

Hollybank Trust

The Sycamores

Inspection report

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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

The Sycamores provide accommodation and personal care for up to eight people who have a physical disability and who may also have a learning disability. People are encouraged and supported to live as independent lifestyle as possible. At the time of inspection there were seven people living at The Sycamores.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Staff had opportunities to update their skills and professional development. Staff demonstrated an understanding of the Mental Capacity Act (MCA) 2005. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People and their relatives told us they felt safe.

Care records contained clear information covering all aspects of people's individualised care and support and staff had a caring approach to working with the people who used the service. At the time of inspection the service was reviewing all care plans.

People had access to a range of activities in and outside the home.

Staff were confident in supporting people with medicines and knew people very well.

There was a clear management structure and staff clearly understood their roles and responsibilities. There was an open and transparent culture in which staff felt valued and able to approach the registered manager. Staff told us they felt valued and really enjoyed their role. The management team continued to work to improve the service provided and work as much as possible with people if they had any concerns or complaints. We saw lessons had been learnt through review of accident and incidents.

Further information is in the detailed findings below

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

The Sycamores

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 checked 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 was a comprehensive inspection which took place on 19 April 2018 and was unannounced.

The inspection was carried out by one adult social care inspector and one expert by experience who had experience with supporting people with a learning disability. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Before the inspection we reviewed the information we held about the provider, including information they had supplied in the Provider Information Return (PIR). A PIR 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.

Before our inspection we reviewed all the information we held about the service. This included any statutory notifications that had been sent to us. We contacted the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During our visit we spoke with two people who used the service and two members of staff including the registered manager and the head of residential and nursing services. We spoke with two relatives of people who lived in the home on the telephone on the day of inspection. We spent time observing support given to people and we looked at documents and records that related to people's care and the management of the service. We looked at two people's care plans.

Is the service safe?

Our findings

People told us they felt safe. One person said, "I'm Safe." A relative told us, "[Name of person] is completely safe here and well looked after, I wouldn't leave them otherwise."

We saw safe recruitment procedures were in place to ensure only staff suitable to work in the caring profession were employed. This included requesting a criminal record check with the Disclosure and Barring Service (DBS), two written references and explanation of gaps in employment.

People we spoke with told us a member of staff was around to help them if needed. One relative said, "They are very switched on to (person's) needs as far as safety goes They support [name of person] whatever they want to do."

We saw information on recognising and reporting abuse was on display and staff had received safeguarding training. One member of staff said, "I would not hesitate to."

We saw the use of equipment which had been appropriately risk assessed, monitored and reviewed for people. Fire safety checks had been regularly carried out and people had personal emergency evacuation plans in place.

We found medicines were managed safely. Medicines were stored safely with temperatures of the storage area recorded daily. We spoke to the registered manager about the importance of accurate record keeping around temperature. They told us they would speak to the staff about this. Systems were in place to make sure people were given their medicines at the right time. For example, medicines to be taken before the person received any food were administered over thirty minutes before breakfast.

Where medicines had been prescribed on an 'as required' (PRN) basis, protocols were in place detailing the circumstances in which the medicine should be given. We saw staff recorded when the PRN medicine was administered and if it had been effective.

We saw accidents and incidents were managed and lessons learnt were spoken about in meetings with staff.

Is the service effective?

Our findings

People and their relatives felt they were well looked after. One relative said, "I know that they will look after [name of person] and adjust things to help [name of person], no problem."

The registered manager had a training programme in place. We saw staff had received training in mandatory topics, such as first aid and fire safety and also personalised training on an individual basis. We saw evidence of staff receiving supervisions and an annual appraisal. It was evident from our observations that staff knew people very well and supported them using their preferred communication whether this was verbal, by electronic devices or through gestures.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw the registered manager had a clear record of who had a DoLS in place and which were pending. The care plans we reviewed were detailed, and contained a range of risk assessments. These assessments lead to a series of personalised care plans, which were also influenced by detailed Mental Capacity Assessments, and if necessary Deprivation of Liberty Safeguards (DoLS). We saw evidence of people, families and outside professionals involved in best interest decisions.

Care records we reviewed showed people had access to a good range of healthcare services. We saw regular visits from GPs, Community Psychiatric Nurses, Speech and Language Therapists, and Dieticians. One relative told us, "They are quicker to respond if [name of person] is not well than I would be. They are quick to get [name of person] medical care if they need it. Sometimes [name of person] gets anxious and they spend time and talk with [name of person]."

