

Audley Court Estates Limited

Hollins Hall

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

Hollins Hall is a domiciliary care agency. It provides personal care to people living in their own homes within the retirement complex of Hollins Hall. The service's office is located in the complex. It provides a service to older adults, people with dementia, disabilities and younger people. At the time of our inspection the service provided personal care to seven people.

People who live at Hollins Hall have access to a number of on-site facilities, which include a restaurant, swimming pool, exercise area, library and hairdressing salon.

Not everyone using the service receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

At our last inspection we rated the service Good. At this inspection, we found the evidence continued to support the rating of good. 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.

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.

There were systems and processes in place to protect people from the risk of harm. Staff were able to tell us about different types of abuse and were aware of action they should take if abuse was suspected. They were confident that the registered manager would address any concerns.

Risk assessments were completed to reduce the risk of harm. Accidents or incidents were analysed to reduce the risk of reoccurrence.

Medicines were administered safely to people when they needed this support. Staff were aware of the infection control measures in place to reduce the risk of the spread of infection.

Staffing levels were sufficient to meet people's needs. There were safe recruitment and selection procedures in place and appropriate checks had been undertaken before staff began work. Staff received the support and training they needed to give them the necessary skills and knowledge to meet people's assessed needs.

People were supported to eat and drink to promote their wellbeing and staff supported access to healthcare where needed. Health professionals were contacted appropriately to ensure any changes to people's needs were addressed.

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.

There were positive interactions between people and staff. Staff knew people well and showed kindness, dignity and respect. Care was person centred and people were provided with choice.

The provider had a system in place for responding to people's concerns and complaints. People were regularly asked for their views. There were effective systems in place to monitor and improve the quality of the service provided.

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.

Hollins Hall

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 12 and 16 February 2018 and was announced. We visited the office location on 12 February to see the registered manager and staff; and to review care records and policies and procedures. On 16 February we made telephone calls to relatives of people who used the service. We gave the service 48 hours' notice of the inspection visit because the location provides a domiciliary care service and we needed to be sure that someone would be at the office to speak with us. The inspection team consisted of one adult social care inspector.

Before our inspection, we reviewed information we held about the service, which included information shared with the CQC and notifications sent to us since our last inspection. Notifications are when providers send us information about certain changes, events or incidents that occur and which affect their service or the people who use it.

We used information the provider sent us in the Provider Information Return to plan our inspection. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection, we visited two people who used the service in their homes and spoke with two relatives on the telephone. We visited the provider's office and spoke with the registered manager, the care administrator, the care assessor, two care workers and the quality assurance auditor.

We reviewed four people's care plans, risk assessments, and the recruitment, training, supervision and appraisal records for two members of staff. We looked at medication administration records, meeting minutes, audits and other records relating to the running of the service.

Following the inspection we spoke with one health and social care professional for their feedback on their

experiences of the care provided.

Is the service safe?

Our findings

People told us they felt safe and provided us with positive feedback about the staff who supported them. One person we spoke with told us, "They look after me really well. Yes, I feel very safe." A relative said, "[Name] is looked after well. They tell me they have peace of mind and really like the staff."

Staff understood about types and signs of abuse and could explain the action they would take if they suspected or witnessed abuse. Records showed appropriate action was taken in response to safeguarding concerns. Staff had received safeguarding training and were aware of the whistleblowing policy. One told us, "I have confidence in the managers. They go out of their way to make themselves available" and "I would challenge staff if they were treating somebody differently. It is not right."

Risks associated with people's care and support were recognised and managed. Assessments included risks associated with moving and handling, nutrition, and the environment. Where risks were identified, care plans included guidance to staff which showed how these would be managed. For example, one record evidenced that although a person was independently mobile, they still needed the assistance of a member of staff to safely access the communal areas.

Records showed there were sufficient staff deployed to meet people's needs and staffing was managed safely. The frequency a person needed support and how many staff were required for each visit were taken into account. The registered manager and the care administrator understood the capacity of the service to ensure they could operate effectively. The service employed a waking night member of staff to ensure any emergencies were responded to quickly.

