Education and Services for People with Autism Limited

Holly House

Inspection report

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Date of inspection visit:
11 January 2016

Date of publication:
03 March 2016

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The inspection took place on 11 January 2016 and was unannounced. We last inspected the service on 14 May 2014 and found the registered provider met the regulations we inspected against.

Holly House provides care and support for up to eight people who have a learning disability and are on the Autistic Spectrum. At the time of our inspection seven people were using the service.

The home 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.

We found the registered provider had breached regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because staff had not received the registered provider's expected number of supervisions or an appraisal.

You can see what action we told the provider to take at the back of the full version of the report.

Family members felt their relative received good care from skilled staff who knew their needs well. Family members commented: "Very well cared for. They are very supportive of [my relative] and the care she gets is very good to excellent"; "They really understand [my relative]"; and, "All of the staff we have seen are very well trained." We observed warm and caring relationships had developed between people and staff.

People were supported to be as independent as possible. For instance, they were shown meal and drink options so they could choose what they wanted to eat and drink. One staff member said, "We encourage people to do as much as they can."

We received positive feedback about people's safety from family members. One family member told us, "[My relative] is definitely safe, they are very nice with [my relative]. I know [my relative] gets looked after and that makes me feel better. I have no worries at all about [my relative]. [My relative] seems content."

People received their medicines safely from trained and competent staff. Medicines administration records (MARs) supported the safe administration of medicines.

Potential risks had been identified and assessed. Assessments identified the controls needed to reduce the risk and keep people safe.

Staff were appropriately recruited and sufficient to meet people's needs in a timely manner. One family member said, "There seems plenty of staff on." The home now had a settled staff team following the recruitment of new staff.

Staff had a good understanding of safeguarding adults and the whistle blowing procedure. They knew how to report concerns. One staff member said, "I haven't used it [whistle blowing]. It is always in the back of my mind but never had to."

Staff told us the environment was designed to be 'autism friendly' with neutral colours, heating and lighting controls and specific adaptations to meet individual people's needs. Some family members felt the environment needed updating and was too noisy.

Incidents and accidents were recorded, including details of action taken to keep people safe. There were plans to deal with unexpected emergencies, including safe evacuation procedures for both staff and people using the service. Regular health and safety checks were undertaken to keep the building safe for people to live in.

The registered provider followed the requirements of the Mental Capacity Act 2005 (MCA), including the Deprivation of Liberty Safeguards (DoLS). DoLS authorisations were in place for all seven people. Staff had a good understanding of MCA, including how to support people with making their own decisions. Staff also understood people's communication skills to help them make as many of their own choices and decisions as possible.

Staff were knowledgeable about how to manage behaviours that challenged. One family member told us, "Staff seem as if they know exactly what to do if people get anxious. If [my relative] gets anxious they go and talk to [my relative]." Physical restraint was used only as a last resort. One staff member said, "I have never had to use physical restraint. It would be the last resort and only if the person could hurt themselves or a member of the public."

People's nutritional needs were met. One family member said, "The cook is really good. He does lovely meals for them." Another family member said, "They are watching how [my relative] eats and checking he has had snacks." We saw people had their lunch in a quiet and calm environment.

People had access to the healthcare they required. One family member said, "They take [my relative] to the doctors and tell me when they have taken [my relative]." Care records confirmed people had regular input from a range of health professionals, such as GPs, behaviour specialists, occupational therapists and speech and language therapists.

People had detailed, personalised care and support plans which were focused around their individual needs. They included information about what was important for each person using the service and what people did not like or did not want to happen. The registered provider had assessed how autism affected each person using the service.

There were opportunities for people to take part in a range of activities. One family member commented, "They take [my relative] out a lot. [My relative] goes on holiday, they take [my relative] for walks and shopping." Activities included outings, walks, bowling, visiting the hydro-therapy pool, trampolining, arts and crafts and one to one time with staff.

Family members told us they knew how to complain if they were unhappy with their relative's care. One family member said, "I have been told [about the complaints procedure]. I would have a word with them." None of the family members we spoke with raised any concerns with us about their relative's care.

