

Tony Rooke

The Hollies

Inspection report

109 Coleshill Road
Marston Green
Birmingham
West Midlands
B37 7HT

Tel: 01217792557

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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 ●

Summary of findings

Overall summary

This inspection took place on 7 December 2016 and was announced. The inspection was announced to ensure the people who lived at the home were available for us to speak with. The Hollies is a small care home which provides care and support to three people who have learning disabilities and/or autism.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The Hollies is a family run home and people who lived at the Hollies lived alongside adult members of the family who supported them, and the children of the adults who lived at the home. The three people who lived at the home had lived at the Hollies for many years and felt safe with the family members who supported them.

The family members, who supported people, saw people as an extension to their own family and were very responsive to them. People were involved in a range of activities and interests which met their differing needs and wants.

People were provided with support when they were ill to make sure they received effective treatment when necessary. Visits to health care professionals were made as and when necessary.

People's risks were well understood by the family who supported them. They ensured actions were taken to minimise any potential risks so people remained as safe as possible.

The person in the family, who provided most support to people, had undertaken relevant training to meet people's needs. They had cascaded this training to others to support them in their work. They understood the principles of the Mental Capacity Act.

People were involved in decisions about meals and what they wanted to eat during the day. They were encouraged to have a healthy diet. The provider was looking to improve independence skills by encouraging people to be more involved in food preparation.

Checks were made to the premises to ensure they were safe for people to live in. Where people required adaptations and equipment to support them, this had been provided.

The family worked well as a team to provide people with high quality care and a good life experience.

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.

People were protected by the family who supported them. They understood and minimised people's risks, and knew how to respond if there were concerns about a person's safety. People were never left alone in the home. The premises were checked to ensure they were safe for people to live in, and those who required adaptations and equipment to support their safety had these needs met.

Is the service effective?

Good ●

The service was effective.

People were supported by family members who had the skills, knowledge and experience to understand their needs and provide effective care. The family ensured when people were ill, they received the care and treatment they needed. They understood the principles of the Mental Capacity Act. Menus were based on people's choices, and sometimes people supported the family with cooking meals.

Is the service caring?

Good ●

The service was caring.

People had lived with the family for many years and were cared for and supported as extended family. We saw people had warm relationships with the family members and there was a happy atmosphere in the home. People were treated with dignity and respect. Their right to privacy was respected and acted on.

Is the service responsive?

Good ●

The service was responsive.

The family knew people's needs and responded well to them. People were involved in decisions about their care and support. They were supported to live the lives they wanted to, and have interests and hobbies that met their needs. Any concerns people had, were addressed informally.

Is the service well-led?

Good 

The service was well-led.

Whilst the home had a registered manager, people were supported by the family who worked as a team to ensure people lived safe and happy lives at the home.

The Hollies

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the 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.

The inspection took place on 7 December 2016 and was announced. This was to ensure the family and people were at home when we visited so we could speak with people about their care and support. One inspector conducted this inspection.

We looked at information received from statutory notifications the provider had sent to us. A statutory notification is information about important events which the provider is required to send to us by law. We spoke with two of the three people who lived at the home, and two of the family members who cared for people. We observed the interaction between a person who was less able to communicate with us, and family members who supported them.

We reviewed two people's care plans to see how their care and support was planned and delivered. We reviewed the Provider Information Return (PIR) the provider sent to us. This corresponded to what we saw on the day of our visit.

Is the service safe?

Our findings

People were cared for by adult members of the family who also lived in the same house. The registered manager always ensured there was enough of the family available to provide support to people who lived in the home. All family members had been checked by the Criminal Records Bureau (now called the Disclosure and Barring Service) to ensure they were safe to provide care to people who lived in the home. Another family friend who had known people who lived at the home for a long time, also provided occasional support. They too had been checked by the DBS.

The administration of medicines was managed safely and people received their medicines prescribed to them. Only one of the three people who lived at The Hollies had prescription medicines. The person was supported to self-administer their medicines. This was done through using an automatic pill dispenser which had an alarm to remind the person when to take them. We spoke with the person about their medication. They told us why their medicine was prescribed, and the time in the day they needed to take them. The family member who supported the person to take their own medicines, checked at the end of the pill cycle to ensure all pills had been taken. They said there had never been a time when the person had missed taking their medication.

