

Advanced Caring (Doncaster) Limited

Hollybrook House

Inspection report

3 Avenue Road
Wheatley
Doncaster
South Yorkshire
DN2 4AH

Date of inspection visit:
03 August 2017

Date of publication:
06 October 2017

Tel: 01302341500

Website: www.advancedcaringlimited.co.uk

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

Hollybrook House is a care home without nursing. It provides care for up to six people with learning disabilities, or autistic spectrum disorders. The home is situated close to Doncaster town centre.

At the last inspection, in July 2015 the service was rated Good. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Hollybrook House' on our website at 'www.cqc.org.uk'.

This inspection took place on 3 August 2017 and was unannounced. At this inspection we found the service remained Good.

The service had a registered manager in post 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 and associated Regulations about how the service is run.

The people we spoke with told us they were very happy with the care and support that they were provided with at Hollybrook House and with the staff who supported them.

People's care and support was planned and delivered in a way that made sure they were safe. The support plans we looked at included risk assessments, which identified any risk associated with people's care.

Staff had a clear understanding of safeguarding adults and what action they would take if they suspected abuse.

There were enough staff with the right skills, knowledge and experience to meet people's needs and the recruitment system was designed to ensure staff were suitable to work with vulnerable people.

An ongoing training and support programme ensured staff maintained and developed their knowledge and skills.

People's needs were assessed and care and support was planned and delivered in line with their individual support plan. The support plans were person centred and some included photographs and pictures to assist the person to understand and be involved in their plan.

We found the service to be meeting the requirements of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). 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 were involved in planning, shopping for, and preparing their own meals, with appropriate assistance from staff. This ensured that people were supported to maintain a balanced diet.

People were supported to maintain good health, have access to healthcare services and received ongoing healthcare support.

People were supported in a way that helped them to grow in confidence, maturity and skills. Staff understood people's needs and effectively promoted people's independence.

People had their own interests and hobbies and took part in the community. People were supported to maintain their family relationships and friendships.

Staff we spoke with felt the service was well led and the registered manager was approachable and listened to them. There was an open and transparent management of the service, with very comprehensive checks and audits to maintain the quality.

There was a complaints policy to guide people on how to raise concerns and this was available in an easy to read version to help people who used the service to understand and engage in the process.

Staff we spoke with felt the service was well led and the registered manager was approachable and listened to them. There were systems in place to enable people to share their opinion of the service.

The registered manager, registered providers and care team demonstrated a commitment to continually improve the service and use lessons learned to take the service forward. We also saw audits and checks were regularly undertaken to make sure company policies had been followed and the premises were safe and well maintained.

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 remains Good.	Good ●
Is the service effective? The service remains Good.	Good ●
Is the service caring? The service remains Good.	Good ●
Is the service responsive? The service remains Good.	Good ●
Is the service well-led? The service remains Good.	Good ●

Hollybrook House

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 comprehensive inspection took place on 3 August 2017 and was unannounced. The inspection team included an adult social care inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

To help us to plan and identify areas to focus on in the inspection we considered all the information we held about the service, such as notifications from the home. We also asked the registered provider to complete a provider information return [PIR] which helped us to prepare for the inspection. This is a document that asks the registered provider to give some key information about the service, what the service does well and any improvements they plan to make.

We requested the views of professionals who may have visited the home, such as service commissioners and one person's social worker.

At the time of our inspection there were four people living at the home. We talked at length with two people who used the service who were present at the time of the visit. We also observed how staff supported people in the home.

We spoke with three members of staff, one of whom was relatively new. We spoke with the registered provider and the head of operations, the service manager, one team leader and the registered manager.

As part of the inspection visit we looked at a range of documentation relating to people who used the service and staff, as well as the management of the home. This included reviewing two people's care records, including medication records, three staff recruitment files, training and support records, minutes of meetings, audits, policies and procedures.

Is the service safe?

Our findings

The people we spoke with who used the service said they felt safe in the home. For instance, one person added, "The staff look after me." The other person said, "Yes, you don't get hurt. The staff look after you and protect you." They told us they had a key to their bedroom so they could lock their belongings away safely.

The registered provider had safeguarding policies and procedures in place designed to protect people from abuse and the risk of abuse. Staff told us they had completed training in safeguarding adults. They also told us they had seen the policy and were able to discuss this in their team meetings. Staff we spoke with were knowledgeable about how to safeguard people and understood the process to follow if abuse was suspected.

