Home from Home Care Limited

The Hollies

Inspection report

The Hawthorns, 53 Station Road
Bardney
Lincoln
Lincolnshire
LN3 5UD

Tel: 01526398633
Website: www.homefromhomecare.com

Date of inspection visit:
20 September 2017
21 September 2017

Date of publication:
28 September 2018

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?	Outstanding

Summary of findings

Overall summary

We carried out this unannounced inspection on 20 and 21 September 2017.

The Hollies is registered to provide accommodation and personal care for two people who have a have learning disabilities or autistic spectrum disorder. At the time of our inspection visit there were two people living in the home.

At our previous inspection we found this service to be Good. At this inspection we also found the overall quality rating for the service was Good.

People and their relatives told us that they felt safe and well cared for. Staff knew how to keep people safe from the risk of abuse. Accidents and incidents were recorded and investigated. Medicines were safely managed and there were enough care staff on duty. Background checks had been completed before new care staff had been appointed. Staff were kind and sensitive to people.

Staff had received training and support and they knew how to care for people in the right way. Staff were provided with training on a variety of subjects to ensure that they had the skills to meet people's needs. The provider had a training plan in place and staff had received regular supervision. Staff knew how to communicate with people who did not use verbal communication.

People enjoyed their meals and were involved in planning what they wanted to eat. People had access to drinks and snacks during the day. Where people had special dietary requirements we saw that these were provided for. People had access to healthcare and were supported to access these.

People were supported to make choices and be involved in decisions about their lives. Care staff supported them in the least restrictive way possible. The provider acted in accordance with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People were treated with compassion and respect. Care staff recognised people's right to privacy and promoted their dignity. There were arrangements to help people access independent lay advocates if necessary and confidential information was kept private.

People were supported to pursue their hobbies and interests. They were supported to maintain relationships that were important to them. There were arrangements in place for dealing with complaints. People were supported to make complaints.

People had been consulted about the development of their home and quality checks had been completed. Good team work was promoted and care staff were supported to speak out if they had any concerns.

The provider had informed us of notifications. Notifications are events which have happened in the service that the provider is required to tell us about.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? The service remains Good	**Good**
Is the service well-led? The service remains Good	**Outstanding**

The Hollies

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 registered persons continued to meet 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.

Before the inspection, the registered persons completed a Provider Information Return (PIR). This is a form that asks them to give some key information about the service, what the service does well and the improvements they plan to make. We also examined other information we held about the service. This included notifications of incidents that the registered persons had sent us since our last inspection. These are events that happened in the service that the registered persons are required to tell us about.

We visited the service on 20 and 21 September 2017. The inspection team consisted of a single inspector and the inspection was announced. In addition an Expert by experience (ex by ex) spoke by telephone with two relatives. An ex by ex is a person who has experience of a specific service.

During the inspection visit we spoke with two care staff and the registered manager. We also spoke with one person who used the service. We observed care that was provided in communal areas and looked at the care records for one person who lived in the service. We also looked at records that related to how the service was managed including staffing, training and quality assurance.

Good

Is the service safe?

Our findings

People who lived in the home were cared for safely. We saw people were happy with the support staff provided. Relatives were satisfied that their family members were safe in the service. A member of staff told us about changes the provider had made to the environment in order to create a safe living space for a person. We saw changes had been made to maximise people's independence while remaining safe. A relative told us, "The environment had to be changed before [my relative] could move in."

Records showed that care staff had completed training in how to keep people safe from situations in which they might experience abuse. We found that care staff knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk. Care staff knew how to contact external agencies such as the Local Authority. They said they would do so if they had any concerns that remained unresolved.

Some people displayed behaviour that could have caused harm to themselves and others. Staff knew how to offer safe support. We saw that risk assessments and support plans were in place to support people to manage their anxieties. Staff could describe the methods that they used. The support strategies were based on a positive behaviour support model. Positive behaviour support aims to enhance the life of people who can show challenges and looks at ways of focusing on the good things that people achieve. Staff had received positive behaviour support training and understood how to respond to people's behaviours.

Risk assessments had been completed on a range of areas such as accessing community facilities, nutrition and personal care. Risks were identified and guidance for staff put in place to minimise the impact of these risks. Risk assessments had been reviewed regularly and staff understood their role in following them. Risk associated with the environment had also been carried out.

