

AmBience Healthcare Limited

Holly Nook

Inspection report

18 Oakwood Road West, Rotherham,
South Yorkshire, S60 3AB
Tel: 07805551242
Website: ambiencehealthcare.co.uk

Date of inspection visit: 24 December 2014
Date of publication: 20/03/2015

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 

Overall summary

This inspection took place on 24 December 2014 and was unannounced.

Holly Nook was last inspected in May 2013 and we found they were meeting the regulations we looked at.

Holly Nook provides accommodation and personal care for up to six people with learning disabilities and autistic spectrum disorders. On the day of the inspection four people were living at the home. The home 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.

Staff working at Holly Nook understood the needs of people who used the service and we saw that care was provided with kindness and compassion. People and their families told us they were happy with the care provided.

Summary of findings

People were relaxed and happy on the day of the inspection. We saw staff talking with people in a friendly manner. We saw staff assisted people as they needed whilst encouraging people to be as independent as possible.

We saw care records were of a high standard and contained detailed information to guide staff who were supporting people. Risk assessments were completed and regularly reviewed. We found people were supported to live full and active lives and had access to the local community.

People were able and encouraged to take part in activities which reflected their individual hobbies and interests. People were also supported to maintain strong relationships with their families.

Staff were well supported through a system of induction, training, supervision, appraisal and professional development. There was a positive culture within the service which was demonstrated by the attitudes of staff

when we spoke with them and their approach to supporting people to develop their independence. We saw the service was organised to suit the needs of the people who lived there.

People were supported by sufficient numbers of staff on duty. Staff told us that staff numbers were always one to one but could be increased to address changes in risk or changing support needs.

We looked at the arrangements in place for the administration of medicines and found these to be safe. Medicines were stored securely in a locked cabinet. Medicines stored tallied with the number recorded on the Medication Administration Records (MAR). Arrangements were in place for the storage of controlled drugs if required. We saw from training records, all staff had received medicines training.

The service was well led. The registered manager was respected by staff, people who used the service and their relatives. They regularly monitored the quality of the service provider through questionnaires and a system of audits.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

People's health was monitored and reviewed. This included appropriate referrals to health professionals. Individual risks had also been assessed and identified as part of the care planning process. Staff were recruited following a robust process which included application, interview, references and a Disclosure and Barring Service check. There were enough qualified, skilled and experienced staff to meet people's needs.

We saw when people needed assistance from staff there was always a member of staff available to give this support. Medicines were stored and administered safely. Staff and people that used the service were aware of what medicines to be taken and when.

The service was safe. There were appropriate levels of staff who had received training in safeguarding and knew how to report any concerns regarding possible abuse. Staff we spoke with had a clear understanding of the homes procedures in place to safeguard vulnerable people from abuse. We found the service managed risk well whilst ensuring people led a full life.

Good



Is the service effective?

The service is effective. We saw that people and their families were involved in their care and were asked about their preferences and choices. Staff had good systems to help them quickly identify any changes in people.

People received care from staff who were trained to meet their individual needs. Staff were also well supported through a system of regular supervision and appraisal. This meant people were cared for by staff who felt valued and supported. People had access to a wide range of healthcare services which helped ensure their day to day health needs were met.

We found the location to be meeting the requirements of Mental Capacity Act and Deprivation of Liberty Safeguards. This helped to ensure people's rights were respected.

Good



Is the service caring?

The service is caring. During our visit staff were kind and compassionate and treated people and families with dignity and respect. There was a calm and friendly atmosphere within the home and staff helped people maintain their privacy. People were encouraged to maintain and develop their independence. This was evident through the choice of activities for people to participate in if they wished.

We saw relationships between staff and people were strong and supportive. Staff knew the people they were caring for well and communicated with them effectively. This helped staff to respond to people's individual needs.

People told us they were happy with the care they received. Relatives told us they were more than satisfied with the care at the home. They found the registered manager approachable and always available to answer questions they may have had. People had been involved in deciding how they wanted their care to be given and they told us they discussed this before they moved in.

