Chatsworth Care

Hollyfield House

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection took place on 25 August 2015 and was unannounced. At the last inspection in January 2014 we found the service was meeting the regulations we looked at.

Hollyfield House is a small home which provides care and accommodation for up to nine adults with learning disabilities, autism spectrum disorders and complex communication needs. At the time of our inspection there were nine people living in the home. The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Relatives told us people were safe at Hollyfield House. Staff knew how to protect people if they suspected they were at risk of abuse or harm. They had received training in safeguarding adults at risk and knew how and when to report their concerns if they suspected someone was at risk of abuse.

Summary of findings

Where risks to people had been identified because of their circumstances and specific needs, there was guidance for staff on how to minimise these in order to keep people safe from injury or harm in the home and community. Regular maintenance and service checks were carried out of the premises to ensure the environment and equipment was safe. Staff kept the home free of obstacles and objects so that people could move freely and safely around.

There were enough suitable staff to care for and support people. Appropriate checks were carried out by the provider to ensure staff were suitable and fit to work at the home. New staff had to demonstrate an appropriate level of competency before they could work with people unsupervised. All staff received relevant training to help them in their roles. Staff felt supported by the registered manager and were provided with opportunities to share their views and ideas about how people's experiences could be improved. Staff had a good understanding and awareness of people's needs and how these should be met. The way they supported people during the inspection was kind, caring, and respectful.

People were supported to keep healthy and well. Staff ensured people were able to promptly access healthcare services when this was needed. Medicines were stored safely, and people received their medicines as prescribed. People were encouraged to drink and eat sufficient amounts to reduce the risk to them of malnutrition and dehydration.

Individualised care plans had been developed for each person using the service which reflected their specific needs and preferences for how they were cared for and supported. These gave staff guidance and instructions on how people's needs should be met. People were appropriately supported by staff to make decisions about their care and support needs and encouraged by staff to be as independent as they could be. Staff used different methods of communication to ensure people could be involved in making these decisions.

The home was open and welcoming to people's visiting relatives and friends. People were encouraged to maintain relationships with people that were important to them and to undertake social activities and outings of their choosing. People were supported to raise any concerns and there were arrangements in place to deal with people's complaints, appropriately.

The registered manager demonstrated good leadership. They ensured people's views about how the care and support they received could be improved were regularly sought by staff. They ensured staff were clear about their duties and responsibilities to the people they cared for and accountable for how they supported people to meet their care goals and objectives.

The provider and managers carried out regular checks of key aspects of the service to monitor and assess the safety and quality of the service that people experienced. The registered manager took appropriate action to make changes and improvements when this was needed. The service used external scrutiny and challenge to ensure that appropriate care and support for people on the autistic spectrum was being provided. They shared good practice and learning with other similar services and organisations to effectively support people on the autistic spectrum.

Staff had sufficient training in the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) to understand when an application should be made and in how to submit one. DoLS provides a process to make sure that people are only deprived of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them.

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.

Staff knew how to recognise abuse and to report any concerns they had, to ensure people were appropriately protected. There were enough staff to care for and support people. The provider had carried out checks of their suitability and fitness to work at the home.

Plans were in place to minimise identified risks to people's health, wellbeing and safety in the home and community. Regular checks of the premises and equipment were carried out to ensure these did not pose a risk to people.

People received their prescribed medicines when they needed them. Medicines were stored and administered safely.

Is the service effective?

Good

The service was effective.

Staff received regular training and support to ensure they could meet people's needs. Staff knew what their responsibilities were in relation to the Mental Capacity Act 2005 and DoLS.

Staff supported people, where possible, to make choices and decisions on a day to day basis. When complex decisions had to be made staff involved health and social care professionals to make decisions in people's best interests.

People were supported by staff to eat well and to stay healthy. When people needed care and support from other healthcare professionals, staff ensured people received this promptly.

Is the service caring?

Good

The service was caring.

People were involved in making decisions about their care. Their views were listened to and used to plan their care and support.

Staff respected people's dignity and right to privacy. People were supported by staff to be as independent as they could be.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and care plans were in place which set out how these should be met by staff. Care plans reflected people's individual choices and preferences for how they received care and support.

People were encouraged to maintain relationships with the people that were important to them. People were supported to live an active life in the home and community.

The provider had arrangements in place to support people to raise a concern or make a complaint. Complaints were dealt with by senior managers appropriately.

Summary of findings

Is the service well-led?

Good

There service was well led.

People's views about the quality of care and support they experienced, were sought. Staff acted on people's suggestions for improvements.