Records showed that processes were also in place to support people to manage their personal spending money. Individual risk assessments and plans were also in place to support people in the event of an emergency such as fire or flood. Accidents and incidents were recorded and investigated to help prevent them happening again.

Medicines were administered safely. We looked at medicine administration records (MARs) and saw they were fully completed according to the provider's policy. Protocols for medicines which are given 'as required' (PRN) such as painkillers were in place to indicate when to administer these medicines. However MARs did not have PRN printed on the record. Instead the term PRN was handwritten on the MARs by staff. There was a risk records did not reflect what medicines people had been prescribed. We spoke with the registered manager about this who said they would discuss with the GP. We saw medicines were reviewed regularly and people were involved in the review of their medicines. Staff had received training and been observed by senior staff to ensure they administered medicines correctly and safely. Medicines were stored in locked cupboards according to national guidance.

Staff told us there was sufficient care staff on duty to provide people with safe care. The provider had

systems in place to ensure sufficient staff were available to support people safely. The staffing rota was organised in a flexible manner to ensure when people required most support staff were available. The registered manager told us in the event of staff being sick or unavailable they used bank staff who were familiar with the home to ensure continuity for people.

Records showed that the registered person had completed a number of recruitment checks on new care staff before they had been appointed. These included checking with the Disclosure and Barring Service to show that applicants did not have relevant criminal convictions and had not been guilty of professional misconduct. They also included obtaining references from previous employers. These measures helped to establish that only suitable people were employed to work in the service.

Good

Is the service effective?

Our findings

People were unable to tell us if they felt staff had the skills to meet their needs. However we observed that staff cared for people appropriately and were aware of how to support people to meet their needs. Relatives told us they thought staff had the skills to care for their relative safely. A member of staff told us, they received regular training which helped them to do a good job. They said they had received specific training which helped them to understand people's needs.

The provider had systems in place which identified who required training to ensure that staff had the appropriate skills to provide care to people and to meet people's needs. Staff were happy with the support they received from other staff and the registered manager of the service and told us they felt they had appropriate skills to carry out their role. They told us that they had received support and supervision and that supervision provided an opportunity to review their skills and experience. Staff also had access to nationally recognised qualifications.

New staff received an induction. As part of the induction staff were supported by a more experienced staff member until they felt confident to provide care to people. The induction was in line with the National Care Certificate which sets out common induction standards for social care staff.

People were supported to make choices and were involved in planning their individual meals. Staff ensured that people had enough nutrition and hydration. In addition, people were being helped to promote their health by having a balanced diet. Snacks and drinks were available to people throughout the day.

Records showed that staff supported people to safely manage and live with particular health care conditions. We also noted that people had been supported to see their doctor and other healthcare professionals such as dentists, psychologists and opticians.

The provider acted in accordance with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager and care staff were following the Mental Capacity Act 2005 by supporting people to make decisions for themselves. They had consulted with people who lived in the service, explained information to them and sought their informed consent.

Good

Is the service caring?

Our findings

We saw people appeared happy with the care they received. We observed positive social interactions with people and staff taking time to engage with people. For example staff explained who we were when we visited and encouraged a person to tell us about his day. We saw that before staff assisted people they asked if that assistance was wanted.

When we spoke with staff we found they were aware of people's care needs and how to respond appropriately. Staff were enthusiastic about how they provided care to people in order to improve their quality of life and gave examples of when people had achieved their ambitions. We saw care records included information about people's choices and how they liked to be supported.

Staff supported people to make choices and used pictures and nonverbal communications to assist with this. For example, one person had been supported to use Makaton (a formal system of communication which uses signing) and pictures to communicate. As a result of them using this system and it having a significant impact on their life, they were supported to lead training sessions to staff and other people who lived in homes run by the provider. Another person who was considered to be nonverbal had begun to use some speech following support by staff for them to use a system of communication.

We saw that people were treated in a kind and respectful way. People were addressed by their preferred name and staff took time to speak with people. People had their own bedroom which was their own personal space that they could use whenever they wished. People's bedrooms were personalised to them and they had access to an outside space. We could see that rooms had been decorated to people's individual taste. One person showed us around their bedroom they were proud of their room and told us they had chosen the décor.

