

Sunflower Care Homes

The Hollyhocks

Inspection report

31 The Crescent
Flore
Northampton
Northamptonshire
NN7 4NF

Tel: 01327349752

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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 21 and 24 March 2017 and was announced. The service is registered to provide personal care to people living in their own homes or shared accommodation when they are unable to manage their own care. At the time of the inspection there were seven people using the service.

The provider was also the registered manager at the time of our inspection. 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.

People were actively involved in decisions about their care and support needs. There were formal systems in place to assess people's capacity for decision making under the Mental Capacity Act 2005. People were safe with the staff that supported them in their own home. Staff understood the need to protect people from harm and knew what action they should take if they had any concerns.

People had support plans that were personalised to their individual needs and wishes. Records contained detailed information to assist staff to provide care and support in an individualised manner that respected people's individuality and promoted treating people with dignity.

Staffing levels ensured that people received the support they required safely and at the times they needed. The recruitment practice protected people from being cared for by staff that were unsuitable to work in their home.

People received care and support from staff that were passionate about empowering and promoting people's independence and were friendly and kind. Staff had the skills and knowledge to provide the care and support people needed and were supported by a provider who was receptive to ideas and committed to providing a high standard of care.

Care records contained risk assessments to protect people from identified risks and help to keep them safe. They gave information for staff on the identified risk and informed staff on the measures to take to minimise any risks.

People were supported to take their medicines as prescribed. Records showed that medicines were obtained, stored, administered and disposed of safely. People were supported to maintain good health and had access to healthcare services when needed.

Staff had good relationships with the people who they supported. The provider led a management team which was approachable and supportive. There were systems in place to monitor the quality of the service provided. Staff and people were confident that issues would be addressed and that any concerns they had would be listened to.

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 said they felt happy with the staff and appeared relaxed and calm with the staff around them.

Risk assessments were in place and were reviewed and managed in a way which enabled people to safely pursue their independence and receive safe support.

Safe recruitment practices were in place and staffing levels ensured that people's care and support needs were safely met.

There were systems in place to manage medicines in a safe way and people were supported to take their prescribed medicines.

Is the service effective?

Good ●

The service was effective.

People were actively involved in decisions about their care and support needs and how they spent their day. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA)

People received personalised care and support. Staff received training to ensure they had the skills and knowledge to support people appropriately and in the way that they preferred.

People were supported to access relevant health and social care professionals to ensure they received the care, support and treatment that they needed.

Is the service caring?

Good ●

The service was caring.

There were positive interactions between the people receiving care and support and the staff. People's privacy and dignity was respected.

Staff knew people well and had a good understanding of people's needs and preferences.

Staff promoted people's independence to ensure people were as involved and in control of their lives as possible.

Is the service responsive?

Good ●

The service was responsive.

People were involved in planning their support. Their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred.

People were supported to engage in activities that reflected their interests and supported their physical and mental well-being.

People using the service and their relatives knew how to raise a concern or make a complaint.

Is the service well-led?

Good ●

The service was well-led.

People using the service, their relatives and staff were confident in the management. They were supported and encouraged to provide feedback about the service and it was used to drive continuous improvement.

The provider monitored the quality and culture of the service and strived to lead a service which empowered people to live independently and have a fulfilled life.

The Hollyhocks

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 announced inspection took place on 21 and 24 March 2017⁶ and was undertaken by one inspector. The provider was given less than 24 hours' notice because the location provides a domiciliary care service and we needed to be sure someone would be available.

Before the inspection, we reviewed the previous inspection report and checked the information we held about the service including statutory notifications. A notification is information about important events which the provider is required to send us by law.

We contacted the health and social care commissioners who help place and monitor the care of people living in the home.

During the inspection we spoke with four people using the service, two support staff, a team leader, the deputy manager and the provider. We also spoke to two relatives.

We reviewed the care records of three people who used the service, two staff recruitment files and records relating to the management and quality assurance of the service.

We took time to observe the interactions between those people with limited communication skills and the staff.

Is the service safe?

Our findings

At our last inspection in May 2016 we had concerns about the adequacy and currency of people's individual risk assessments in place. We saw that at this inspection the risk assessments had been regularly reviewed and were detailed to give staff clear direction as to how to mitigate any identified risk. For example people had risk assessments around the management of their behaviour which may put themselves or others at risk. Staff were given detailed instructions as to what techniques to use to support the individual.