The provider had safe recruitment and selection processes in place. References and checks had been taken up before new care workers began working with people. These included proof of identity and evidence of a Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals. This meant the provider had ensured staff were suitable to support vulnerable people.

Medicines were managed safely for people who needed this support. Medicine administration records (MAR's) were completed fully and accurately. Records we looked at confirmed staff had received training in the safe management of medication and spot checks were undertaken to ensure they were competent.

The service had Infection control policies and procedures in place. Staff recognised the importance of preventing cross infection and used gloves and aprons when required. One person told us, "The staff are meticulous about being clean. They all wear gloves and aprons."

We looked at the arrangements in place for managing accidents and incidents. Documentation was in place to record accidents or incidents which showed the action taken to reduce the risk of reoccurrences.

Is the service effective?

Our findings

People spoke positively about the quality of care provided by staff who understood their needs and knew how they wished to be supported. People told us, "The staff go beyond what I expect of them" and "The staff are always asking if there is anything else they can do for me. I am very satisfied."

Before anyone received support at Hollins Hall, the care assessor completed an assessment of people's individual needs and produced a written plan of care and support. This contained information to guide staff to ensure people's needs were met effectively.

People and their relatives were confident that staff had the knowledge and skills they needed to provide care. One person said, "The staff are very competent and capable. They seem to be well trained." Records showed staff completed training which included: first aid, dementia, safeguarding, equality and diversity and the safe handling of medication.

Staff were supported with supervisions and appraisals. Staff told us they were happy with the support provided to them. One said, "The registered manager is very helpful and friendly. I can talk to them if I have any concerns."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Where people live in their own homes, applications must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA. We found people were asked to sign their care records to document they consented to their care and support. One person's care plan was signed by their friend who did not have the legal authority to do so. The care administrator agreed to review this to ensure the person had capacity to consent to their own care. Following the inspection, we were sent evidence which showed this had been completed. The registered manager and the care administrator understood that mental capacity assessments and best interest decisions needed to be completed when people did not have the capacity to consent to their care.

People's nutritional needs were met. People told us they were involved in making choices about the food or drink they wanted and care plans included details about their preferences and specific dietary needs. A relative told us, "We have seen the staff encouraging [Name] to eat."

Records showed the service worked and communicated with other agencies. This meant effective care and support was provided which promoted people's health and well-being. People were supported to access health care professionals as required and their health needs were documented and updated.

Is the service caring?

Our findings

People told us staff were caring and treated them with kindness. People were supported by a small group of regular staff who they knew well and were comfortable with. One person said, "The carers are never rushed for time. They care about me." Another said, "The staff show me compassion." During our inspection we observed staff speaking in a caring manner, ensuring people were happy with the support and gave explanations as to what they were going to do next.

Staff supported people to make decisions and ensured they had choice and control over how their needs were met. One person told us, "Every time staff visit me, they always give me choice. It could be clothes, food, what I want to do." People told us they knew who would be visiting as they were given rotas for the week ahead. One person told us, "If staff are running late they phone me, but this rarely happens."

Records showed people were involved in their care. One person said, "Staff speak to me about my care needs." A relative told us, "We formulated the care plan together." Care plans included information about how people liked their support to be provided. This demonstrated they were involved in decisions about their care.

Discussions with the staff demonstrated that the service respected people's individual cultural needs or beliefs to prevent people being discriminated against. One member of staff told us, "I would not want to offend if someone had needs I didn't understand. I would speak to them and find out more."

Information about a local advocacy service was available. An advocate is a person who works with people or a group of people who may need support and encouragement to exercise their rights. The registered manager was aware of how to contact an advocate when required.

People were treated with dignity and respect. One person told us, "The staff cover me up when they help me." Staff we spoke with understood the importance of maintaining people's privacy and dignity. One said, "I make sure people are comfortable when I am giving personal care. I will knock on their doors before I go in. I will close curtains and doors to give people privacy."

Information held about people's support needs was kept secure and we found that staff understood their responsibilities in relation to confidentiality.