People's achievements were celebrated. Staff had supported people to track their progress in ways that were meaningful to them. For one person we saw a life story had been completed which showed what they had achieved since moving to the home. For example this included accessing community activities and visiting their family home.

Staff were aware of the need to ensure information was treated confidentially. Written records that contained private information were stored securely.

Records showed that most people had family and friends to support them. However, for other people there was access to a local lay advocacy services that could provide guidance and assistance. Lay advocates are people who are independent of the service and who can support people to make decisions and communicate their wishes.

Good

Is the service responsive?

Our findings

Before people came to live at the home they were assessed by the registered manager. In addition people spent time visiting the home to ensure it was the appropriate place for them to live. Each person had a written care plan that described the care they needed. Care records were personalised and included detail so that staff could understand what things were important to people and their preferences. Information such as this is important because it helps staff to understand what is important to people and why. Care plans had been reviewed and updated to ensure they reflected people's current needs. Staff told us they regularly updated care records with people. We saw where people had been supported to set their own goals and these had been achieved. Staff responded to people's changing needs and ensured these were documented.

Care records included guidance about how to support people with communication, for example a record stated, "I like to make my views known and have been working on a variation of Makaton signs." A list of these were provided in the care record.

Records and photographs showed us that people were offered the opportunity to participate in a range of occupational and social activities. The registered manager told us people had a programme of activities available to them on an individual basis but this often changed according to people's choices on the day. Social activities included swimming and visits to the beach and local attractions. People were encouraged to choose activities and community involvement. One person had expressed a wish to go go-karting and staff had supported them to access this. On the day of our inspection one person was away on holiday and the other person went out on a boat trip with a group of people from other homes. One person worked in the provider's office on a regular basis. Staff told us they had a good relationship with local community facilities and people were able to access them regularly.

People were supported to maintain and develop their independence. One person had expressed a wish to cook a meal for people. Staff had supported them to plan a menu and shop for the ingredients. They had also assisted them to prepare and serve the meal to other people who lived at homes run by the provider. The person told us they enjoyed this event and were planning another one.

Care staff understood the importance of promoting equality and diversity. An example of this was supporting people to maintain friendships and relationships with family. Staff assisted people to keep in touch with their relatives by telephone and also by using the internet. A system was in place to ensure staff updated relatives about their family member on a weekly basis.

People had been given an easy-to-use document that described how they could make a complaint about the service they received. People were also asked if they had any complaints on a day to day basis as part of discussions with staff. Relatives told us that that they would fell able to make a complaint if the need arose. A relative said, "If I have a concern staff listen." At the time of our inspection there were no complaints. The provider had a process in place to ensure complaints were dealt with appropriately.

Outstanding ☆

Is the service well-led?

Our findings

The provider had restructured their workforce to introduce more stability to each home and to support person centred care. They had introduced a post below the assistant managers called Transparent Care Partners (TRACS). TRACS were there to support people's day to day needs and worked with people providing care for a large part of the week so that they understood people's needs. They were responsible for ensuring people's care plans reflected the care they needed.

Each person living at the home were allocated a team of people who supported them. The team was led by the TRACS, but other members of the team were also given key roles in which they supported the person. For example, with activities or their general wellbeing. This gave the provider a line of accountability to follow if something was not done correctly and ensured that they could take prompt action to resolve issues. Furthermore, the TRACS were given the responsibility to take immediate action to resolve problems for the person they supported.

Staff surveys had been completed and the results analysed. The changes made from the staff survey had been fed back to staff in a newsletter. This showed that the provider had reviewed the induction process for people and developed a framework to ensure all staff were able to access coaching and mentoring to help with career progression as part of the actions from last year's survey.

Staff were encouraged to develop within their role. A staff member explained the management support focus system. They had met with their manager and devised a continual development plan. This had identified their strengths and weaknesses within their role and put in place strategies to develop and increase their confidence in weaker areas. The provider had put in place supervision meetings for key members of staff with external experts including clinical consultants to ensure that staff stayed up to date with changes in best practice.

The provider was working to develop a no blame culture which supported staff to identify issues with the systems and raise concerns in a non confrontational way. They used data collated on the computer system to show why they were concerned. This removed the subjective element of the challenge and allowed staff to focus on what needed to change as opposed to the personalities raising concerns. This resulted in a framework of continuous improvement. One staff member told us, "We have de-briefs, we reflect on what we could do better."