Care and support was planned and delivered in a way that ensured people were safe. The support plans we looked at included risk assessments which identified any risk associated with people's care. Risk assessments identified the hazard, who would be at risk of harm and steps to control the risk. Risk assessments were reviewed on a frequent basis and involved the person. For example, we saw a positive behaviour support plan in place which clearly indicated why a person may react in a certain way. It also gave guidelines on how to manage the situation. This meant staff had up to date information on how to support people.

The staff we spoke with demonstrated a clear understanding of people's needs and how best to care for them whilst building up their independent life skills. For instance, one person told us they had a degree of independence, which was encouraged and they were also supported by staff when they needed it. They told us proudly, "I caught a bus on my own, on quite a long journey."

One person was feeling low and told us that, at these times the staff kept items such as their mobile telephone and laptop computer for them. They were clear that these measures were taken with their full agreement and clear of the reasons.

People told us they took medication and that the staff always gave their medication when it was due. For instance, one person said, "The staff bring them to me and they never forget." There were appropriate arrangements in place to manage people's medication. Policies and procedures were available to support staff. We looked at the medication file and found each person had a front sheet which included a photograph of the person and their date of birth. We looked at the Medication Administration Record (MAR) sheets and found they gave a clear record of the medicines which had been administered to people. We saw medicines were ordered on a regular basis by the team leader and booked in using the MAR.

We saw medicines were stored appropriately. People had a medication care plan which indicated how the person would like to be supported to take their medicines. For example, one person liked their medicines in a pot, liked to count them and liked a glass of water to take them with.

We spoke with staff and people who used the service and found there were enough staff with the right skills,

knowledge and experience to meet people's needs. There were enough staff to support people with activities and outings in the community. During the inspection we saw people were able to do what they wanted to do and their choices were respected. For example, one person went out to the shops supported by staff.

The service had a staff recruitment system which included pre-employment checks being obtained prior to staff commencing employment. At least two references were obtained and a satisfactory Disclosure and Barring Service (DBS) check. The DBS checks help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people. This helped to reduce the risk of the registered provider employing a person who may be a risk to vulnerable adults. Staff we spoke with confirmed that these checks were carried out prior to them commencing work with the service.

Is the service effective?

Our findings

People were supported to have sufficient to eat and drink in order to maintain a balanced diet. We saw that meals were flexible and people ate at a time to suit them. Weekly meetings were held with people to discuss the menu for the coming week. We saw snacks and drinks were available throughout the day and people helped themselves. One person said that each week they met with staff and decided on their weekly menu. They told us they went shopping for the ingredients to make the meals they had decided on. They went on to say that they cooked their own meals with support and encouragement from the staff. They ate in the dining room and had flexible mealtimes. They explained that people tended to meet up at five o'clock and eat their tea together. They confirmed that they were given advice on healthy eating and said they liked to stick to fruit when having a snack during the day.

Another person told us they usually sat with the staff and devised a weekly menu. They said, "I choose what I want." One person said they loved to make a variety of foods and enjoyed baking cakes. Another person said they did some baking with support from the staff and liked to make a Victoria sponge. One person had food allergies and told us they made sure they avoided those foods. One person we spoke with said, "All the staff are nice and they look after you, but they keep you on your toes to make sure you keep the kitchen tidy."

People were supported to have their assessed needs, preferences and choices met by staff who had the necessary skills and knowledge. For instance, we found that staff received appropriate training to carry out their role. Team leaders received additional training to ensure they were able to carry out their leadership role. For example, team leaders were trained in how to carry out staff support sessions and how to co-ordinate and lead the team.

We looked at the staff files for three staff and found training certificates were in place. The registered manager showed us a training log, which indicated what training had been completed and what was required. The service had an effective induction process which incorporated training and shadowing experienced staff. Staff we spoke with felt supported through their induction and felt it gave them confidence to start their role. One newer staff member described their induction, which they told us included training, such as health and safety, safeguarding, first aid and working with people with autism and learning difficulties.

The registered manager said that new staff were expected to complete the Care Certificate. The Care Certificate looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings. There was also a probationary period to assess staff's suitability in meeting the needs of the people who used the service and compatibility with the team.

The Mental Capacity Act 2005 [MCA] is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards [DoLS], and to report on what we find.