Good



Summary of findings

Is the service responsive?

The service was responsive. Staff had established effective ways of communicating with people to enable them to express their views about their care; future wishes were included in their care records, such as end of life care.

Care plans were personalised and reflected people's individual needs. This meant staff knew how people wanted and needed to be supported and this was respected.

We saw that staff responded quickly and appropriately to people's needs. Staff were aware of what mattered to people and ensured those social needs were met. People had access to a wide range of meaningful activities and were supported to be involved in their local community.

Good



Is the service well-led?

The service is well led. Staff said they felt well supported and were aware of their rights and their responsibility to share any concerns about the care provided at Holly Nook. The provider had employed staff with the right qualifications and skills to work at Holly Nook.

Quality assurance systems at the home were comprehensive and effective. Where improvements were needed, these were identified and quickly rectified to ensure continuous improvement and safety. The registered manager monitored incidents and risks to make sure the care provided was safe and effective.

The registered manager used systems to make sure that there were enough staff to care people safely. We found there was an open and positive culture within the home. Staff told us the manager was approachable should they have any concerns or suggestions.

Good



Holly Nook

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 inspection took place on 24 December 2014 and was unannounced. This meant that the provider did not know we were coming. The team consisted of an adult social care inspector.

Prior to the inspection we gathered information about Holly Nook. We looked at the information received about

the service from notifications sent to the Care Quality Commission by the registered manager. We also contacted Healthwatch Rotherham. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

On the day of the visit we spoke with one person who lived at Holly Nook, one member of care staff, two relatives and via telephone, the registered manager. We observed people being supported in the home, how the staff interacted with people and saw a range of records including four care plans, policies and procedures, staff records and records of the homes quality assurance systems.

Is the service safe?

Our findings

The provider had effective procedures for ensuring that any concerns about a person's safety were appropriately recorded and reported.

Staff we spoke with told us they had received updated safeguarding training ensuring they stayed up to date with the process for reporting safety concerns. Staff could clearly explain how they would recognise and report abuse. This showed staff were able to identify signs of possible abuse and knew how to act on any concerns which helped protect people from the risk of abuse.

We observed people who used the service were relaxed and at ease in the company of staff. We saw that people readily turned to staff for assistance without hesitation. One person who used the service told us, "If I am not happy with something I know I can speak up and they (staff) will listen."

We found Holly Nook to be a clean and tidy. Fire routes were clearly identified and free from clutter and blockages. Bedrooms, en-suite shower rooms, communal areas, toilets and bathrooms were clean and free of odours. In the kitchen we saw a carbon monoxide alarm, fire blanket and colour coded chopping boards. There was a poster advising which chopping board should be used with various food stuffs.

Risks to people's safety were appropriately assessed, managed and reviewed. We looked at the care records for four people who used the service. Each had a variety of up-to-date risk assessments. These assessments were different for each person as they reflected the specific risks posed by or to them. For example, staff had considered the risks associated with activities away from the home and with the use of the transport. Staff demonstrated that they knew the details of these risk assessments. One relative we spoke with told us, "We have complete peace of mind, we couldn't wish for better."

There were effective and safe recruitment and selection processes in place. Pre-employment checks were obtained prior to people commencing employment. Application forms had been completed, two references had been obtained and formal interviews arranged and a satisfactory

Disclosure and Barring service check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with vulnerable adults. This helps to ensure only suitable people were employed by this service. We saw staff files and found that appropriate checks had been carried out in line with the provider's recruitment policy.

We spoke to a new member of staff and they confirmed the arrangements to ensure they were competent and confident to work unsupervised had been followed. The staff member said, "I had a thorough induction including shadowing senior and experienced staff. Following the induction I felt confident, knowledgeable and safe to work here."

There were appropriate arrangements in place to ensure that people's medicines were safely managed. Medication was securely stored with additional storage for controlled drugs. We checked records of medicines administration and saw that these were appropriately kept. We checked the medicines for two people and found the number of medicines stored tallied with the number recorded on the Medication Administration Records (MARS). There were systems in place for checking medicines stocks, and for keeping records of medicines which had been destroyed or returned to the pharmacy.