The registered manager demonstrated good leadership. They ensured staff were clear about their roles and responsibilities to the people they cared for. Staff said they felt supported by the registered manager.

The provider and senior managers carried out regular checks to monitor the safety and quality of the service. They used external scrutiny and challenge to make improvements and share and learn good practice in supporting people on the autistic spectrum.

Hollyfield House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 25 August 2015 and was unannounced. It was carried out by a single inspector. 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 service, what the service does well and improvements they plan to make. We also reviewed other information about the service such as notifications they are required to submit to the Commission.

During our inspection people using the service were unable to share their experiences with us due to their complex needs. In order to understand their experiences of using the service we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We spoke with the registered manager, two deputy managers and three care support workers. We looked at records which included three people's care records, three staff files and other records relating to the management of the service.

After the visit we spoke with four relatives of people living at Hollyfield House and asked them for their views and experiences of the service.

Good

Is the service safe?

Our findings

Relatives told us people were safe at Hollyfield House. One relative told us, "[Family member] is always happy to go back there after a visit with us. [They] always looks healthy, [their] hair is cut and [they] always look nice." Another relative said, "[Family member] is safe there and we're happy with the way things are going."

Staff knew how to protect people from abuse, neglect or harm. They had received relevant training in safeguarding adults at risk which was refreshed annually. Staff explained to us the signs they would look for to indicate someone may be at risk of abuse and the actions they would take to protect them. They told us there was a procedure in place, which they would follow, to report their concerns to the registered manager or to another appropriate body such as the local authority. One member of staff said, "If I wasn't satisfied enough was being done [by the registered manager] I would go straight to social services."

Where there was risk of harm to people in the home and community, there were plans in place to ensure these were minimised. During the planning of people's care and support, staff assessed how their circumstances and needs put them at risk of injury and harm in the home and community. Using the information from these assessments, 'risk taking plans' had been developed which instructed staff on how to minimise these risks when providing people with care and support. Records also showed there was guidance for staff on how to protect and keep people safe in the event of an emergency. For example, in the event of a fire, staff had carried out a fire safety risk assessment which included a personal emergency evacuation plan (PEEP) for each person using the service.

Staff had a good understanding of the specific risks to each person and what they should do to protect them. We observed staff supported people during the day having regard to these specific risks so that these were minimised, for example when supporting people to move around the home or to prepare a meal. Staff kept the home free of unnecessary obstacles or objects that could pose a risk to people's safety. Where new risks had been identified people's records were updated promptly so staff had access to up to date information, to ensure people were protected. Information was shared by staff through meetings so they were aware of any changes and what they needed to do to support people appropriately.

There were enough suitable staff to support people. The staffing rota for the service was planned in advance and took account of the level of care and support people required each day in the home and community. For example on days when most people were undertaking activities in the community or attending appointments, staff numbers were increased to ensure each person's needs could be met safely. We observed throughout the day, staff were visibly present and assisting people promptly when needed.

Staff's suitability and fitness to work at the home was checked by the provider. Records showed the provider carried out employment checks and among these sought evidence of; staff's identity, which included a recent photograph, their eligibility to work in the UK, criminal records checks, qualifications and training and previous work experience such as references from former employers. Staff also had to complete health questionnaires so that the provider could assess their fitness to work.

People were supported by staff to take their prescribed medicines when they needed them. These were stored in a lockable cupboard at the home. Although these were kept safely we noted the cupboard was very full which made removing and replacing items cumbersome. We shared our concern about this with the registered manager who told us they would take this on board. Records showed there was detailed information for staff about the medicines that had been prescribed to people and their side effects. People's known allergies had been documented. There were instructions for staff on how to ensure people received their medicines in a way that suited them. For example one person preferred to take medicines in liquid form as they did not like tablets. There was guidance for staff on how and when to administer 'as required' medicines. 'As required' medicines are medicines which are only needed in specific situations such as when a person may be experiencing pain. Protocols, guidelines and emergency medicines packs were also accessible to staff to support people when they had a seizure.

Each person had their own medicines administration record (MAR sheet) and staff signed this record each time medicines had been given. We found no recording errors on the MAR sheets we looked at. Where medicines had not been given the reasons for this were clearly documented. Each person's medicines was stored separately from others so that the risk of staff administering medicines to the

Good

Is the service safe?

wrong person was minimised. Checks of stocks and balances of people's medicines confirmed these had been given as indicated on people's individual MAR sheets. Training records showed staff had received training in safe handling and administration of medicines and this was refreshed on a regular basis.