We observed lunch time. Most people had gone out on activities but the people who lunched at home had the support they needed and staff were aware of promoting people's independence at all times. We saw adapted cutlery to support this. One person said, "I like my food." A staff member said, "We help them with their meals, but encourage them to try and feed themselves."

Everyone we spoke to was happy with the layout and appearance of the home.

Is the service caring?

Our findings

We spoke to people and their relatives about the care they or their relative received. One person said, "I go out a lot." A relative said, "The staff are like our extended family."

We spoke to staff about the care they provided. One staff member said, "Everybody cares they are like one big happy family, I'd recommend it to all my family and friends. Everyone is respected. The best thing is I can spend time with them and get to know them. We have lots of time to interact and have fun."

We observed staff knocking on people's doors and waiting a long time for a response or acknowledgement by the person. We heard staff talking in relation to giving out information about a person this was completed in a confidential way ensuring only the staff and person concerned could hear this.

We saw staff were very caring. We observed them interacting with a number of people and they supported each person according to their needs. We observed lots of interaction between the staff and people, with lots of fun and laughter. Staff were mindful of people's abilities and told us they always promoted their independence. One staff member said, "It is so important to maintain their independence as much as possible."

People said they were involved in making decisions about their care and support. We saw people, where possible had input into their care plans and the registered manager was looking at involving relatives in the new care plan reviews. Staff were respectful of people's cultural and spiritual needs.

Staff told us people's diverse needs in respect of the seven protected characteristics of the Equality Act 2010; age, disability, gender, marital status, race, religion and sexual orientation were met appropriately.

Is the service responsive?

Our findings

We spoke to people and their relatives about activities in and out of the home. One person said, "I like to go out." One relative said, [name of person] has a little job where they used to work, [name of person] goes for about 2 hours a fortnight and they take [name of person] there, how kind is that. They love sailing and they encourage [name of person]." Another relative said, "We go on holiday each year, they helped me choose a suitable hotel. They are very mindful of me too, so send a member of staff then I can have time to myself."

We spoke to staff about their role in relation to supporting people. One staff member said, "We go out even if it's only to the shop for groceries. I can't believe I get paid to work here, it's fun and friendly. Everyone works as a team for the good of each individual. We do arts and crafts in-house and make decorations. We move tables in the evening to do wheelchair dancing, it's great fun."

Each person had a care plan tailored to meet their individual needs. Staff kept daily records which gave sufficient information about people's daily lives. Care plans seen contained information on people's preferences, likes and dislikes, how they wanted to be cared for and their level of involvement they liked to have in their care. The home was updating new care plans at the time of inspection. The registered manager said, "We always want to make improvements."

People had access to the use of technology whether this was from electronic devices or visual signs around the home. These were used in relation to people's needs and choices.

Relatives we spoke to told us they knew how to complain. The service had not received any complaints since the last inspection. Staff told us if people were unable to say they were unhappy they would know from their body language or changes in behaviours.

Is the service well-led?

Our findings

At the time of inspection there was 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 management team told us they worked hard together to maintain and improve standards in the home.

Relatives and staff spoke positively about the registered manager. One staff member said, "Management are very approachable." A relative told us, "It's an open house we get lots of information and can ask anything. I know the manager well and can talk to her, also all the staff will listen."

We saw evidence of staff meetings in the home. Staff told us they felt valued and listened to in the staff meetings. One member of staff said, "We have regular meetings and I am encouraged to participate. I am happy to ask questions."

The registered manager sought feedback about the service with regular contact with families and outside professionals. Monthly newsletters were sent out to these. The registered manager said, "We are a small home I have regular contact with relatives and outside professionals."

There was a robust system in place for auditing areas including environmental safety, fire safety, staff training, care plans and medicines. Environmental audits were completed by the registered manager and we saw actions had been taken where issues had been identified. An audit of the home had recently been completed by a manager from another of the provider's homes. This was a new process which had just been put in place. The registered manager said, "It will be good to go to our other services and get ideas and improvements throughout." The registered manager was visible in the home. There was a quarterly meeting where all the senior management team looked at accident and incidents; this included any lessons learnt from any other organisations this was then brought through the meeting to the home. We saw evidence of this on the day of inspection relating to another home where lessons learnt were carried through the organisation to minimise this happening anywhere else.