Care Quality Commission

Hollybank Trust

Holly Court

Inspection report

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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

Overall summary

The inspection of Holly Court took place on 27 October 2015 and was unannounced. Holly Court was registered with the Care Quality Commission in July 2014. This was the first inspection of the service since their registration.

Holly Court is a purpose built care home. It is part of the Holly Bank Trust which is an organisation specialising in providing education, care and support for young people and adults with profound complex needs. The home has three units providing long term care, respite care and a transitional unit supporting people with the move from children's to adult services. On the day of our inspection, nine people were living at Holly Court.

At the time of our inspection the registered manager was not available. Another manager was employed at the home but they were not yet registered with the Care Quality Commission. 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.

Relatives we spoke with told us their family member was safe.

Summary of findings

Care and support records contained a number of individual risk assessments including photographs of equipment used by each individual to ensure it was used safely and appropriately. The home was clean and well maintained.

Staff recruitment was thorough and staff felt there were enough staff employed to meet people's needs.

Medicines were stored and managed safely. Only staff deemed competent to administer medicines were allowed to do so.

Relatives told us staff were well trained. We saw evidence staff received training and support however, the training matrix did not evidence that all staff training was up to date.

Where people living at the home had their liberty restricted, an authorisation was in place to ensure this was lawful and their rights were protected.

People received support from staff to eat and drink in a calm and appropriate manner. Staff were caring and kind. They respected people's right to privacy and dignity.

Relatives said they visited and made contact by telephone when they wanted. People participated in a range of activities which were planned on a monthly basis. Care plans were detailed and person centred providing information about the person's preferences, likes and dislikes.

Staff told us it was a good organisation to work for. There was evidence of regular staff and management meetings. Regular checks and audits were completed to ensure the quality of service was regularly reviewed and where issues were identified, action plans were implemented.

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?
The service was safe.

Good

Staff were aware of what constituted abuse and knew how to report any concerns they may have had.

Recruitment procedures were thorough.

Medicines were managed safely.

Is the service effective?
The service was not always effective.

Requires improvement

Staff received regular training and supervision but we were unable to clearly evidence that all training was up to date.

Relatives said they thought staff were well trained and were 'very helpful.'

The layout and design of the home was conducive to people with profound complex needs.

Is the service caring?
The service was caring.

Good

Relatives told us staff were caring.

Staff knew people well and enabled people to make choices about their daily lives.

People's privacy and dignity was respected.

Is the service responsive?
The service was responsive.

Good

There was a programme of individual activities for people.

Care and support records were person centred and detailed.

Relatives felt confident to raise any concerns with staff.

Is the service well-led?
The service was responsive.

Good

There was a programme of individual activities for people.

Care and support records were person centred and detailed.

Relatives felt confident to raise any concerns with staff.

Care Quality Commission

Holly Court

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 27 October 2015 and was unannounced. The inspection team consisted of one adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience on this occasion had experience in caring for a person living with a learning disability.

Prior to the inspection we reviewed all the information we held about the service. We also spoke with the local authority. At the time of the inspection a Provider Information Return (PIR) was not available for this service. 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. On this occasion we had not asked the provider complete this document.

We spent time in the lounge and dining rooms observing the care and support people received. We spoke with one visiting relative of a person who was living in the home and we spoke with three other relatives by telephone. We also spoke with the head of residential services, the manager, a senior support worker and a support worker. We also spent some time looking at two people's care records, two staff recruitment and training files and a variety of documents which related to the management of the home.

Good

Is the service safe?

Our findings

Each of the relatives we spoke with told us they felt their family member was safe. One relative said, "Yes, (person) is very safe."

The registered provider had a safeguarding policy in place which detailed types of abuse, the action staff should take in the event of having a concern that someone may be at risk of harm or abuse and the training staff should receive in this area. Staff told us they had completed training in safeguarding vulnerable adults. The manager and both the support staff we spoke with were aware of the different types of abuse and their responsibilities in reporting any concerns they may have that a person was as at risk of harm or abuse. One of the staff we spoke with said, "If I had a concern I would report it the senior or the manager. If I felt uncomfortable about this then I would report it to the personnel department" This showed the registered provider had taken reasonable steps to ensure people who lived at the home were protected from the risk of abuse.

Both of the care plans we reviewed contained a variety of risk assessments. These included moving and handling, nutrition and pressure care. Specific risk assessments were also in place which pertained to the particular equipment people required, for example, specialist beds, moving and handling equipment and wheelchairs.. This meant people's care and support was planned and delivered in a way that reduced risks to their safety and welfare.

A variety of equipment was provided at the home. This included specialist beds, hoists, including ceiling tracking and assisted baths. We also saw evidence that the premises and equipment were serviced and maintained by appropriately certified contractors.