The environment and the equipment in the home were regularly checked to ensure these did not pose unnecessary risks to people. Regular service and maintenance checks of the premises and equipment had been undertaken. Records showed regular checks had been made of fire equipment and systems, alarms, emergency lighting, portable appliances and gas heating systems.

Good

Is the service effective?

Our findings

Relatives of people told us staff knew how to care for and support their family members. One relative said, "The staff are fantastic. They really know how to look after [family member] well." Another relative told us, "I think it's a good company to work for. Staff stay a long time so there's a lot of consistency. Staff seem very happy to work there." Staff received regular training to enable them to meet the needs of people using the service. Records indicated staff attended courses regularly in topics and areas relevant to their work and which the provider considered mandatory. Staff told us they received regular training to help them in their roles. Staff training records were monitored by the registered manager to identify when staff were due to receive refresher updates to keep their knowledge and skills up to date. The registered manager confirmed they reviewed staff's training needs with them through one to one meetings and annual appraisal.

New staff were not able to work unsupervised with people until they had successfully completed a period of induction and probation. Records showed during this period their knowledge and understanding of how to support people was continuously assessed to ensure they were competently able to support people. A member of staff that had recently completed their induction training told us the training and support they had received had helped them to understand how to care for people and meet their needs.

Staff received regular support from the registered manager and deputy managers through individual one to one (supervision) meetings. Records showed staff met with managers regularly and were provided with opportunities to discuss any work based issues or concerns and their learning and development needs. A member of staff told us, "The supervision meetings are useful because it allows you to reflect so that you can improve and develop your practice."

Staff had received training on the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). These safeguards ensure that a care home only deprives someone of their liberty in a safe and correct way, when it was in their best interests and there was no other way to look after them. The registered manager had a good understanding and awareness of their responsibilities in relation to the MCA and DoLS and knew when an application should be made and how to submit one. Applications made to deprive people of their liberty had been properly made and authorised by the appropriate body.

People's records contained information about their level of understanding and ability to consent to the care and support they needed. This gave staff information they needed about when people were able to make choices and decisions and how staff could support them to do this. For example when people were helped by staff to get dressed they were offered a choice of outfits to choose from. Where people were not able to make complex decisions about specific aspects of their care and support, for example where they had needed medical treatment, best interests meetings had been held with their relatives and other healthcare professionals involved in their lives to ensure appropriate decisions were made.

Staff did not use restraint or other restrictive practices in situations where people's behaviour may have challenged others. People's records showed there was guidance for staff about the techniques and strategies they should use to positively distract people when they became anxious or upset. Staff demonstrated a good understanding about specific triggers and situations that could cause people to become upset and how they could support people in a positive way to distract and calm them if this should occur.

People were supported by staff to eat and drank sufficient amounts to meet their needs. As people had complex communication needs, staff used pictures and sign language to determine what people's preferences were so that they could plan meals that people wanted to eat. People's individual menus showed these were personalised to their preference. We observed during lunchtime people needed minimal assistance to eat their lunch but staff were on hand if help was needed. People appeared relaxed and unhurried so that they were able to take their time to eat. Records showed staff monitored people's food and drink intake to ensure they were eating and drinking enough. People's weights were monitored on a monthly basis to ensure they were maintaining a healthy weight.

Relatives told us staff supported their family members to maintain a good level of health and wellbeing. One relative said, "They are spot on in keeping us informed of all [family member's] appointments and they make sure [family member] goes to them all regularly." Another relative told us, "I think [family member] is supported to stay as healthy

Good

Is the service effective?

as possible. They encourage [family member] to make healthy choices and if they thought [family member] was ill they would take [them] to the doctor straight away and everything is documented." And another relative said, "[Family member] is doing really well now and putting on weight which was very important." The care and support people needed from staff to stay healthy and well was documented in their care and health action plans. These contained important information about the support people needed to access healthcare services such as the GP or dentist. People's healthcare and medical appointments were noted in their records and the outcomes from these were documented. People also had a current hospital passport. This document contained important information that hospital staff needed to know about them and their health in the event that they needed to go to hospital.

Records showed staff recorded and monitored information about people's general health and wellbeing on a daily basis. Where there was a concern about an individual we noted prompt action was taken by staff to ensure these were discussed with the registered manager and deputy managers and the appropriate support was obtained for example referral to the GP. Outcomes from these referrals were documented and if changes to the way care and support was provided to people was needed this information was communicated promptly by managers to all staff.

Good

Is the service caring?