We checked whether people had given consent to their care, and where people did not have the capacity to consent, whether the requirements of the Act had been followed, we found it had. Records demonstrated that people's capacity to make decisions had been initially assessed, and this was followed by periodic reviews. Where people had the capacity to make certain decisions this was clearly recorded. Staff had an awareness of the MCA and had received training in this area. We observed staff working with people and found choices were offered and respected. The service had a policy in place for monitoring and assessing if the service was working within the Act.

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 MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found the service to be meeting the requirements of DoLS.

People were supported to maintain good health and had access to healthcare services for support as required. We saw referrals were made to healthcare professionals when required such as speech and language therapist and psychologist. We looked at support plans for two people and found they were supported with health appointments. One person told us they visited a local GP and optician when they needed to. They said the staff gave them a pedicure and they stressed, "They [staff] wear gloves."

One person said the staff knew what they were doing, but added, "Some take a while to learn when they are new." The staff we spoke with told us they underwent a twelve week induction, followed by training in autism and mental health awareness. There was a mixture of experienced and new staff, each one of whom was chosen for their ability to meet the needs of the people who lived at Hollybrook House. The staff we spoke with had good knowledge of the needs and aspirations of each person in the house and how to encourage them to become more independent and get the most out of their lives.

Is the service caring?

Our findings

During our visit saw staff interacting with people in an inclusive, caring, supportive and friendly manner, treating them with dignity and respect. One person we spoke with said, "The staff know me well. I am always happy. Its good fun and we had a dance in the kitchen last night." They stressed that all the staff would take the time to talk and listen to them and said if they went to a member of staff with any issue, "They act very quickly if I have a problem."

We saw staff interacted with people in a kind and sensitive manner and humour was used appropriately with people. They treated each person as an individual and we saw that people were asked what they wanted to do, giving them control over how things were done.

One person we spoke with said that whilst they liked spending time with the staff and other people who lived at Hollybrook House, they also had a chance for some private time in their room, where they liked listening to music or watching television. They confirmed that they were free to go to bed and get up when they wanted to.

We saw staff working with people and found they were kind and supportive. They understood people's preferences and choices and how to support people whilst maintaining their independence. One person we spoke with said staff were aware of and empathic to their moods and knew how to respond and support them if they were feeling low. They added, "I am happy with my care and support." Staff told us they supported people in practical ways, making sure that they were as safe and as happy as possible. They placed an emphasis on encouraging people to make the most of their own life choices.

Staff communicated with people in a meaningful way, appropriate to the person's needs. People's views were recorded in their support plans and staff were aware of the important things that mattered to a person. Explanations were given to people to help them make choices about what activity they would do. Each person had an activity plan for the week which they had been involved in creating. This included some tasks within the home, which they had agreed to along with activities of their own choice.

The service promoted dignity principles such as respecting people, supporting people with the same respect you would want and enabling people to maintain the maximum level of respect. Each person had a keyworker and a monthly meeting was held to look at health and emotional needs, planning activities and holidays. There was also a discussion about what went well, and what the person may like to change about their support plan.

People who used the service were supported to maintain friendships. Support plans included 'circle of support.' This included people who were important to the person. One person said they were looking forward to going to stay at their family home, to see their mum and siblings. Support plans also included people's likes and dislikes and the support provided was very much based on people's individual needs and preferences. Another person told us they kept in touch with their family, but this needed to be on their own terms.

People were involved in their support plans and signed them in agreement where they could. All aspects of the person's life and care were discussed with the person and people chose how they would like to be supported. People had a booklet called, 'all about me.' This contained information about the past month and looked at the person's achievements. It also showed how the person had been supported through events in their life and what they had enjoyed. This helped to focus on achievements for the coming month.

Is the service responsive?

Our findings

People's needs were assessed and care and support was planned and delivered in line with their individual support plan. The support plans we looked at were person centred and some contained pictures to assist the person in understanding and engaging with their plan. Support plans included such areas as people's healthcare, communication, personal care, and activities.

People had their own 'key worker'. One person said their support worker knew their needs and made sure they were well looked after. They also made sure the person had the skills they needed to be as independent as possible, whilst ensuring they had the right level of support.

We saw that people had their own interests and hobbies and took part in varied activities. People planned their activities for each week. Weekly activities and events were based on people's likes and what they chose to do. In the evening staff helped people with activities, such as playing board games. One person told us about their key worker. They said, "We colour together and watch DVDs. She supports me when I feel low, talks to me and listens."

