

# Moorlands Holdings (N.E.) Limited

# Hollyacre Bungalow

## Inspection report

Front Street  
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2015  
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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 20 July, 21 July and 5 August 2015 and was unannounced. This meant the staff and provider did not know we would be visiting.

Hollyacre Bungalow provides care and accommodation for up to 10 people with a learning disability. On the day of our inspection there were nine people using the service.

The home had a registered manager in place. 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 legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Hollyacre Bungalow was last inspected by CQC on 30 April 2013 and was compliant.

There were sufficient numbers of staff on duty in order to meet the needs of people who used the service. The provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff.

# Summary of findings

Accidents and incidents were recorded appropriately and there had not been any recent safeguarding incidents.

Comprehensive medicine audits were carried out regularly.

Staff training was up to date and staff received regular supervisions and appraisals, which meant that staff were properly supported to provide care to people who used the service.

The home was clean, spacious and suitable for the people who used the service.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. We discussed DoLS with the registered manager and looked at records. We found the provider was following the requirements in the DoLS.

People who used the service, and family members, were complimentary about the standard of care at Hollyacre Bungalow.

Staff treated people with dignity and respect and helped to maintain people's independence by encouraging them to care for themselves where possible.

We saw that the home had a full programme of activities in place for people who used the service.

Care records showed that people's needs were assessed, care plans were written in a person centred way and regularly reviewed.

The provider had a complaints policy and procedure in place. There had not been any recent complaints however people knew how to make a complaint.

The provider had a robust quality assurance system in place and gathered information about the quality of their service from a variety of sources.

# 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.

There were sufficient numbers of staff on duty in order to meet the needs of people using the service and the provider had an effective recruitment and selection procedure in place.

Accidents and incidents were recorded appropriately and there had not been any recent safeguarding incidents.

Comprehensive medicine audits were carried out regularly.

Good



### Is the service effective?

The service was effective.

Staff training was up to date and staff received regular supervisions and appraisals.

The provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS).

Good



### Is the service caring?

The service was caring.

Staff treated people with dignity and respect.

People were encouraged to be independent and care for themselves where possible.

People were well presented and staff talked with people in a polite and respectful manner.

People had been involved in writing their care plans and their wishes were taken into consideration.

Good



### Is the service responsive?

The service was responsive.

Risk assessments were in place where required.

The home had a full programme of activities in place for people who used the service.

The provider had a complaints policy and procedure in place. There had not been any recent complaints however people knew how to make a complaint.

Good



### Is the service well-led?

The service was well led.

People told us the home was well led.

The provider had a robust quality assurance system in place and gathered information about the quality of their service from a variety of sources.

Good



# Hollyacre Bungalow

## 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 20 July, 21 July and 5 August 2015 and was unannounced. This meant the staff and provider did not know we would be visiting. One Adult Social Care inspector took part in this inspection.

Before we visited the home we checked the information we held about this location and the service provider, for example, inspection history, safeguarding notifications and complaints. No concerns had been raised. We also

contacted professionals involved in caring for people who used the service, including commissioners and safeguarding staff. No concerns were raised by any of these professionals.

Before the inspection, the provider completed 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.

During our inspection we spoke with two people who used the service and two family members. We also spoke with the registered manager, the provider's operations manager and three care workers.

We looked at the personal care or treatment records of three people who used the service and observed how people were being cared for. We also looked at the personnel files for three members of staff.

# Is the service safe?

## Our findings

Family members we spoke with told us they thought their relatives were safe at Hollyacre Bungalow. They told us, “Yes”, “I’ve seen the staff working, they are very careful” and “I can rest assured that he’s well looked after”.

We looked at the recruitment records for three members of staff and saw that appropriate checks had been undertaken before staff began working at the home. We saw that Disclosure and Barring Service (DBS) checks were carried out and at least two written references were obtained, including one from the staff member's previous employer. Proof of identity was obtained from each member of staff, including copies of driving licences and birth certificates. We also saw copies of application forms and these were checked to ensure that personal details were correct and that any gaps in employment history had been suitably explained. This meant that the provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff.