People looked relaxed and comfortable around the staff that supported them and the other people they lived with. One person told us "The staff are good; I am happy with them." Staff understood their roles and responsibilities to safeguard people and knew how to raise a concern if they needed to do so. Staff told us that they felt able to raise any concerns around people's safety to the provider and outside agencies if they had any concerns people were at risk of harm. There was information available as to who to contact and an up to date safeguarding policy to support them. We found that all the staff had undertaken safeguarding training and this was regularly updated. We saw from records that appropriate referrals to the local safeguarding team had been raised by the provider and action taken when necessary.

Health and safety audits were in place and appropriate action taken to address any shortfall. Each person had a personal evacuation plan in place; there was also information about each person which detailed how people liked to be communicated with and what things may upset them which would be shared with relevant people in the event of an emergency. Procedures were in place to minimise risks to people's safety, for example fire alarms were tested regularly. Accidents and incidents were regularly reviewed to observe any incident trends and control measures were put in place to minimise the risks.

People could be assured they were being supported by staff that were suitable and safe. There were appropriate recruitment practices in place to ensure people were safeguarded against the risk of being cared for by unsuitable staff. Staff had been checked for any criminal convictions and satisfactory employment references had been obtained before they started to work for the provider.

There was enough staff to provide the care and support to safely meet people's needs. We saw that the staff had time to spend with people and people had the opportunity to have individual support to enable them to access activities within the community. Staff told us they felt there was enough of them to meet people's needs and to support them in the way they needed.

People's medicines were safely managed. There were appropriate arrangements in place for the management of medicines. One person told us "The staff always give me my medicines every day." Staff received training in the safe administration, storage and disposal of medicines and they were knowledgeable about how to safely administer medicines to people. People's medicines were securely stored and there were arrangements in place so that if people needed medicines due to how they were feeling these could be given as required. We saw that staff completed medication administration records (MAR) accurately after each person had received their medicine.

Is the service effective?

Our findings

People could be assured they were supported by staff that had the skills, knowledge and experience to carry out their roles and responsibilities effectively. The provider ensured that staff received the training and the support they needed to undertake their roles. There was an induction programme in place which all new staff completed which included safeguarding, health and safety and food hygiene. New staff shadowed more experienced staff before they worked alone. One member of staff told us "I have been well supported and given time to get to know the people." A relative commented "The staff are brilliant, they understand [Name of relative] and are very accommodating."

The staff spoke positively of the support and training they had been given. Training records showed that staff had specialist training to meet people's needs, for example, staff received training in diabetes and epilepsy.

People's needs were met by staff that received regular supervision and had annual appraisals. Staff told us that they felt very well supported and that if they had any concerns they only had to contact the provider or speak to any of the more senior staff. One staff member told us "[Name of provider] is always very positive and open to ideas as to how we can best support people and develop the service." Staff felt encouraged to undertake further training. One member of staff told us about being encouraged to look at training to support them in their new role as deputy manager.

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 decisions made on their behalf must be in their best interests and as least restrictive as possible. The registered manager and staff were aware of their responsibilities under the MCA. Capacity assessments had been undertaken and we observed staff seeking people's consent when supporting people with day to day tasks.

People were encouraged to follow a healthy diet and lifestyle. We observed the staff supporting one person to put their shopping away and decide what they wanted to eat for lunch and later dinner. One relative told us how the staff had supported their relative to follow a healthier diet and that they had encouraged their relative to undertake various forms of exercise which was helping them to maintain a healthy weight.

People's healthcare needs were carefully monitored. Care records showed that people had access to community nurses and GP's and were referred to specialist services when required, such as a diabetic nurse and chiropodist. Care files contained detailed information on visits to health professionals and outcomes of these visits including any follow up appointments.

Is the service caring?

Our findings

People were supported by a team of staff that were friendly, kind, caring and focussed on supporting people to live as full and independent a life as possible. It was clear from the observations we made that there were positive interactions between the people and the staff; staff knew and understood people well. People responded well to the staff and there was a lot of fun and laughter observed as people carried on their daily routines and activities. One person told us "The staff are nice and kind." Relatives commented how friendly everyone was and put people at ease.

People were encouraged to express their views and to make their own choices in everything they did. For example, on the day of our inspection a group of people had decided to bake together, whilst another person was supported to visit a family member.

Staff respected people's privacy and dignity. We saw staff asking people if it was okay to come in and checked with people what they needed help with. We heard one staff member say "What would you like to have for lunch?" Staff described to us about how they ensured they protected people's dignity when they supported people with their personal care needs. They spoke about ensuring bathroom doors were closed, curtains closed and speaking with people to ensure they were happy with what they were doing. Staff were aware of the need to respect people's confidentiality and did not speak about other people using the service with the person they were supporting.

Care plans included people's preferences and choices about how they wanted their support to be given. We could see that the staff respected people's wishes and encouraged them to do things. We heard one member of staff say "Do you want me to help you make dinner?" People looked well cared for and were supported to make decisions about their personal appearance, such as their choice of clothing.