Family members told us the registered manager was approachable. One family member said, "Jason

[registered manager] and [deputy manager] are lovely. As soon as I go in we have a chat." They also said Holly House had a welcoming and friendly atmosphere. One family member said, "The kettle is on straightaway, it is very nice. It is just like visiting family."

Family members had given positive feedback about the quality of people's care during the most recent consultation. Management peer review checks were carried out to assess of the quality of the care people received. Recommendations following the last peer review had been implemented.

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. Family members felt people were safe living at Holly House. Medicines were administered safely and in a timely manner. Potential risks had been identified and assessed.

There were enough staff to meet people's needs in a timely manner. Recruitment checks were carried out to check new staff were suitable.

Staff had a good understanding of safeguarding adults and whistle blowing, including how to report concerns.

The environment was designed to be 'autism friendly' with neutral colours, heating and lighting controls and specific adaptations to meet individual people's needs.

Incidents and accidents were recorded with details of action taken to keep people safe. There were plans in place to deal with unexpected emergencies. Regular health and safety checks were undertaken to keep the building safe.

Is the service effective?

Requires Improvement

The service was not always effective. Staff were not receiving supervision and appraisal in line with the registered provider's expectations.

Staff were skilled and competent to care for people. They had a good understanding of how to manage behaviours that challenged. Physical restraint was used only as a last resort.

The registered provider followed the requirements of the Mental Capacity Act 2005 (MCA), including the deprivation of liberty safeguards (DoLS). Staff helped people make as many of their own choices and decisions as possible.

People's nutritional and healthcare needs were met. People ate in a quiet and calm environment. They had access to the health care they needed.

Is the service caring?

Good

The service was caring. Family members were very happy with their relative's care.

Staff knew people's needs well and treated people with dignity and respect.

People were supported to as independent as possible and to make choices.

Warm and caring relationships had developed between people and considerate staff.

Is the service responsive?

Good

The service was responsive. People had detailed, personalised care and support plans which were focused around their individual needs. This included information about how autism affected each person using the service.

People were active and took part in a range of activities, such as outings, arts and crafts and one to one time with staff.

Family members said staff kept them updated about their relative. They also knew how to complain if they were unhappy. Family members did not raise any concerns with us about their relative's care.

Is the service well-led?

Good

The service was well led. The home had a registered manager. Family members told us the registered manager was approachable. They said Holly House was welcoming and friendly.

Family members were consulted to provide feedback about their relative's care.

The registered provider had a quality assurance programme which included a management peer review check. The registered provide had been pro-active in implementing the recommendations made during the review.

Holly 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 11 January 2016 and was unannounced.

The inspection was carried out by one adult social care inspector.

We reviewed information we held about the home, including the statutory notifications we had received from the provider. Statutory notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. We also contacted the local authority commissioners for the service and the clinical commission group (CCG).

We spoke with four family members as the people who used the service were unable to tell us their views. We observed the care and support people received over the lunch time. We also spoke with the registered manager, the deputy manager and four care staff. We looked at the care records for three people who used the service, medicines records and recruitment records for five staff.

Good

Is the service safe?

Our findings

Family members told us their relatives were safe living at Holly House. One family member said, "[My relative] is definitely safe, they are very nice with [my relative]. I know [my relative] gets looked after and that makes me feel better. I have no worries at all about [my relative]. [My relative] seems content." Another family member said, "They are very vigilant. They look out for [my relative]." A third family member commented, "I know [my relative] is safe." A fourth family member said, "They are looking out for [my relative] daily."

People received their medicines safely and in a timely manner. Records showed only trained and competent staff administered people's medicines. Staff told us they had completed an in-depth medicines management course. They also said they had to successfully complete three observations before administering medicines independently. Guidance was available for staff to refer to the medicines people had been prescribed, including its purpose and any known side effects.

Medicines administration records (MARs) we viewed supported the safe administration of medicines. We viewed a sample of MARs which were all completed fully and accurately. MARs included a recent photo of the person to help staff give medicines to the right person. Where a 'when required' medicine had been prescribed, guidance was in place to help staff administer the medicine correctly when needed.

