aware and said they would complete these as a matter of urgency.

Systems were in place to regularly monitor the quality of the service that was provided. People's views about the service were sought through resident meetings, reviews and survey questionnaires. These were written in a way people who used the service could understand. Annual satisfaction surveys were carried out across the organisation. The results showed that a high proportion of people were very happy with the support they received. The last survey was sent to people and their relatives in May 2014. Relatives commented, "Excellent help from MCCH I can't fault the care given", and "The staff are friendly and helpful". The service was in the process of sending out new surveys to people, families and health care professionals. This meant that people and those acting on their behalf had their comments and complaints listened to and acted on.

The provider took part in organisations and associations to keep updated with the current best practice. For example, they are fully involved with the Kent Challenging Behaviour Network. Information was disseminated through regular meetings with the senior operations managers and the registered managers.