People were supported to remain independent. One staff member described how they had recently supported a person to maintain their independence to carry out a personal care task for themselves. They said, "I encourage people to try for themselves, but will always be there to help." One person we spoke with told us, "They will let me do as much as I can, but help me get to the restaurant downstairs when I want to go." A relative said, "They empower [Name], but do not pressurise them."

Is the service responsive?

Our findings

Care and support was personalised to meet people's individual needs. Care plans detailed people's preferences, their likes and dislikes and guided staff on how best to support them. People told us the care and support they received was focussed on them. One said, "The staff know just how I like things to be done." Records showed people and their relatives were involved in developing their care plans which were regularly reviewed.

We found good evidence of staff's person-centred approach to providing care and support. For example, one record showed how many pillows a person wanted when in bed and listed their favourite television programmes.

Relatives told us staff were responsive to their family members' care and support needs. A relative told us, "We are having a review soon. The staff are very proactive and regularly keep me posted." Another said, "The staff are very good in responding to [Name's] changing needs. They are also good at arranging things for them."

We looked at how the service supported people to maintain their interests and participate in activities of their choosing. People were kept informed about the activities at Hollins Hall, which included a film club, quizzes, carpet bowls and coffee mornings. A member of staff explained they would check if people wanted to participate and support them to attend if required. This meant people were less likely to be socially isolated and had opportunities to develop meaningful relationships with others.

The service had a complaints policy and procedure. People were provided with information on what to do if they had any concerns or complaints with the service. People told us they had not needed to complain and were confident any concerns would be taken seriously and responded to. At the time of our inspection, there had been no complaints about the service. Documents showed when complaints or concerns were raised, the outcomes and actions taken were recorded. This ensured any repeating trends were identified and the service could learn and improve.

Each person had use of an emergency call system to request support that was easy to use and alerted staff immediately. Staff on duty carried radios to contact colleagues to update them or request additional support when required.

The registered manager ensured information was shared with people in ways they could understand. For example, care plans and information were available in large print if required or staff would sit with and read through any information to ensure they understood it. If someone had specific communication needs they would seek advice.

At the time of our inspection no one was receiving end of life care. The care administrator explained they had previously supported a person at the end of their life. Staff received training and worked closely with the palliative care team to enable the person to remain in their own home.

Is the service well-led?

Our findings

A registered manager was in post. They were supported by the care administrator and the provider's quality assurance auditor.

People and their relatives told us they had confidence in the management of the service. They said, "The management are very sympathetic" and "The managers are always there. They are nice with the carers and nice with me."

The service was well managed and staff had the knowledge and skills required to provide care and support appropriate to people's individual needs. The service was open and honest and promoted a positive culture. Staff we spoke with told us the management of the service was very good and they were supported to confidently perform their roles. A member of staff said, "I really like working at Hollins Hall. I am supported and listened to."

There were systems in place to monitor the quality of the service provided. Records showed areas reviewed included care plans, risk assessments, complaints and staffing. Any short-falls were highlighted and we saw evidence which showed when the quality assurance auditor had offered their support to ensure improvements were made. For example, an audit on the quality of two people's risk assessments showed they needed to be reviewed, this had then been addressed.

The registered manager explained that it had been difficult to get feedback from people about the service through surveys. Instead they visited people in their own homes and gathered feedback so they could act on people's opinions and ideas. This was confirmed by a person we visited who told us, "I admire the manager. They are very agreeable and they visit me to make sure I am happy with the care." We saw team meeting minutes which included feedback from clients and staff were thanked for their hard work and commitment.

The registered manager was committed to providing a service that continually improved. They explained that the staff were keen to learn and wanted to be skilled. We saw records that showed spot checks were undertaken to monitor staff's performance and to drive improvements in the quality of the care and support they provided. We saw that the quality assurance auditor regularly updated the service with information that supported best practice. For example, guidance on assessing needs and policy and procedures were up-to-date.

The registered manager was proud of the links they had made with a specific dementia organisation. This organisation was invited to give a presentation at Hollins Hall and further events were being organised. Staff had become dementia friends and attended talks on dementia to update their knowledge.

There were positive working relations with other professionals which promoted and supported people's needs. A health care professional we spoke with told us, "Communication with staff was very good. They know people well and care about people's emotional and physical health."