

Education and Services for People with Autism Limited

Holly House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Holly House is a residential care home providing accommodation and personal care to up to 8 people with Autism Spectrum condition. At the time of our inspection there were 7 people using the service.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

People's experience of using this service and what we found

Right Support

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported to make choices. They had opportunities to be part of the community. A relative told us, "[Name] goes out a lot, they enjoy going out for lunch and to the shops."

There were sufficient staff to support people safely. People were supported to access specialist health and social care support.

Records gave guidance to staff so people received care that was tailored to each individual.

We have made a recommendation about a more regular system of review of risk assessments and associated care plans.

Staff followed infection prevention policies. However, some carpets were marked, and areas of the building were showing signs of wear and tear.

We have made a recommendation a programme of refurbishment should take place.

Right Care

Care was person-centred and promoted people's dignity and human rights.

Relatives were complimentary about the care provided by staff. They trusted the staff who supported them. Relatives said staff were kind, caring and supportive of people and their families.

Staff had received safeguarding training and were clear on how and when to raise their concerns. Where appropriate, actions were taken to keep people safe.

Staff followed effective processes to assess and provide the support people needed to take their medicines safely.

Right Culture

The ethos, values, attitudes and behaviours of leaders and care staff ensured people lead confident and empowered lives.

Staff spoke positively about working at the service and the people they cared for. Staff said they were supported in their role.

A governance system was in place to monitor the quality of the service through audits and feedback received from people, their relatives, staff and external agencies. Processes were in place to manage and respond to complaints and concerns.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was good (published 13 June 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Holly House on our website at www.cqc.org.uk.

Recommendations

We have made recommendations about more regular review of people's risk assessments and care plans and refurbishment of the environment.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Holly House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 1 inspector.

Service and service type

Holly House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Holly House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us

annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

During the inspection we spoke with 2 people who used the service and 3 relatives about their experience of the care provided. Not everyone who used the service communicated verbally or wished to speak, therefore we received permission to speak with their relatives on the telephone. We spoke with 7 members of staff including the registered manager, regional manager, 4 support workers and 1 housekeeper.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included 3 people's care records and multiple medicines records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including training information and policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risks were assessed to ensure people were safe and staff took action to mitigate the risk of avoidable harm.
- There was a system of review for risk assessments and associated care plans. We advised the registered manager they should be reviewed on a more regular basis, to monitor people's well-being and to reflect any changing needs.

We recommend a more regular evaluation of risk assessments and care plans to monitor people's well-being.

- Care plans contained explanations of the measures for staff to follow to keep people safe, including how to respond when people experienced distressed behaviour.
- Staff managed the safety of the living environment and equipment in it through checks and action to minimise risk.

Preventing and controlling infection

- An infection control system was in place. However, not all areas of the home were well-maintained, and there were some signs of wear and tear to the premises.

We recommend the provider ensures a timely programme of decoration and refurbishment to maintain the environment.

- Staff had received training in infection control practices and used personal protective equipment (PPE) effectively and safely.

Learning lessons when things go wrong

- People received safe care because staff learned from safety alerts and incidents.
- Staff at the service managed incidents affecting people's safety well.
- Staff recognised incidents and reported them appropriately and the registered manager investigated incidents and shared lessons learned.

Using medicines safely

- People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely

- Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles
- Medicines risk assessments and associated support plans were in place to ensure staff understood how to provide this support in a safe and person-centred way.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so. A relative commented, "Staff do look after [Name] very well. They know what to do, when [Name] is upset."
- Staff received training on how to recognise and report abuse and they knew how to apply it.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- Staff knew about people's capacity to make decisions through verbal or non-verbal means and this was well documented.
- Staff understood and followed the principles of the MCA. This included supporting people to make their own decisions and assuming capacity unless they thought otherwise.
- People and their representatives were involved in decisions about care provided. Where people lacked capacity, best interest decisions had been made appropriately.

Staffing and recruitment

- The service had enough staff to support people safely. People had complex needs and received individual support from 1 or 2 staff members. A relative told us, "[Name] is quite safe living at the home."
- Staff recruitment and induction training processes promoted safety, including those for agency staff. Staff knew how to take into account people's individual needs, wishes and goals.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Systems were in place for people to receive person-centred care, staff were observed treating people with kindness and compassion. Members of staff were caring, friendly and showed genuine warmth towards everyone.
- Staff followed guidance to help the person achieve an enhanced quality of life, whatever the level of need, working at the pace of the person, respecting the individual's wishes.
- The registered manager and staff knew people well and were able to explain people's individual likes and preferences in relation to the way they were provided with care and support.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Regular internal checks and audits were completed to monitor service provision, and systems were in place to check the effectiveness of the audits carried out internally.
- The registered manager understood their role and responsibilities to ensure notifiable incidents were reported to the appropriate authorities if required.
- The registered manager was aware of their responsibility regarding duty of candour. Duty of candour ensures providers are open and transparent with people in relation to their care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff told us communication was effective to ensure they were kept up-to date about people's changing needs and any changes introduced into the home. All said they worked as part of a team and felt supported by each other.
- Relatives were positive about the care provided. They said the registered manager was approachable and they were involved in decisions about people's care. A relative commented, "I've known the manager a long time, [Name] is approachable."

Continuous learning and improving care; Working in partnership with others

- There was a programme of staff training to ensure staff were skilled and competent to give them some insight into people's needs.
- Staff communicated with a range of professionals to ensure people's needs were considered and

understood so they could access the support they needed.