Staff were knowledgeable about the people they supported and specifically how to support people with behaviour which might challenge others. Information regarding signs of anxiety were recorded in people's individual care plans. This meant staff were guided as to what signs might indicate when someone was becoming agitated or upset.

People were supported by sufficient numbers of staff on duty. Staff told us that staff numbers could be increased to address changes in risk or changing support needs. We saw people received care and support in a timely manner and staff were not rushed. The registered manager told us the home was fully staffed and people were supported according to their needs. Staff told us there were always enough people on duty to support the people living at the home effectively.

Is the service effective?

Our findings

The Care Quality Commission (CQC), is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the registered manager. 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. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

Staff we spoke with demonstrated an understanding and knowledge of the requirements of the MCA and DoLS legislation. It is important a service is able to implement the legislation in order to help ensure people's human rights are protected. At the time of our inspection there was not a need for applications under DoLS to be made.

Staff had the knowledge and skills necessary to carry out their roles and responsibilities effectively. We looked at the training records for the home and saw staff had received training in areas essential to the service such as fire safety, infection control, safeguarding, moving and handling and medication.

Staff told us they received regular supervision every six to eight weeks and annual appraisals. We confirmed this from the records. We saw supervisions covered training needs, individual professional targets for the staff member, any

concerns regarding working practices or individuals using the service and ideas for progressing the individual development of people. Staff told us supervisions were useful for their personal development as well as ensuring they were up to date with current working practices. This showed us staff had the training and support they required to help ensure they were able to meet people's needs.

We spent time in the kitchen whilst one person prepared and ate their breakfast. We saw the food was appetising and nourishing. We also saw the person was involved in choosing their lunch. Staff said people had access to good quality food and there was plenty of choice. One staff member told us, "People choose what they want to eat and we discuss nutrition and the importance of a balanced diet." Fresh fruit was also available and people could access snacks and drinks throughout the day.

We saw people had access to healthcare services. Care plans contained contact details for other professionals such as optician, chiropodist and GP. Care plans also contained health action plans which held details of other professionals to be contacted without delay when required for example social workers.

People and their families confirmed they were involved in the assessment and care planning process. This enabled staff to identify people's care preferences. One person who used the service told us, "I know my goals, I set them and I can change them." The relative of one person told us, "We are involved. Our thoughts and input are valued." Another relative said, "The communication with Holly Nook is faultless."

Is the service caring?

Our findings

We saw staff interacted well with people. People were given choices and staff were aware of people's likes and dislikes. We saw relatives were made welcome at the service. One relative said, "Staff are wonderful." A person who used the service said, "The staff are always smiling."

We observed staff relationships with people living at Holly Nook were strong, supportive and caring. One member of staff told us, "Seeing people's independence is wonderful."

People and their families told us that Holly Nook met their individual care needs and preferences. One person told us, "I like the freedom I get." Relatives we spoke with felt staff were very caring in their approach and had no concerns. They felt their family member was well cared for. One relative told us, "This is without doubt the best place he has ever been."

We spoke with staff about how they would preserve someone's dignity. One member of staff told us, "It's important to remember that I work in someone else's home so knocking on doors, for example, is a small but important part of respecting that."

One person who lived at Holly Nook invited us to look at their room. The room was well decorated, spacious and had an en-suite bathroom. The person told us, "I can put all the things I like in here such as my guitars and photographs."

The four support plans we looked at had been written in a person-centred way. Each one contained information in relation to the individual person's life history, needs, likes, dislikes and preferences. Each care plan contained a one page profile of the person. This included information such as, 'What is important to me,' 'How to support me.' And 'What people like about me.' It was therefore evident that people were looked after as individuals and their specific and diverse needs were respected. Staff were able to demonstrate a good knowledge of people's individual preferences. For example, we saw it was documented that one person enjoyed fishing trips. We spoke to the person about this activity, they told us, "I like to go fishing when the weather is warm. I enjoy relaxing and catching fish." This person had painted a picture of a fish which was displayed in the main corridor of the home.