We asked the manager what action staff would take in the event of the fire alarm being activated. They said on each shift two staff members were given specific responsibilities and we saw a white board in the manager's office detailed the names of the staff with this role on the day of our inspection. The registered provider's training matrix did not record staffs' attendance at a fire drill and we asked the manager how they knew staff completed this training on a regular basis. They told us they were aware of the need to ensure all staff updated their knowledge in regard to this matter.

We asked one staff member how accidents and incidents were recorded. They told us these were recorded via the registered provider's online management system. They said in the event of any accident or incident the staff who had witnessed the matter or who was first on the scene, completed the record. The head of residential services said a risk analysis assessor reviewed all recorded accidents at Hollybank Trust to ensure appropriate action was taken and any required learning was implemented. This showed the organisation analysed incidents that may result in harm to people living at the home and made changes to their care and support where necessary.

We looked at two staff files and saw candidates had completed an application form, notes were kept of the interview and references obtained. Potential employees had also been checked with the Disclosure and Barring Service (DBS) before they started work at the home. The DBS helps employers make safer recruitment decisions and reduces the risk of unsuitable people from working with vulnerable groups. We noted the DBS for one of the staff files was dated September 2011. We asked if the registered provider routinely renewed staff DBS checks but they told us they did not. Although it is not mandatory that these checks are renewed, ongoing monitoring of staff DBS checks helps to ensure staff remain suitable to work with vulnerable people.

Relatives told us there were enough staff on duty but one relative said, "They seem to use a lot of agency staff and they don't know people like the regular carers do". The manager told us the shift pattern for staff had changed in July 2015. They said the change had improved staff continuity for people who lived at the home and reduced the use of agency staff. The two staff we spoke with said they had no concerns regarding staffing at the home and felt there were enough staff on duty to meet people's needs. One of the staff said that while all staff worked across the three units to ensure they knew all the people who lived at the home, they tended to work predominantly on one unit. They also said where agency staff were used they tried to ensure they used the same staff so that they knew people's needs. This meant people received support from staff who knew them well.

We checked to make sure people's medicines were being managed safely. Medicines were stored in locked room on each individual unit. The manager told us these rooms were not suitable due to being very small and not having

Good

Is the service safe?

hand wash facilities or a dedicated medicine fridge. They showed us a room on one of the bungalows which was in the process of being made into a dedicated medicines room which would store the medicines for all the people who were living in the home.

One of the staff we spoke with told us that most, but not all, staff at the home were trained to administer people's medicines. Both support staff told us they had received training in managing and administering medicines and had their competency assessed. This was evidenced when we saw their training and assessment record in their personal files. This showed us medicines were administered by staff with the knowledge and skills to administer medicines safely.

We saw staff monitored the temperature of the rooms where people's medicine was stored. This had not been done every day however, the temperatures which were recorded indicated medicines were stored at a safe temperature.

Some medicines were supplied in a monitored dosage system (MDS) while others were supplied in boxes or bottles. We checked three individual medicines and found the stock tallied with the number of recorded administrations. We looked at a random selection of medicine administration records (MARS) and saw the information on the MARs was legible, a record was maintained of medicines which were brought into the home and there were no gaps on the MARs. Where people were prescribed creams, a care plan detailed when, why and where the cream should be administered. This meant people were protected against the risks associated with medicines because the registered provider had appropriate arrangements in place to manage medicines.

Requires improvement

Is the service effective?

Our findings

Relatives said they thought staff were well trained and were 'very helpful.'

Staff told us they received frequent training in a variety of topics. This included, moving and handling, fire and safeguarding. One person told us they were a moving and handling facilitator. This meant they had undergone supplementary training to enable them to train other staff in safe moving and handling techniques.

We reviewed the training record for one staff member and saw that although they had completed training in a variety of areas, it had been some time since some of these had been refreshed. We reviewed the registered provider's training matrix and saw this identified the training staff required and the time frame in which it should be updated. It also detailed where training was booked. There were significant cells on the matrix where the date training had been completed was blank. Many of these cells were shaded blue and the key indicated this meant their refresher training was due. This meant we were unable to evidence staff training was current. Ensuring staff receive regular updates to their training means staff have up to date skills and knowledge to enable them to meet people's needs in line with current standards of good practice.

We saw a spreadsheet which detailed dates the staff employed at the home had received supervision . Both support staff told us they received regular supervision with their manager and we saw documented evidence of supervision in both the staff files that we looked at. This showed staff were receiving regular management supervision to monitor their performance and development needs.

Staff told us that new employees were assigned to a more experienced staff member who would mentor and support them. One of the staff we spoke with said new staff had four weeks of shadowing which allowed them opportunity to complete their basic training, read people's support plans and to meet and get to know the people who lived at the home. We saw evidence the manager and a recently recruited support worker had attended the registered provider's induction programme. This demonstrated new employees were supported in their role

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) within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

The manager told us seven people who lived at the home had a DoLS in place and there were applications with the local authority for two other people. This meant that although some people had been deprived of their liberty, the home had requested DoLS authorisations from the local authority in order for this to be lawful and to ensure a person's rights were protected.