We discussed staffing with the registered manager who told us there were four full time and six part time members of care staff employed at the home. The home also employed a part time domestic member of staff and maintenance staff member. The registered manager told us there were two care staff vacancies at the home at the time of our visit and all absences were covered by existing staff. The registered manager told us that agency staff had only been used on one occasion since the home opened.

We observed sufficient numbers of staff on duty. We asked staff, including domestic staff, whether there were plenty of staff on duty. They told us, “Yes, just got three new starters.”

We saw that entry to the premises was via a locked door and all visitors were required to sign in. This meant the provider had appropriate security measures in place to ensure the safety of the people who used the service.

We saw hot water temperature checks had been carried out for all rooms and bathrooms and were within the 44 degrees maximum recommended in the Health and Safety Executive (HSE) Guidance Health and Safety in Care Homes 2014.

Portable Appliance Testing (PAT) records were all up to date and each person's bedroom contained an ‘Electrical equipment inventory and safety checks’ sheet. All the

monthly checks were up to date and included checks of televisions, DVD players, lights and stereo equipment. We also saw copies of the electrical installation certificate and gas safety record. Both were up to date and in order.

Risks to people's safety in the event of a fire had been identified and managed, for example, the fire alarm, fire doors, emergency lighting and fire extinguishers were all regularly checked and we saw the checks were up to date.

The service had a fire emergency plan and Personal Emergency Evacuation Plans (PEEPs) were in place for people who used the service. This meant that checks were carried out to ensure that people who used the service were in a safe environment.

We saw from the accident book that there had been six accidents or incidents recorded in the previous 12 months. Four of these were falls and non of the incidents resulted in serious injury, therefore CQC did not need to be notified. We saw the provider's safeguarding policy and discussed safeguarding with the registered manager, who was aware of their responsibilities. They told us, and records showed, that staff had received safeguarding training however there had not been any safeguarding incidents at the home. We spoke with the local authority who confirmed there had been no safeguarding concerns raised, or were aware of any concerns, at Hollyacre Bungalow.

The registered manager told us no-one at the home displayed behaviour that challenges however we saw one person's care plan for activities stated that the person sometimes had behaviour that challenges whilst on activities outside the home. It stated, “[Name] gets tired when they have to walk far. [Name] can start falling to the ground and start screaming.” We saw instructions were provided for staff and control methods were in place, which included taking the person back to the vehicle until they had calmed down. We discussed this person with the registered manager who told us that although the person did on occasion exhibit behaviour that challenges, it had not resulted in any serious incidents. The registered manager told us if someone did start displaying behaviour that challenges, a meeting with the person's care manager would be arranged to discuss and care plans and risk assessments would be updated to reflect this.

During our visit we identified some issues with regard to the décor and potential infection control risk in the communal bathroom and shower areas. The ground floor

## Is the service safe?

bathroom was generally clean and suitable for people who used the service however the floor edging required resealing as it was dirty and contained holes. We saw a shower chair in the shower room was rusty in places and we also saw in the upstairs bathroom that the grouting around the bath was mouldy and required replacing, there was no seal around the floor and there was bare wood under the sink which could not be cleaned. We also found a light was not working in the downstairs toilet.

We informed the registered manager and operations manager of these issues on 21 July 2015 who agreed to have them rectified as soon as possible. We were notified on 31 July 2015 that the repairs had been made and went back to Hollyacre Bungalow on 5 August 2015 to check. All of the work had been completed apart from the boxed area in the upstairs bathroom, which the registered manager told us the maintenance member of staff would finish that day.

We saw the flooring in the utility room had been replaced and disposable commode liners had been bought following a visit by the infection prevention and control nurse however we saw the industrial washing machine was broken and had been temporarily replaced by a small domestic washing machine which was not fit for purpose. We discussed this with the registered manager who told us a new industrial washing machine had been ordered and was going to be installed on 20 August 2015.