Our findings

Relatives of people told us staff were kind and caring. One relative said, “I see the way they are not only with [family member] but with everyone else that lives at the house. It’s a really warm family feeling and they [staff] do a fantastic job.” Another relative told us, “I think there is really good quality of care. The staff are kind and caring and they know everyone really well.” Another relative said, “The provider has a very nice approach and is very caring. You get the feeling [they] want the very best for people.”

During the inspection we observed interactions between people and staff. People appeared comfortable and relaxed in the presence of staff. Staff spoke to people respectfully and with warmth. We saw they involved people in making decisions about what they wanted using different methods that were appropriate to the individual for examples through the use of pictures or signs. Staff gave people time to communicate their needs and wishes and then acted on these. We also observed staff were alert and quick to assist people when this was needed to limit any distress or anxiety. In our conversations with staff and during the shift handover we noted they spoke about people in a kind and respectful way.

Records showed staff sought and acted on people’s views when planning their care and support. People using the service had complex needs and most were unable to communicate verbally. People’s records indicated how they expressed themselves through speech, signs, gestures and behaviours which helped staff understand what people wanted or needed in terms of their care and support. For example staff used pictures to help people recognise different types of activities they could undertake such as cycling or swimming and from people’s specific responses to these, staff were able to determine whether people wished to do these or not.

People’s right to privacy was respected. During the inspection we observed staff knocked on people’s doors and did not enter people's rooms without their permission. We observed there were several communal lounges in the home to enable people to get time and space away from the rest of the home when they needed this. Staff told us they supported people to maintain their privacy and dignity. This included ensuring people’s doors were kept closed when they were supporting people with their personal care. Although the majority of interactions we witnessed showed staff respected people’s dignity we did witness on one occasion a member of staff was not as caring as they could have been when assisting an individual with their lunch. We discussed this with the registered manager and deputy managers who assured us this would be addressed with the member of staff concerned.

People were encouraged to be as independent as they could be in the home and community. A relative said, “When my [family member] went there I didn’t think they would be able to do much without a lot of one to one support. But I see [family member] now and they are doing a lot more for themselves with help like helping with dinnertime or brushing their teeth. [Family member] will always need one to one but with help [they] can thrive.” We observed people who were at home were supported by staff to undertake tasks and activities aimed at promoting their independence. For example, staff supported people with their laundry and encouraged people to fold up and put away freshly laundered clothes. During lunch people were encouraged to eat their lunch with minimal assistance from staff. Staff only stepped in when people could not manage tasks safely and without their support. Records showed each person had time built into their weekly activities timetable for laundry, cleaning and personal shopping tasks aimed at promoting their independence. In the community, people were supported to attend day centres or local colleges where they undertook activities and classes to promote confidence and independence.

Good

Is the service responsive?

Our findings

People were actively involved by staff in the planning and delivery of their care. A relative said, "We feel very involved in [family member's] life and very well informed about their care." Records showed people had attended meetings with their family members and/or with other representatives to discuss how care and support should be provided to them. We saw information from these discussions was used to develop an individualised care plan which set out how people's needs were to be met by staff. Care plans were reflective of people's specific likes and dislikes for how this should be provided as well as what was important to people in terms of achieving personal care goals and objectives.

There was detailed information for staff on how to provide care and support which enabled people to retain as much control as possible. For example, people's preferences for how and when they received personal care were noted such as when they needed help or prompting when washing and dressing. Records showed staff had signed people's care records to confirm they had read and understood how support should be provided. In our discussions with staff it was clear they knew people well and had a very good understanding of their specific needs and how these should be met.

People's needs were regularly reviewed to identify any changes that may be needed to the care and support they received. Each person had a designated keyworker. A keyworker is a member of staff responsible for ensuring a person's care and support needs are being met. Records showed keyworkers met with people monthly to discuss their needs and any changes that were needed to the support they received. An annual review was also carried out of each person's care and support needs. These had been attended by people, their family members, social workers, staff and other relevant healthcare professionals involved in people's care.

People were supported to pursue activities and interests that were important to them. Relatives told us their family members undertook a wide range of activities. One relative said, "I never once thought that [family member] would want to go out in the evenings but [family member] gets taken to the pub and to disco's which they love. [Family member] has a good quality of life there." Another relative told us, "They do a lot of activities and take [family member] out every day. [Family member] will choose what they do each day by changing the pictures on their timetable." Each person had their own personalised weekly timetable that set out the activities they would be undertaking each day. This was displayed in their rooms using pictures to help people understand the activity they would be undertaking. A larger board was on display in the main lounge which provided a good visual check of what people were doing, when and with whom. The range of activities was wide and included group and social activities such as classes and outings as well as personalised activities such as shopping trips all undertaken with the support of staff.