The provider had a good understanding of advocacy services and understood when there could be a need for people to receive support from an advocate. We saw that an Independent Mental Capacity Advocate had been accessed to support with making decisions for someone who was in the process of moving.

Is the service responsive?

Our findings

People were assessed to ensure that their individual needs could be met before the service was provided. We saw detailed assessment information; this was used to build a person centred support plan detailing what care and support people needed to enable them to reach their individual goals and live a fulfilled life. As people shared accommodation, care was taken as to who would share a house together. There was a planned transition which involved people meeting the people and their families who they may share accommodation with and spending time at the accommodation before they made any final decision to move in. This gave everyone the opportunity to consider whether they would be happy sharing the accommodation. Relatives told us that the transition had been very carefully handled and the support given to everyone involved was excellent. One person told us "I can't wait for my friend to move in."

Care plans were person centred and detailed people's preferences, likes and dislikes. There was information about people's past history, what things they liked to do and who were the most important people in their lives. The plans were regularly reviewed with people and updated when necessary. The information gathered helped the staff to ensure that people were pursuing their interests. For example one person enjoyed dancing and was supported regularly to attend a dance class and disco.

All the staff, including the provider, knew people well and demonstrated a good knowledge and understanding of the people they supported. One person, who initially had little self-confidence, had been encouraged and supported to design and develop a newsletter which informed everyone about what events, had taken place and were coming up and there was an interview with one the people using the service. We saw that this person had gained confidence and was empowered to help with an interview for a potential new member of staff.

There was information available to people and their families about what to do if they were unhappy with the service. Staff were responsive and aware of their responsibility to identify if people were unhappy with anything, and to support them to make a complaint if they wished. We saw that no complaints had been raised by people using the service.

Is the service well-led?

Our findings

At our last inspection we had found that the quality assurance systems in place needed to be improved to ensure that any shortfall identified were rectified in a timely manner. We found that at this inspection the systems in place to monitor the quality and effectiveness of the service were being followed and actions taken to address any shortfalls. Care plans and risk assessments were regularly audited which had ensured that they were up to date and relevant to meet people's current needs.

People could be confident the service was well-led by a provider who took pride in the service they were leading. They took time to work alongside staff which gave them a good picture of some of the difficulties staff may encounter and the opportunity to know the people using the service well. Staff spoke positively about the provider and the management team as a whole; they felt able to approach the management team at any time for support and guidance. One member of staff told us "[Named of provider] is always available and makes time to talk and listen to you." The people we spoke to all knew who the provider was and were quite happy to speak to them if they needed to.

The culture at The Hollyhocks focused upon empowering people to take decisions for themselves and to support people's health and well-being; for people to participate in activities that they chose to enhance their own overall quality of life. We saw that people lived a fulfilled life spending time at their chosen day centre, working at a local garden centre, visiting family and friends and generally spending time doing things they liked. All of the staff we spoke with were committed to providing a high standard of personalised care and support and they were focussed on the outcomes for the people who used the service.

The provider encouraged feedback from people and their families about the service and continually looked at ways to develop and improve the service. For example to support people to understand when a relative or friend may be at the end of their life the provider had researched to find information which was more accessible to people who may have different communication skills. The provider encouraged staff to take on the roles of champions such as promoting person centred care and equality and diversity; this enabled staff to develop their own skills and knowledge and share that knowledge to support their colleagues.

Staff worked well together as a team. Staff meetings were held on a regular basis which gave everyone the opportunity to share ideas and make suggestions as to how the service could be improved. One member of staff told us "[Name of member of staff] came up with an idea as to how best to communicate with a particular family; this has improved our communications with the family which has helped the person we support." We saw that any lessons learned from recent events were shared with staff which had helped staff understand their responsibilities more.

The service had policies and procedures in place which covered all aspects relevant to operating a community based service including the employment of staff. The policies and procedures were comprehensive and had been updated when legislation changed. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their induction and when any had been updated.

Records relating to the day-to-day management of the service were up-to-date and accurate. Care records accurately reflected the level of care received by people. Records relating to staff recruitment and training were in place; training records showed that new staff had completed their induction and staff that had been employed for twelve months or more were scheduled to attend 'refresher' training. Staff were encouraged to gain further qualifications and specialised training was provided.

The provider had built up positive links within the local community and people were encouraged to support local services. We saw pictures taken following an event which had raised money for one of the children's wards at the local hospital, the pleasure on the person's face when they gave a cheque for the money raised to the ward was clear to see. At the time of the inspection people were preparing to support 'Red Nose day' and told us about the plans they had to support and celebrate the event.