We saw a copy of the 'Domestic cleaning schedule' for the week commencing 13 July 2015, which included communal areas, bathrooms and people's bedrooms. We

saw that bedrooms were cleaned thoroughly every week including floors washed or vacuumed and beds pulled out. Bathroom and toilet cleaning included baths, basins and toilets cleaned, bins emptied and floors and skirting boards washed. The schedule was signed by the domestic member of staff and the registered manager.

We saw a copy of the provider's 'Medication policy', which included ordering and dispensing medicines, controlled drugs, drug returns, new admissions, medicines administration records (MAR), oral drug administration, injections and household remedies. We saw 'Medication' care plans were in place for all the people who used the service and stated that medicines were "administered by safe handling of medicines trained staff." We checked staff training records and saw safe handling of medicines certificates for the members of staff we looked at.

We looked at the MARs and saw administered medicines had been recorded and signed for on the records. We saw the 'Paracetamol audit file' which included a separate sheet for each person, the amount of stock, date administered and a signature for each record.

We saw regular audits took place of medicines records and care plans were reviewed and updated as required. We saw a copy of the most recent four weekly medicines audit carried out on 6 July 2015. This included a check of the MARs, ensuring an up to date photograph of the person was on the records, returned medicines were documented and disposed of correctly, the treatment room was clean and temperature checked daily and medicines were appropriately labelled.

# Is the service effective?

## Our findings

People who lived at Hollyacre Bungalow received effective care and support from well trained and well supported staff. One person told us she was looked after well and was “Very happy.”

We looked at the staff training matrix, which showed staff had received training in moving and handling, health and safety, fire awareness, first aid, food hygiene, safeguarding, infection control, mental capacity act, equality and diversity and safe handling of medicines. Where there were any gaps in training we saw that the training was either ongoing or was booked. Training certificates in staff members’ files confirmed the training had taken place.

We also saw staff received an induction when they started working at the home. This included an introduction to the home and the people who lived there, policies and procedures, clarification of the role and training.

We looked at staff supervisions and appraisals records and saw all staff received regular supervisions and an annual appraisal. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace.

Staff we spoke with told us they were “well supported in the role”, had regular supervisions and received “plenty of training.”

We saw mental capacity assessments and best interest decisions had taken place when required. For example, a best interest meeting had taken place the previous week for one person who used the service regarding planned dental treatment. This was because the person did not have the capacity to make the decision themselves.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the

Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. We discussed DoLS with the registered manager, who told us that DoLS had been applied for with the local authority however none of them had yet been authorised. We saw copies of these applications. The registered manager was aware of their responsibilities with the DoLS and told us notifications would be sent to CQC once they had received an outcome from the local authority. This meant the provider was following the requirements in the DoLS.

We asked people and family members whether they were consulted or had been asked to provide consent to care and treatment. They told us, “Yes, they keep me up to date”, “They ask consent if they want money for holidays”, “I’ve given consent for things” and “I’m told if there’s anything wrong”.

We saw people’s diet plans were on the notice board in the dining room so staff were aware of any specific dietary requirements. The home used a four week menu for lunch and dinner and had a separate breakfast menu. The menu also stated that if people would like an alternative meal then they just had to ask.

We saw the corridors of the home had recently been painted as part of refurbishment plans. The premises included ten individual bedrooms, all with basins. One bedroom was empty as it was used for respite care. The bedrooms were personalised with people’s own furniture and possessions and each was individually decorated as chosen by the person who lived there. Eight of the bedrooms were in a good decorative condition however two of the bedrooms required minor refurbishment, for example, chipped skirting boards and peeling wallpaper. The registered manager was aware of this and told us it was included in the refurbishment plans.

# Is the service caring?

## Our findings

People who used the service, and family members, were complimentary about the standard of care at Hollyacre Bungalow. They told us, “He is very happy”, “Very happy there”, “I’m quite happy with where [Name] is” and “They spend a lot of time with them”.

We saw a copy of a letter from the family of a person who used Hollyacre Bungalow for respite care. The letter stated, “[Name] is always happy when I tell him he is going on his holidays to Hollyacre and always asks when I collect him when he is going back again”, “It’s a great piece of mind for my mother and me to know he is well cared for and happy when he is with you” and “Hollyacre Bungalow is a real home from home”.