Both support staff we spoke with were able to tell us how people who lived at the home were supported to make decisions and they also told us about the process in the event that people were unable to make a decision. This showed staff were aware of their responsibilities under this legislation.

In one of the support plans we looked at, a number of capacity assessments had been completed relating to the specialist equipment and support this person required to meet their needs. Following this process demonstrated openness and transparency in providing

services for people who lack capacity as prescribed in the Mental Capacity Act 2005.

We observed lunchtime in two of the bungalows and saw staff involved people in choosing what they wanted to eat and drink. Where people required support this was given in a discreet and unhurried manner. Staff told us there was no set time for breakfast and the main meal of the day was in the evening. They told us the menu was set on a week by week basis, chosen around the choices, likes and preferences of people who lived at the home.

Both the support plans we looked at contained a nutrition care plan. This detailed the support the person required,

Is the service effective?

the aids and adaptation which they used and any specific dietary needs they had. For example one care plan had photographs of the plate and cup the person used. It also recorded they would 'take the spoon to their mouth independently for part of their meal'. This ensured staff had the information they required to provide support appropriate to each person's individual needs.

We saw one person required supplementary nutrition via a Percutaneous endoscopic gastrostomy (PEG). We reviewed the record for October 2015 where staff recorded the food and fluid administered via the PEG. We saw these were incomplete. For example, on 12 October 2015 the first entry was recorded at 17.00 hours. There were no entries recorded for the morning or afternoon. On 15 October there were no entries recorded after 10am. This meant there was no clear record to evidence the person had received their prescribed nutritional supplement.

Relatives said they had no concerns about a general practitioner (GP) being called immediately if their family member was unwell. One said, "They send for the GP as soon as (person) is unwell. They are probably over cautious, which is not a bad thing." Relatives also told us a physiotherapist visited people regularly to provide further guidance for staff regarding individual people's needs.

This showed people received additional support when required for meeting their care and support needs.

Both people had a hospital passport in place. This provides detailed information for hospital staff about people's health and support needs, likes, dislikes and preferences. Where a person may not be able to fully communicate their needs, this information may reduce the risk of the person receiving inappropriate and unsafe care if they require hospital treatment. We saw one person's passport was dated 2010, while the content of the passport still reflected their current support needs. It is good practice to regularly review these documents to ensure they remain accurate.

Holly Court was purpose built to accommodate people with both a physical and learning disability. Corridors and doorways were wide and all the bedrooms were wheelchair accessible. Each bedroom also had en-suite level access shower and toilet facilities. Each unit had a kitchen/dining room and a lounge. Bathrooms were spacious and one bathroom had sensory lights and a music system. People had access directly to outdoor space via their bedrooms or from the communal areas. This meant the design and layout of the building was conducive to providing a homely but safe and practical environment for people who lived at the home.

Good

Is the service caring?

Our findings

All the relatives we spoke with said they were very pleased with the quality of care provided to their family member. One relative said, "The staff are excellent." Another said "They (staff) are very caring and understanding."

During the inspection we found the atmosphere in the home to be calm and happy. We observed staff interactions with people who lived at the home and found these to be kind, caring and appropriate. When staff had a conversation with each other, they included people in their chatter. One of the staff we spoke with said, "The staff are good, if you have good staff the people see that and then they have a good life."

People looked nicely dressed and cared for. This indicated that staff had taken the time to support people with their personal care in a way which would promote their dignity. People's bedrooms were individual in colour and bedding was personalised. Bedrooms had pictures, photographs and personal possessions. Personalising bedrooms helps staff to get to know a person and helps to create a sense of familiarity and make a person feel more comfortable.

The two support staff we spoke with clearly new people well and understood their care and support needs, likes and dislikes. One staff told us it was important staff knew people well as this ensured staff provided the individual support people needed which kept them happy. Staff also told us how they supported one person who was prone to having behaviour which challenged. They explained one of the triggers to this behaviour and what staff did to de-escalate this.

A relative told us, "We like the fact that they (people) choose what time to go to bed and get up." We saw staff involving people in making choices about their daily lives. For example what they wanted to eat or drink. A staff member told us how one person's ability to verbally communicate was minimal. They told us how they enabled this person to choose what they wanted to wear each day and how the person indicated their preference through movement or facial expression. Care plans also recorded the support people needed to enable them to make choices. For example, one care plan recorded, 'if I am given two choices (of outfit) I can reach out and touch the outfit of my choice'.