People were safe and protected from the risks of abuse because the family understood their responsibilities and the actions they should take if they had any concerns about people's safety. The family member who undertook most responsibility for people who lived in the home had completed safeguarding training and was aware of the local safeguarding policy and procedures.

The risks associated with people's individual health and well-being had also been assessed and risk assessments were in place which explained what the risks were to each person. However, because the three people had been living at the home for many years, the family members who supported them had an excellent knowledge of people's risks and what to do to minimise risk. For example, one person broke their walking stick whilst at a day centre. The family knew the person was at risk of losing their independence if they could not use their walking sticks. When the new walking stick was delivered it was different to the other one they used, and it continued to make walking a problem for the person. The family used their own money to source an identical stick on-line to quickly provide the person with the walking aid they needed to walk safely and to aid independence.

The premises and equipment were safe for people to use. One person lived with a physical disability, and had a ground floor bedroom with an en-suite bathroom with adaptations to support them to use the bathroom safely. The electrical equipment had a yearly PAT testing, and the boiler was also serviced and checked yearly. The smoke alarms were tested on a weekly basis, and the home had a carbon monoxide alarm which was checked regularly. As a family home, when maintenance issues arose, these were fixed as soon as they were identified. We found no maintenance issues during our visit.

The family knew what to do if there was a fire or emergency which needed people to be evacuated. They told us they had undertaken trial evacuations with people to see how people responded. People had their

own personal emergency evacuation plans to support fire and rescue staff in the event of an emergency.

Is the service effective?

Our findings

People who lived at the home were supported to ensure their healthcare needs were met. People visited their GP, or other health care professionals when required. The family were alert to changes in people and their health care needs. For example, one of the family had noticed changes to a part of a person's body which they thought were concerning. This led to a series of healthcare appointments and ultimately the person had an operation to improve their wellbeing.

Two of the three people who lived at the home had capacity to make decisions about all aspects of their lives. One person had capacity to make some day to day decisions but not more complex decisions. The family were aware of what decisions the person could make and what needed to be made in the person's best interest. For example, the person who recently needed significant health care treatment had capacity to understand they were going to the doctor and to consent to this, but not to understand the importance of an operation to improve their health and well-being. A best interest decision was taken in conjunction with the family who supported them, and the healthcare professionals who undertook the surgical procedures.

The same person did not have the mental capacity to safely go outside into their local community on their own. We asked if there was a Deprivation of Liberty Safeguard in place (DoLS). The family member told us when they had undertaken their DoLS training they had asked whether the person would meet the criteria for a DoLS. They were told they would not. However, this training took place before the changes to Deprivation of Liberty Safeguards took place. These changes meant there was a more stringent criterion to determine whether a person was deprived of their liberty.

The family member told us they would contact the DoLS team and check whether an application for a DoLS required submitting. They would do so, if this was the case.

The family member who undertook most of the responsibility to support people who lived at The Hollies had received enough training to support them in their role. This included training on the CQC inspection framework, safeguarding people, the mental capacity act, deprivation of Liberty safeguards (DoLS), and medicine management. They had undertaken training in food hygiene but acknowledged this needed 'refreshing' and they said they would do this in the New Year.

The family knew what people enjoyed eating and planned their menu around people's likes and dislikes. People ate what they wanted at breakfast, lunch and dinner time. For example, one person had recently preferred eating heated up 'leftovers' from the previous dinner time meal instead of making a sandwich snack. Everybody sat down together to eat the main meal at dinner time. During our visit, people had fish and chips from the chip shop because the inspection had taken up the time that would have normally been spent cooking. People were happy to have a chip shop supper, and we heard them being asked for their choices in what they would like to eat.

We saw people having drinks when they wanted them. One person had been bought a 'one touch' kettle which gave them independence in making their own drinks because they did not have to pour hot water into their cup. The cup was placed under the spout and the 'one touch' button meant hot water came out

without them being at risk of scalding their hands. Another person could make their own drinks, and the third person was regularly asked if they wanted a drink. They enjoyed drinking tea.

Is the service caring?

Our findings

People had lived at The Hollies for many years and the family knew their needs well. We saw people treated with kindness, and we saw through discussions people had with family members that people mattered to them. For example, when one person came back from the day centre and another came back from work, family members were keen to hear how their day went.

People who lived at The Hollies lived alongside the adult members of the family who provided their support, and their young children who lived in the home. There was also a family dog. They ate together and lived together as one unit. We could see that the home operated as an 'extended' family.