Where people were able they were encouraged to engage with the running of the home. The Positive Behavioural Support (PBS) team had developed training and processes for some people who lived at the provider's homes to become recruitment partners. This had included working with the people to identify what they wanted from staff and mock interviews to help people understand if they wanted to be part of the interview process. At the end of the six week program people had been provided with awards to show that they had completed the training and were offered the opportunity to sit in on interviews when recruiting staff. They had developed 10 qualities that they wanted to see in staff employed to support them. These included someone who makes me feel safe, someone who talks to me and listens and someone who

doesn't sit on their bum. In addition these outcomes had been developed onto easy read questions so that people who chose to take part in the interviews had their own questions and were able to record their thoughts.

The provider had just started to develop the provider level meetings using the positive outcomes from the recruitment partners initiative as a format for the meetings. The meetings were now being led by the PBS manager and they told us, "The people we support are the experts. We need to provide a forum for them to be heard and use the 10 qualities identified at recruitment to look at how we are doing and what we can do better." They were looking at identifying our voice partners to work alongside the recruitment partners. In addition they had scheduled the our voice meetings the day before the senior staff meetings so that the outcomes could be included in the overall monitoring of the homes.

People living at the home had a survey to complete. The provider had produced this in a format which was accessible to them. In addition families were also contacted to gather their views about the care provided. All the information was analysed and used to drive improvements in the quality of care provided.

Once a month the nominated individual visited each home to complete an audit and compare their findings with that of the registered manager. Any differences were discussed and this process was used to develop the skills of the registered manager to identify areas which needed action. In addition there was a planned audit process for the year around infection control, health and safety, fire and medicines. There were completed on a rolling cycle throughout the year and so improvements in each area could be noted.

There was also two incident monitoring group meetings a month to discuss the incidents reported, any trends within or between homes and any actions needed at home or provider level to improve the quality of support people received.

The provider had recently been awarded an Investors in People Gold award and were looking at ways they could share best practice with other Gold award winners. They were also working towards the platinum award. The provider was also looking at other ways they could share best practice with other providers. They were working to create an academy of care excellence and an internet resource of planned activities and how they could be broken down into steps people living at the home could engage with.

Arrangements were in place for checking the quality of care. The provider had put a process in place to carry out checks on the home and actions to improve quality of care. The registered manager told us and records confirmed that they regularly checked a range of issues to make sure that people were receiving all of the care they needed. These checks included making sure that care was being consistently provided in the right way, medicines were being dispensed in accordance with doctors' instructions and staff had the knowledge and skills they needed.

In addition to regular checks the provider had a system in place which could provide responsive interventions. For example, if a specific issue such as a safeguarding incident occurred the provider would look at issues relevant to the incident. In addition, we noted that safety equipment was being checked to make sure that it remained in good working order. Where issues had been identified actions had been taken.

Staff understood their role within the organisation and were given time to carry out their role. They said they felt supported in their role and that staff worked as a team in order to meet people's needs. Staff and relatives also told us that the registered manager was approachable and supportive. Staff said that they felt able to raise issues and felt valued by the registered manager. We observed people recognised the

registered manager and they made themselves available to people and staff throughout the day.

People, staff and relative's opinions on the development of the service were sought. The provider had a system in place whereby phone calls were made to staff on a two monthly basis from an external company to see if staff were happy or if any change was needed. The results were anonymised and fed back to the provider on a monthly basis. In addition relatives and professional views were sought as part of the quality checking process.

Relatives told us that they thought the home was well managed. People, relatives and staff were encouraged to influence the running of the home. For example, people had been trained in order to participate in the recruitment of staff. Staff meetings were held on a regular basis. We looked at records of staff meetings and saw issues such as training were discussed.

Regular home meetings were held where people were supported to give feedback about their home and to suggest improvements. The minutes of the meetings were recorded in words and picture to make them more accessible for people who lived at the home.

The service had a whistleblowing policy and contact numbers to report issues of concern. Staff told us they were confident about raising concerns about any poor practices witnessed.

There was a registered manager in post. 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 provider had informed us of notifications. Notifications are events such as accidents which have happened in the home that the provider is required to tell us about.