Staff managed risks positively so people were able to participate in activities or access the local community, whilst maintaining their safety. Where a potential risk had been identified a specific risk assessment was in place. Risk assessments identified the perceived hazards and the controls needed to reduce the risks. For example, people accessing the community independently would be a risk to the person and others without always having support from two staff members. Other assessments had been carried out to manage a range of other risks relating to health and safety and the living environment.

There were enough staff to meet people's needs in a timely manner. One family member said, "There seems plenty of staff on." One staff member told us, "We have the right number of staff. It is the best I have seen in care. We always have more than enough." Staffing levels were reviewed to check there were enough staff on duty. The current process did not consider people's needs and dependencies. The registered provider was implementing a new tool which would involve a more in-depth analysis of staffing levels.

The registered manager told us the home had been through a difficult phase recently with a number of new staff joining the team. This was due to people needing to get to know their new staff. The registered manager said this was now beginning to settle down. One family member said, "The last few months have been hard for them. They had a lot of changes of staff. The core staff are still there." One staff member said, "In the last 12 months there have been a lot of new starters. However, minimum safe levels are always there." This meant there were always enough staff on duty to maintain people's safety and welfare.

Recruitment and selection procedures were followed to check new staff were suitable to care for vulnerable adults. We viewed recruitment records for five staff. These confirmed the registered provider had requested

and received references, including one from the most recent employer. Disclosure and barring service (DBS) checks had been carried out before confirming staff appointments. DBS checks were carried out to confirm whether prospective new staff had a criminal record or were barred from working with vulnerable people.

Staff had a good understanding of safeguarding adults, including how to report concerns. They told us about various types of abuse and described potential warning signs to look out for. For example, unexplained marks, a person becoming introverted or not wanting to participate. There had been no recent safeguarding concerns raised at the home.

Staff knew about the registered provider's whistle blowing procedure. The staff we spoke with told us they had not needed to use the procedure. They said concerns would be dealt with correctly. One staff member said, "There was a no nonsense approach, problems would be dealt with properly." Another staff member said, "I haven't used it [whistle blowing]. It is always in the back of my mind but never had to."

We received some mixed views about the environment within Holly House. Some family members felt the home needed some updating and that it could also be noisy for their relatives. Similar minor concerns had been fed back during consultation with family members. Action was already in progress to deal with some of these issues. Staff told us the environment was designed to be 'autism friendly' with neutral colours, heating and lighting controls and specific adaptations to meet individual people's needs. For example, some people had their own areas where they could go to sit to have their own space or partake in sensory activities. These had been adapted to their individual needs. Staff said, "Rooms are personalised to people's individual likes. For example, one person likes minimalistic and one likes photos. It depends on the individual."

Incidents and accidents were recorded with a log kept of each incident, including the action taken following an incident. For example, the strategies staff followed to resolve the issue, such as time in a quiet and relaxing environment. Incidents relating to behaviours that challenged were analysed and discussed with a behaviour specialist nurse to identify any lessons learned.

The registered provider had plans in place to ensure people continued to receive their care in an emergency. The 'critical incident plan' was up to date and included details of the action to take in emergency situations, such as a gas leak or loss of other utilities. Evacuation procedures for both day and night had been documented and regular fire drills took place. Regular health and safety checks were undertaken to keep the building safe for people to live in. For example, checks of fire safety, fire-fighting equipment, electrical safety, gas safety and water systems. These were all up to date at the time of our inspection. A fire risk assessment had been completed recently and the fire service had carried out an inspection of the building in June 2015. Recommendations made following this inspection had been implemented, such as installing an additional fire door.

Requires Improvement

Is the service effective?