We saw that daily records were kept for each person at Holly Nook. These records documented a person's daily activities, nutritional information, incidents, behaviours and events. These documents were signed by all staff and countersigned by the manager. This meant that all staff were aware of the immediate needs of all the people who lived at Holly Nook.

Regular meetings were held between the people who used the service and the staff. These were called 'house meetings'. This was a forum where people could raise any issues they had with their care and support. We saw from the minutes of one these meetings, that trips and activities were discussed and planned.

Is the service responsive?

Our findings

We spoke with people about how they were able to access activities. One person said, “We have a lot of activities and I like to have a go at them all.” They also told us, “ We have decorated the house for Christmas, I think it looks great.”

People who used the service led active social lives that were individual to their needs. We noted there was individualised activities plans on display in the entrance hall. We found that people had their individual needs assessed and consistently met. We saw people leaving the service during the day to go on a Christmas shopping trip.

In addition to formal activities, people who used the service were able to go to visit family and friends or receive visitors. Staff supported people in maintaining relationships with family members. All the care plans we saw detailed the support to be given to the person who used the service to visit their family members and maintain social networks.

People’s support plans were well written and provided detailed information about how the planned care and support was to be provided. The plans provided details about the person’s life history, their health care needs and

the social activities they liked to participate in. The plans were person centred and had been written with the involvement of the person. People had signed to say they agreed to their plans. Care plans clearly described how people should be supported describing people’s routine, likes and dislikes. Staff confirmed how people were being supported in accordance with the care records. These had been kept under regular review or as needs changed involving the person, relatives and other healthcare professionals.

The registered manager was responsible for reviewing people’s care records and risk assessments to determine that the support delivered was still appropriate to a person’s needs. We saw that this was done with regularity.

We saw the service had a complaints procedure however this was not publicly displayed. People we spoke with knew how to make a complaint. One person said, “If I was unhappy I know I could tell staff and they would help me.” Staff we spoke with were confident in their knowledge of how to respond to complaints, raise concerns or whistleblow. One staff member told us there was a positive and supportive culture where they could raise any concerns either directly with the manager or at staff meetings.

Is the service well-led?

Our findings

The home was managed by the registered manager who worked alongside other staff to provide hands on care and support to people. The manager led by example to provide a service which was tailored to each person's individual needs and wishes.

The service was well led by the manager who had been registered with the Care Quality Commission since May 2014. People we spoke with told us they knew who was the manager and said they were approachable. One person said, "I really like him, he is funny, I like to spend time with him". Relatives told us that the manager was always available to speak to. One relative said, "He is very good, nothing is too much and communication is excellent."

Staff felt the registered manager was relaxed yet professional. They felt the manager listened to them and that they could speak freely with them about any aspect of the service. One member of staff said, "We have a fantastic team who are always supportive of each other."

The provider had systems in place to assess and monitor the quality of service that people received. These checks took place on a daily, weekly and monthly basis. The registered manager monitored the service and planned improvements through these formal quality assurance processes they had in place. They completed audits in areas such as care records, infection control, medication,

health and safety and both the internal and external environments. This meant that the service was appropriately monitored to ensure good care was consistently provided and planned improvements and changes could be implemented in a timely manner.

The provider had received no complaints since our last inspection. We saw there was an appropriate system to monitor and investigate complaints although this was not publically displayed.

We saw there was a suite of policies and procedures covering all aspects of the service including care, personnel, the environment and governance. Policies and procedures were up-dated on an annual basis.

People's views and opinions were taken in to consideration and people felt involved in the service. Questionnaires were used on an annual basis. We saw all the returned questionnaires had rated all aspects of the service very highly. Care plans also documented conversations, wishes, views and opinions with people who used the service and their relatives.

Staff told us that if the manager was not in the home there was always a senior member of staff on duty to make sure there were clear lines of accountability and responsibility. Either the provider or a nominated senior carer provided on-call back up to the home overnight. This meant staff always had someone to consult with, or ask advice from, in an emergency or difficult situation.