People were supported to maintain relationships with those that mattered to them. For each person staff had detailed information about all the people that were important to them in their lives and how these relationships should be maintained. Many people living at the home were supported by staff to visit and stay with family members on a regular basis. Staff kept people's relatives and representatives informed and updated about their health and wellbeing. They were actively encouraged to undertake activities and attend events with their friends and relatives both in the home and out in the community. The home held celebratory events such as birthday parties as well as social gatherings that friends and relatives were invited to attend. A relative told us, "There was a summer BBQ a couple of weeks ago and it was fantastic. There were families there and it was a really lovely day."

Relatives told us they were confident that any issues or concerns they had about the care and support their family members received, would be dealt with appropriately by the home's managers. The provider had arrangements in place to respond appropriately to people's concerns and complaints. The provider's complaints procedure detailed how people's complaints would be dealt with. A pictorial and easy to read version of this was displayed in the home which told people what to do if they wish to make a complaint or were unhappy about the service. People were told what help they could expect to get from staff to assist them in making a complaint and how their complaint would be dealt with. We looked at the way complaints had been dealt with and noted the senior managers carried out a full investigation of the complaint made and then

Good

Is the service responsive?

provided people with a detailed response. This included providing an appropriate apology where this was required, and details of any actions that would be taken to ensure the issues were dealt with to the individual's satisfaction.

Good

Is the service well-led?

Our findings

Relatives gave us positive feedback about the home. They told us the home was well run and that people received good quality care. They said the home's managers were approachable, open and willing to listen if they ever had any concerns or issues. One relative said, "They [managers] are quite supportive. If you were worried about anything they would help you with this." The registered manager ensured there was an open and transparent culture within the service. People were encouraged to share their views and ideas about how the care and support they received could be improved. They were supported to do this through regular meetings with their keyworker. As a result of these meetings staff took on board people's responses and views and responded appropriately. For example in some cases where people expressed an interest in an activity or outing staff arranged for these to be undertaken. As part of the annual review of their care and support needed, people's views about these were taken into account when reviewing and planning their on-going and future care and support needs. Staff ensured people were able to take part in meetings by using communication methods that enabled people to participate. For example signs and symbols and pictures were used to help people who were non-verbal to express their views.

The registered manager demonstrated good leadership in the home. Minutes of meetings showed regular discussions took place between them and staff on how the service was achieving its objectives in meeting the needs of people using the service. Through the keyworker system staff were accountable for ensuring that people's individual needs were being met. Managers reviewed the outcomes of keyworkers monthly meetings with people to ensure staff had taken appropriate action to respond to people's views and make changes where this was needed. It was clear from speaking with staff they were aware of their roles and responsibilities for ensuring people's care goals and objectives were achieved.

Staff told us they were supported by managers to express their views. Minutes from staff meetings showed their views about the care and support people experienced were sought. Suggestions and ideas for how people's experiences could be improved were discussed resulting in actions for staff to undertake to achieve this. For example, opportunities for new activities and social outings were sought to meet people's wishes.

The registered manager demonstrated a good understanding and awareness of their role and responsibilities particularly with regard CQC registration requirements and their legal obligation to submit notifications of incidents or safeguarding concerns about people using the service. Our records showed the service submitted notifications to CQC promptly and appropriately.

The provider and managers carried out checks of the home to assess the quality of service people experienced. These checks covered key aspects of the service such as the care and support people received, accuracy of people's care plans, management of medicines, cleanliness and hygiene, health and safety, and staffing arrangements including current levels in the home, recruitment procedures and staff training and support. The registered manager told us they and other senior staff also carried out checks of the home environment and observed the care and support provided by staff on a daily basis. They used daily records maintained by staff to monitor that staff were undertaking their roles and duties as required.

The provider used external scrutiny and challenge to ensure people received care and support that was relevant to their needs. The service had achieved accreditation with The National Autistic Society (NAS). This was reviewed annually by the NAS. We saw through this process the NAS provided suggestions for the service in areas where improvements could be made. The service had responded proactively to these suggestions and had recently reviewed all policies and procedures to ensure these were focussed on providing appropriate care and support for people on the autistic spectrum. The registered manager told us accreditation also enabled the service to share and learn good practice with other similar services and organisations in how to effectively support people on the autistic spectrum.