Our findings

Staff were not receiving appropriate one to one supervision and appraisal in line with the registered provider's policies and procedures. Supervision is important so staff have an opportunity to discuss the support, training and development they need to fulfil their role. Although staff told us they were well supported, formal one to one supervisions and appraisals were not up to date. The registered manager told us staff should have four supervisions a year plus an appraisal. Records confirmed supervision and appraisals were not in line this expectation as staff members had not received the required number of supervisions. For example, most staff had received one or two supervisions during 2015 but none had received four. The last appraisals for staff were completed in early 2014. The registered manager and deputy manager told us they spoke with staff everyday on a one to one basis. Some of these discussions had been recorded as a file note.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were cared for by skilled and competent staff. One family member said, "They know exactly what to do for them." Another family member told us, "All of the staff we have seen are very well trained." A third family member said, "They are really good, they are great." Training records confirmed training was up to date for all staff. Essential training included moving and assisting, fire safety, food safety and safeguarding.

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are 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 were being met. Applications for DoLS authorisation had been made for all seven people using the service. The registered manager told us they were still awaiting the decision from the local authority for some of these applications. Staff told us people had input from advocates and a multi-disciplinary team of professionals to help with decision making. For example, advocates had been involved in the MCA assessment and best interest decision about whether a DoLS authorisation was required for people.

Staff we spoke with demonstrated a good understanding of MCA, including their role in supporting people with making as many of their own decisions as possible. Each person had an up to date communication profile and a communication support plan. This included information about people's strengths, barriers to

communication and individual strategies for staff to follow to support communication. Staff we spoke with were very knowledgeable about people's preferred communication methods. They described the various strategies they used to support people's communication, such as verbal communication, choice cards, signs and body language. Staff went on to tell us how people needed time to process information before responding. For example, one person could follow sentences if staff talked clearly and slowly. Another person was able to make choices if staff asked them to visually choose from a limited number of objects. This meant people were supported to make as many of their own decisions as possible.

Staff had a good understanding of how to manage behaviours that challenged. One family member told us, "Staff seem as if they know exactly what to do if people get anxious. If [my relative] gets anxious they go and talk to [my relative]." Another family member said, "They know how to deal with aggression." A third family member said, "Staff seem to know how to settle [my relative] during the night." Staff had completed specific training from a behaviour specialist nurse to enable them to manage behaviours that challenged in a proactive way. One staff member commented, "Prevention is better than cure, we look for triggers." Staff described the various strategies they used when people were anxious or agitated. These included diversion, distraction and having a cup of tea or quiet time.

Physical restraint was used only as a last resort. One staff member said, "I have never had to use physical restraint. It would be the last resort and only if the person could hurt themselves or a member of the public." People had specific, personalised 'behaviour management plans'. One staff member said, "We follow them [behaviour management plans] for consistency." Where physical restraint had been used a detailed record was kept of the incident, including a post incident analysis to look for lessons learned. We viewed these behaviour support plans. They identified the most effective form of intervention for each person, such as quiet time and diversion. Behaviour plans were bespoke to each person with individual behaviours that challenged analysed and planned for separately.

Behaviours that challenged were analysed every month to look for trends and patterns. We saw from the analysis that there had been an escalation in incidents between September and October 2015. These were linked to the recent changes in staffing at the service. Incidences of physical intervention overall had reduced to two in 2015, down from six in 2013.

People were supported to make choices and decisions to meet their nutritional needs. One family member said, "The cook is really good. He does lovely meals for them." Another family member said, "They are watching how [my relative] eats and checking he has had snacks." People were independent with eating and drinking with only prompts and encouragement required from staff. We observed over the lunch time period to help us understand people's experience. People had their lunch in a quiet and calm environment, to avoid unnecessary disturbance to their usual routines. People were settled at their tables with their meal before we entered the dining room. We saw two people were sat at individual tables with a staff member. We noted the lunch time was particularly quiet with very little communication. A staff member explained to us afterwards this was the preference of the two people in the dining room. We observed staff members showing people items, such as a jug of squash. People nodded their approval if they wanted to have what was being offered to them.

People had access to the healthcare they required. One family member said, "They take [my relative] to the doctors and tell me when they have taken [my relative]." Another family member told us, "Staff are on the ball. [My relative] goes to see the doctor. They cater to every need." A third family member said, "They keep me informed about that, if [my relative] had to go to the dentist or doctors. They keep us very well informed. I am certain they look after [my relative]." One staff member said when a person was poorly the "first thing is to let the family know."