A member of staff told us, “I love it. It is much better than where I was before. You get time to spend with people.”

We looked at care records and saw that care plans were in place and included personal care, continence, communication, mobility, nutrition, medication, sleep, activities, end of life care and personal safety. Each care plan contained a general information sheet, which included details of the person’s religion, who to contact in the event of serious illness or death, funeral arrangements and contact details for the person’s GP.

Each care plan contained evidence that people had been involved in writing the plan and their wishes were taken into consideration. We also saw people’s privacy and dignity had been taken into consideration when care plans had been written. For example, we saw a care plan for dressing/undressing which stated, “[Name] is dressed/undressed in [Name’s] bedroom by staff”, “Bedroom door always closed to maintain privacy and dignity”, “Any stained clothing are thrown away” and “Clean laundered clothes daily”.

Another person’s care record stated, “[Name] is shaved in his bedroom with door closed to maintain privacy and dignity.”

Staff we spoke with could explain how they respected people’s privacy and dignity. One member of staff told us, “Keep doors shut” and “Cover with a towel”.

People we saw during our visit were clean and appropriately dressed. We saw staff talking to people in a polite and respectful manner and were attentive to people’s needs. For example, one person needed the toilet. We saw staff quickly and discreetly escort the person to the bathroom.

We asked people and family members whether staff respected the dignity and privacy of people who used the service. They told us, “Yes, they are well cared for” and “As far as I can see”.

We saw people’s independence was supported and this had been taken into consideration when care plans had been written. For example, “Staff to encourage [Name] to assist themselves as much as possible to promote independence”, “Encourage [Name] to be independent in washing their hands after/before meals and also after using the toilet” and “[Name] needs assistance to put their clothes on properly so that parts of their body are not exposed. Female staff to supervise [Name] and privacy and dignity are to be maintained at all times”.

This meant that staff respected people’s privacy and dignity, and supported people to be independent and encourage them to care for themselves where possible.

We saw people who used the service had ‘End of life’ care plans in place and a ‘Planning for death’ sheet included the person’s wishes for burial or cremation, who they would like to attend, whether they would like hymns and flowers and any other special requirements.

We saw a section of the care records called ‘medical notes’ which recorded all communication and appointments with health professionals, such as GPs, nurses, dentists and chiropodists. These included the date of the contact/appointment, details of the contact and any instructions. This meant that people received ongoing healthcare when they needed it and were supported to maintain their health.

# Is the service responsive?

## Our findings

The service was responsive. We saw that care records were regularly reviewed and evaluated.

Each person's care record included a 'Resident's profile', which was a life history of the person who used the service and included details of family, where they were from and had lived, likes, visitors and important information about their health. This was used to assist with the development of the person's care plan and we saw that it had been written in consultation with the person who used the service and their family members.

Care plans we saw were up to date and included details of the assessed needs of the person, the desired outcomes and planned care. For example, we saw one person had a care plan for skin integrity. This stated, "[Name] could be at risk of pressure sores due to being sat for long periods and lack of movement", "Any marks on [Name's] body to be recorded on body chart in [Name's] care file" and "Any changes in [Name's] skin to be recorded and appropriate officials notified".

We saw care plans were reviewed regularly, including following consultation with health care professionals. For example, one person's nutrition care plan originally stated, "[Name] to have his food cut up into small edible pieces to prevent choking." However, an update on 14 April 2015 stated, "Speech therapy has recommended [Name] has a thick pureed diet at all times", "Thick and easy in all drinks" and "No bread at all in [Name's] diet". We saw the care plan evaluation sheets for April, May and June 2015 reflected the new guidance and recorded, for example, "Food of puree consistency." We also saw this person was weighed monthly and a nutrition risk assessment was in place. This meant that staff were kept up-to-date with the changing needs of people who used the service.