One person was recovering from their operation and the family were making sure they were being well-cared for to get them back to good health. We found that the family members had gone the 'extra mile' to support this person during their hospital treatment. The person did not like being in a hospital environment as it frightened them, and so to support them during their hospital stay, one of the family stayed with them for the eight days and nights they were on the ward. They also stayed by the person's side as they went into the hospital theatre, to re-assure them before they received their anaesthetic. The family member was there when the person woke up from their anaesthetic so they would not be frightened. During our visit, we saw the person was recovering from their operation and we saw staff regularly check the person was okay.

As part of the extended family ethos, when family members went on holiday, if people wanted to go with them, they did. This meant people who lived at the home had been to many countries. The registered manager had a second home in France. Again, people who wished to go to France when the family went were able to do so. They too saw this as their second home. One person told us they had recently been to France. They said they liked it because it was, "nice and warm over there" and they liked the countryside.

People's privacy was respected. One person did not want to speak with others when they first came back home. They went into their own bedroom and this choice was respected. Later, they came out of their room to talk with the family and to find out why we were visiting. They told us they were well-cared for. They said they had lived with the family for 14 years and they were 'nice.' They told us they were looking forward to Christmas and said, "Christmas is great fun, we open our presents in our bedroom." The family told us when they provided personal care, they ensured people's privacy and dignity was respected.

The family told us friends and relatives would be welcomed in the home but those who had relatives, did not have them living locally. Instead they encouraged relationships to continue through the use of 'face-time' and the telephone.

Is the service responsive?

Our findings

The family understood people's personal histories, their likes, dislikes and preferences. This was because they had known them for many years and saw them as part of their own family. People's opinions and views about their lives were respected and included in their care plans.

The three people supported at The Hollies had different abilities, needs and aspirations. One person had secured a job which they enjoyed, another enjoyed going to the local day centre and undertaking arts and crafts, the third preferred to decide on a daily basis what they wanted to do. For example, going shopping, or swimming.

All people were encouraged to take part in activities which supported their interests. One person told us they were going to the tennis club the next day. They also told us they were good at drawing. They said in the evening they liked to watch East Enders' on the television, have a bath, and drink a glass of wine.

Another person told us they liked going to watch West Bromwich football club play football. The family told us they could not support the person to go to as many matches as they wanted. To ensure they had more opportunities to attend the matches, they contacted a local organisation which provided volunteers (who had been security checked) to support people in going to activities and events which they might otherwise be unable to attend. This meant the person could now go to many football matches, and the volunteer also supported them in watching Euro football matches at the local pub.

This person was also a very good swimmer, and had been a competitor in many swimming competitions, including the Olympics. The family were very proud of the person's achievements in swimming. The person told us they had achieved two gold medals, and a bronze and a silver medal from their competitions.

People had the choice to go to France when the registered manager went there, or to stay at home with other family members. When they went to France, one person enjoyed fishing because the family had bought a lake to enable them to fish. They all enjoyed the animals at the French home. These included donkeys, a Shetland pony and four dogs. As well as being fully involved in their home community, we were told that they were fully involved in the local community in the hamlet where their French home was located.

People were also encouraged to be independent in day to day activities. Where possible, people tidied their bedrooms and helped with their laundry. Sometimes people helped with the cooking. A family member said, where possible, they were going to try to encourage people to do a bit more of their own food preparation and cooking.

There had been no formal complaints made about the care provided. The family told us they liked to think they could talk about any issues or concerns and address them before any 'official' procedures were needed.

Is the service well-led?

Our findings

The provider was the registered manager. Whilst the registered manager had the legal responsibility for the provision of accommodation and personal care, the whole adult family worked as a team to provide high quality, person centred care.

The registered manager and his wife had worked with adults and children with learning disabilities for over 40 years. They explained in the PIR, "It is in our nature to care." Their daughter and her husband had over the last few years, provided the registered manager and his wife with further support. She had been delegated many of the duties of the registered manager, particularly when the registered manager was at their second home.

The family had a clear set of values for supporting people. They believed in people having the right to determine their own lives and to be as independent as possible. They wanted people to have the best quality of life they could provide.

We saw people felt able to talk with the family freely and openly about their views. We asked one person what they thought about one of the family members who supported them. They said, "She's lovely".

The registered manager and his daughter were both present at our inspection. They were open and honest with us about their achievements, about areas they could improve on (for example encouraging people to participate more in food preparation and cooking), and in looking at the future needs of people.