The registered provider promoted an ethos of health and wellbeing. People were encouraged and supported with daily exercise, a healthy diet and regular health checks. People had a hospital passport for sharing important information about their care and support needs should they be admitted to hospital. This included information about allergies, general health, eating and drinking needs and the person's preferred sleeping routine. Care records evidenced regular input from a range of health professionals. Such as GPs, behaviour specialists, occupational therapists and speech and language therapists.

Good

Is the service caring?

Our findings

Family members gave us positive feedback about the good care their relative received. One family member told us, "[My relative] is very well cared for. [My relative] seems to get every care." Another family member commented, "Very well cared for. They are very supportive of [my relative] and the care she gets is very good to excellent." They went on to say their relative was "very well looked after, it is all about those people." A third family member said, "Very, very well looked after. No problem in that department. Staff are very supportive."

Family members told us about the support they also received from the service. One family member said, "They are very understanding, very supportive. Not just the people there but also the parents."

Family members told us about the warm and caring relationships they had experienced between their relatives and staff. One family member commented, "[My relative] is really happy. They are like [my relative's] family. Always joking on with [my relative]." They went on to tell us staff were kind towards their relative. They said, "They are very loving with [my relative]. They give [my relative] a little cuddle when [my relative] is going through a bad patch. They think the world of [my relative]." We observed people were relaxed around the staff members on duty.

Staff clearly understood the importance of treating people with dignity and respect. They gave us numerous examples of how they provided care in a dignified and respectful way. For instance, making sure bedroom or bathroom doors were closed when people were bathing or getting changed and explaining things thoroughly. We observed this in practice throughout our inspection. Family members confirmed staff treated their relative with dignity and respect. One family member commented, "They are really nice lads and lasses who work there."

People were cared for by staff who knew their needs well. One family member commented, "They really understand [my relative]." Another family member said, "They know [my relative] so well." A third family member said, "They tell me things, they know him inside out." A fourth family member said, "The staff seem to tune in to [my relative]." They went on to say, "[My relative] is settled because of his good care and because people are more aware of him." Some members of the staff team had worked with the people using the service for a significant period of time. Through discussion these staff members showed they had an in-depth knowledge which they shared with newer members of staff. Staff told us the rota was planned so that there were always staff with this knowledge and experience on duty.

Staff supported people in such a way as to allow them to have some control over their care and be as independent as possible. For example, for one person a 'sticky board' was used with staff photos so they could choose which staff member they wanted to support them. Staff asked people to choose which clothes they would like to wear. One staff member said, "We encourage people to do as much as they can. Getting up on a morning, picking clothes and getting dressed. We pride ourselves on giving choices with absolutely everything."

Good

Is the service responsive?

Our findings

Staff had access to detailed information to help them understand people's needs. This included information about people's life stories, such as their childhood and important people in their life. People's preferences were documented so these were clear to all staff supporting the person, such as favourite activities, foods, holidays, outings and their hopes for the future. A comprehensive assessment of people's needs had been carried out to ensure they received the care and support they needed.

In order to understand how to promote independence, an assessment of people's daily living skills had been carried out. This identified the skills people currently had, such as whether they could dress themselves, wash themselves and prepare meals. It also identified what support they needed with daily living and how these could be developed. For instance, one person could pick their own clothes and dress themselves but needed some help with washing and bathing.

People had detailed, personalised care and support plans. These incorporated people's photos within the plans to help make them individual to each person. Care plans were focused around what was important for each person using the service. The plan clearly stated what must happen in each person's life, what worked well for each person and their preferences. For example, care plans identified people's sensory needs and what must happen to support these. For some people it was important for them to have a healthy diet or maintain family contact. People living at Holly House had a varied range of interests and preferences, such as singing, dancing, colouring in, pamper time and holidays. Care plans also clearly identified the things that people did not like. For instance, phobias, noisy or crowded places and food dislikes.