One person told us they liked going into town with their support worker. They said they regularly walked to town, had cup of tea, looked around the shops and bought clothes, toiletries and materials for their art work and hobbies. Staff told us they were accompanying some of the people who used the service on a holiday to Wales.

People had the opportunity to discuss their support plan, with their keyworker, on a monthly basis. This was to look at what had gone well over the past month and to set goals to achieve the following month. Staff we spoke with felt this was a good way of ensuring the person was consulted about their plan and were able to contribute. One staff member described people's support plans as, "A living document, representing how [the person] wants to be cared for."

One person told us they were very much involved in the evolution of their care and support plan and reviewed it on a regular basis. They said if there were things in it that they did not agree with or wanted to question they put orange stickers on those particular sections of the plan and things were discussed and changed where appropriate.

The service had a complaints procedure and people knew how to raise concerns. People had an easy read leaflet regarding how to complain in the service user guide. This was signed by the person stating they had received it and a copy was kept in their support file.

The registered manager kept a log of complaints and correspondence relating to them. We saw the complaints log and saw the service had received two complaints since our last inspection. Information included the date and name of the person making the complaint and a brief summary of what the complaint was about. Evidence showed that complaints had been addressed in an appropriate manner and within an acceptable timeframe.

The registered manager was good at capturing people's comments and complaints. This showed people were listened to and their views were respected. One person told us that if they had any worries they talked to a member of staff. They said, "One staff member says, 'Let's go and have a fag and have a chat.' Then she fixes it." Another person said if they had any problems or worries they would go to staff or the managers, so they felt they had someone to talk to and help to sort things out.

Is the service well-led?

Our findings

At the time of our inspection the service had a manager in post who was registered with the Care Quality Commission. 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.

Throughout our visit we saw the registered manager was involved in the day to day operation of the home and took time to speak to people using the service and staff. The people we spoke with told us they were very happy with the support provided and how the home was run.

The registered manager was supported by a service manager who was responsible for the everyday running of the home. Team leaders were employed to support the staff group and people who used the service. There was a friendly atmosphere present throughout our inspection. Members of the management team had received suitable training and attained appropriate qualifications in management in social care settings. We saw staff had a good understanding of their roles and responsibilities and carried them out efficiently. We spoke with support staff who were very positive about working in the home and about the support they had from the managers.

The service had systems and processes in place to assess and monitor the quality of the service provision. We saw regular audits were carried out by the team leaders which included medication, staffing, fire safety and health and safety. Any actions noted were addressed. Members of the management team ensured the audits took place and that actions were addressed.

In addition to these audits the registered manager completed a manager's report approximately every month. This included all aspects of care and welfare as well as environmental issues. The Director and Head of Operations including Director of Supported Living, Quality Monitoring and Nominated Individual were based at the home for at least four days of the week and undertook regular service quality audits, completing reports and actions for the registered manager to follow up.

We also saw audits took place by other registered managers within the company. There was also evidence that a manager from another service visited to complete a service quality audit. This enabled managers to share ideas and work as a team. Managers within the company also met bi-monthly or at least six times annually to discuss new legislation and share knowledge.

There was evidence that people were consulted about the service provided. We saw that meetings took place with people who used the service to discuss things such as meals, events, and concerns. People who used the service told us they attended monthly service user meetings where people who lived at Hollybrook House all got together with staff to discuss any issues or plan for the future. They also attended individual meetings with their support workers and discussed individual issues.

One person also told us they knew the names of all the managers, saw most of them on a daily basis around the home, felt they could talk to any of them and was confident they would be listened to. Another person said they knew who the managers were and has good relationship with them. They also said they knew the owner of the home and was able to talk to him when he visited. This showed there were forums for people to express their views on an individual and group basis and people felt confident to express their views.

We saw that people's opinions about the service were sought and respected. For instance, we saw a service user satisfaction survey was completed on an annual basis. The outcomes were discussed at staff meetings to look at how the service could be improved in response to people's comments. When we asked what was the best thing about the home one person said, "It is safe. Of all the homes I have lived in this is the one I like the best."

Staff were able to attend regular meetings to ensure they were provided with an opportunity to give their views on how the service was run. Daily handovers were also used to pass on important information about the people who lived at the home. Staff told us there was a real team work approach. Staff comments included, "The staff are great. I have built up an excellent working relationship with them.", "All the staff are very supportive and willing to pass their knowledge on" and "You couldn't wish for better staff."