Staff respected people's right to privacy and dignity. We saw staff knock on bedroom doors prior to entering and during our inspection of the building, people were asked if they were happy for us to look at their bedrooms. Staff told us any personal care was carried out with doors and windows closed. One staff told us they always used clothing and towels when people had to be undressed and dressed so their bodies would not be overly exposed.

Good

Is the service responsive?

Our findings

Relatives told us they could visit anytime and some relatives said they made regular phone calls to the home. One relative said they were arranging to 'Skype' their relative as another method of keeping in touch with them.

Relatives also said staff organised activities around each person's individual likes and dislikes. One family member told us their relative enjoyed going sailing. Although one relative said, "We have commented on the lack of activities." We asked staff what activities were available for people. One staff member told us an activity plan was completed with each person on a monthly basis. They said this was to enable planning for the activity and to arrange changes to duty rotas if that was required. They explained some activities were provided by Holly Bank Trust, for example

hydrotherapy pool and other activities were external, such as sailing and horse riding. Both care plans we reviewed recorded people's interests and the activities they enjoyed. One person's plan noted they enjoyed baking, craft and going home. Enabling people to take part in meaningful and enjoyable activities is a key part of 'living well'.

Care plans were person centred and detailed people's care and support needs. One plan detailed, 'I enjoy listening to my music before I go to sleep with the sensory lights on.' Another plan noted, 'I like to be washed in warm soapy water.' There was a document in both files entitled 'circle of support.' The person was in the centre of the page with all the people involved in their welfare and support recorded around them, for example, family, support staff and health care professionals. Having a high level of detail in people's care plans is important as most people who lived at the home had limited verbal communication.

All the relatives we spoke with said they were involved in their relatives' care plan and attended regular reviews. We looked at the review records for one person and these detailed the people involved in the review and the issues discussed. Having regular reviews helps in monitoring whether care records are up to date and reflects people's current needs so that any necessary actions can be identified at an early stage.

Relatives told us they felt confident to raise a complaint if necessary. Any complaints or compliments were recorded on the registered provider's online management system. The manager told us there had been no recent complaints. A copy of the registered provider's complaints procedure was on display in the reception area. Alongside this was an easy read format for people to see. This showed people were made aware of the complaints system and it was provided in a format which met their needs.

Good

Is the service well-led?

Our findings

We asked relatives if they thought the home was well run. They told us there had recently been a change of manager at the home. One relative said, "Yes I think it is well managed. We have no concerns." Another relative said, "Yes, the manager has been helpful up to now".

We met the manager on the day of our inspection. They said they had been in post since May 2015 and had commenced their application to register with the Care Quality Commission. They said they were replacing the current registered manager. We also met the head of residential services who said they had commenced employment at Holly Bank Trust in September 2015. Both support staff we spoke with spoke positively about working for Holly Bank Trust and at Holly Court. One staff member said they had come from college and 'never left'. One said it was a 'good organisation to work for'.

Both staff told us regular staff meetings were held at the home. They said these sometimes involved the whole team or just the senior support workers. We saw minutes of meetings held in May, June, August and October 2015. These recorded the names of the staff who attended and the issues discussed.

The manager showed us an audit file. This contained infection control and mattress audits dated July and October 2015. They told us they had also implemented an audit for moving and handling equipment. The manager said either they or a senior support worker did a daily walk around of the home and this was recorded on an audit sheet. The head of residential services told us the organisation employed a team of domestic staff and their work was overseen and audited by a housekeeper.

We saw evidence of regular visits by a senior manager to the home. These were documented and recorded the areas they had reviewed and any action which required attention as a result of their visit. We saw that between February and September 2015 they had visited and audited the home ten times, of which eight were unannounced visits. An action plan was in place and this evidenced which actions had been addressed and which were still requiring further work.

The head of residential services told us. they had already identified that staff training was an area of weakness in the organisation and they had held an emergency meeting with managers to address this matter. They said a fortnightly meeting was also held with senior managers from the organisation. They said each home was discussed and where issues were identified an action plan was implemented and reviewed at future meetings.

These examples demonstrate the registered provider had a quality assurance and governance system in place to drive continuous improvement.

Relatives told us that no relative meetings had been held recently. However, we saw a notice on the wall which recorded a meeting was scheduled for November and December 2015. Relatives also said they had not received any surveys or questionnaires asking their opinion of the service. The head of residential services assured us this was being addressed and the survey format was awaiting approval by the board of trustees prior to being sent out to families. The head of residential services told us the organisation held quarterly meetings between the board of trustees, senior managers and a number of relatives of people who lived in the homes provided by Holly Bank Trust. They said the agenda was led by relatives and provided a platform for people to share ideas and good practice. Meetings and quality surveys are an important part of the registered provider's responsibility in monitoring the service and coming to an informed view as to the standard of care support for people who live at the home.