All of the people using the service were on the autistic spectrum. Care records described how autism affected each person so staff were clear about each person's needs. This included how the person communicated, details of behaviours that challenged, maintaining health and wellbeing and special interests people had.

Family members told us staff were proactive in keeping them updated about their relative. One family member commented, "If [my relative] had a bad time they let me know or if [my relative] is not feeling so good." Another family member said, "We communicate all the time." A third family member said, "They are listening to what I am saying." A fourth family member said, "Staff wrote everything down about [my relative's] needs. I am well informed of what is going on."

People had opportunities to keep active and take part in a range of activities. One family member said, "They take [my relative] out and about." Another family member commented, "They take [my relative] out a lot. [My relative] goes on holiday, they take [my relative] for walks and shopping." A third family said, "They try to organise for [my relative] to be out and about." Staff gave us examples of the various activities people were involved in. These included cookery classes, visiting the sensory room, visiting cafes and the cinema room. Staff said people also enjoyed going on outings, such as walks, bowling and visiting the hydro-therapy pool. People had the opportunity for one to one time with staff if they wanted. Activities people were involved in included trips to cafes, days out in the country, trampolining and arts and crafts.

Family members knew how to complain if they were unhappy with their relative's care. One family member said, "I have been told [about the complaints procedure]. I would have a word with them." None of the family members we spoke with raised any concerns with us about their relative's care. The registered provider had a specific complaints procedure for people or others to access if they were unhappy with their care. However, there had been no complaints made about the service.

Good

Is the service well-led?

Our findings

The home had a registered manager. The registered provider had made the required statutory notifications to the Care Quality Commission. We received positive feedback from family members and staff about the approachability of the registered manager. One family member said, "Jason [registered manager] and [deputy manager] are lovely. As soon as I go in we have a chat." Another family member commented, "The manager is good." They commented, "They are honest with you." One staff member said, "I have no problems going to them [registered manager and deputy manager]."

Family members told us they were made to feel welcome when they visited Holly House. One family member said, "The kettle is on straightaway, it is very nice. It is just like visiting family." Another family member said they were made to feel "very welcome." They said, "They always ask if we want a cup of tea."

The registered provider consulted with family members as part of its quality assurance programme. Family members were asked to rate the quality of the care in areas such as communication, understanding autism, safety, staff members and the environment. We viewed the findings from the 2015 consultation, which gave positive feedback about people's care. Specific comments included: "The staff are brilliant and I have no problems there"; "Very happy with [my relative's] care; and, "[My relative] is very happy and safe." There were some negative comments made in relation to the environment needing a revamp and noise levels. The registered manager told us improvement work was due to start in February 2016.

Medicines were audited every month. This included checks of the medicines room, medicines in stock, and MARs. We viewed examples of previously completed audits, which showed these had been successful in identifying issues with medicines and ensuring corrective action was taken. For example, one audit identified some MARs had not always been signed to confirm medicines had been given. Action had been taken to improve the quality of medicines records. As a consequence records we viewed during our inspection were accurate and complete.

A system of management peer review checks were in place to assess the quality of the care provided at each of the registered provider's services. These were carried out by a manager from a different service and looked at respect, finances, care records, safeguarding, quality of life and activities. Holly House was last checked in October 2015. Recommendations had been made to ensure all people had a MCA assessment for finances and to record de-briefing sessions following incidents. Records we viewed confirmed these actions had been completed.

The registered provider usually had a development plan with improvement identified for the year. We viewed the plan for the period January 2015 to December 2015. This had identified objectives such as: meeting the Care Quality Commission (CQC) requirements; meeting the requirements of the MCA and improvements to the internal quality assurance process.

The general manager was introducing an additional quality assurance check. We viewed the monitoring tool the registered provider planned to use, which included guidance for staff on how to evidence quality. The

quality check included people's views, information for people, training and supervision, medicines and health and safety. At the time of our inspection Holly House had not yet been assessed. This was planned in for February, March and October 2016.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The service provider did not have suitable arrangements in place to ensure persons employed by them received appropriate supervision and appraisal to enable them to carry out their caring duties effectively. Regulation 18 (2) (a).