The care records for this person also included a Speech and Language Therapy (SALT) 'Personal placemat', which described the types of food and drink the person was to

have and any communication and support required, for example, "I need full assistance with eating and drinking" and "I like my food and drink to be offered to me using a teaspoon".

Risk assessments were in place where required and included details of any identified hazards, who was at risk, existing control methods, any further action required to control the risk and action to be taken by who and when.

We saw one person was at risk of seizures due to epilepsy. We saw letters from the consultant and care documentation stated, "To be observed closely to maintain [Name's] safety", "All staff to report any changes and document" and "All trained staff to make sure medication is given at right times as in MAR charts".

We observed there were many activities available to the people who lived at Hollyacre Bungalow and included external activities such as going to the pub, cinema or theatre, shopping, walking, hydrotherapy and bike riding. There were photographs of excursions and activities on the residents' notice board and we saw excursions and holidays had taken place to Scarborough, Blackpool, Flamingoland, Alnwick and Edinburgh zoo. The registered manager and one of the people who used the service told us they had been on holiday to Turkey. Two people who used the service were at an external day service during our visit.

We saw a copy of the provider's complaints policy and procedure. This provided information of the procedure to be followed, for example, who to contact to make the complaint, timescales and who to contact if the complainant was not satisfied with the way their complaint had been dealt with. There had not been any complaints recorded at Hollyacre Bungalow.

Family members we spoke with did not have any complaints about the service but were aware of how to make a complaint.

We also saw copies of 'Comments, complaints and compliments' forms were available in the entrance to the home. This meant that the provider had an effective complaints procedure in place.

# Is the service well-led?

## Our findings

At the time of our inspection visit, the home had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service.

People who used the service, and their family members, told us the home was well led. They told us, “Yes it seems to be”, “It is well run” and “Yes, seems to be run quite well”.

We looked at what the provider did to check the quality of the service, and to seek people's views about it.

We saw the ‘Audits file’, which included historic and up to date audit records for the kitchen, medicines, infection control, maintenance, rooms, service user and family questionnaires and care plans.

We discussed audits with the registered manager and saw the registered manager completed or delegated several monthly audits in the home. These included a monthly infection control audit, with the most recent audit completed on 7 July 2015. A monthly room audit was carried out and included the condition of the décor, whether it was clean from dust, whether the lights were in working order and whether there were any odours. An action from the audit on 3 July 2015 highlighted the décor issues we had identified during our visit. We also saw a copy of the most recent monthly maintenance audit dated 3 July 2015, which checked the condition of the building, drains, gardens, heating, lighting, water, equipment, security, fire and flooring. This audit also identified some maintenance issues and recorded that a director of the company had been informed of the work required. We saw that these maintenance issues had been recorded in the maintenance book, which included a list of outstanding work to be done and records of conversations with the provider.

Following the completion of the monthly audits, the registered manager completed a ‘Monthly manager’s review of audits’ record and included a list of any corrective actions required. The most recent review was completed on 6 July 2015 and included the issue with the washer/dryer and maintenance.

We saw a copy of the ‘Hollyacre Bungalow six monthly satisfaction questionnaire’ which had been sent to families in February 2015. The questionnaire included questions about the quality of people’s care, whether it met their needs, were people treated with respect, were people’s views taken into account and did people know how to make a complaint. The feedback was positive, families said they were consulted about their relatives care and comments included, “Staff are always pleasant and friendly”, “Staff are always helpful and informative” and “She is always clean and nicely dressed”.

The home held three monthly meetings with the people who used the service. We looked at the most recent minutes for July 2015 and saw activities and requests for new items for the home were the main agenda items. We also saw a copy of the ‘Three monthly service user satisfaction questionnaire’ dated July 2015. This asked people who used the service their views of the home, staff, food, activities and their care. All of the responses provided were positive.

We saw staff meeting minutes for meetings in June 2014, September 2014 and March 2015. The agendas included pay, shifts, sickness, medicines, discussions and updates regarding the people who used the service and handovers. We saw a signature sheet with the minutes which staff members had signed to say they had read the minutes.

This meant that the provider gathered information about the quality of their service from a variety of sources.