The Disabilities Trust

Hollyrood

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 inspection took place on the 4 May 2017 and was announced.

Hollyrood is a service for a maximum of 25 adults with learning disabilities and complex needs including autism and challenging behaviour. On the day of the inspection there were 22 people using the service. The accommodation comprised of one flat and four distinct areas referred to as 'houses', each of which has its own kitchen, communal lounge and staff room. Each 'house' also has a dedicated staff team. There are extensive secure grounds and a range of other buildings including, an activities room, gym, sensory room, woodwork room and weaving room.

At the last inspection on 14 July 2014 the service was rated Good. At this inspection we found the service remained Good

Relatives and staff spoke highly of the service and felt that it was well-led. Since the last inspection a new manager had been employed and registered with the Care Quality Commission. Without exception everyone told us the registered manager had implemented changes that had a positive impact on people. A staff member told us "There's very much more emphasis on people as individuals, so more person centred; there's also a greater emphasis of working with staff". A relative commented "The management is excellent as far as I'm concerned; always open to talk, open to positive and negative feedback."

People remained to be supported by kind and caring staff who knew people well. People were observed to be relaxed with staff. They were seen to be happy and comfortable with the support provided and staff were kind and caring in their approach. One relative told us "Staff are kind, they know my relative and vice-versa; there is an ethos of respect". Another relative told us "What's so important is that staff know how to manage (person's name), what their flash points are and how to extinguish them. Consistency is the key".

People's individual needs were assessed and planned for. They continued to be supported to participate in wide range of activities in line with their personal preferences and to maintain their independence. A relative told us "They enjoy the activities; they go out a lot into the community, go for a walk daily, sometimes go out for meals, goes to Brighton and to do their weekly shopping with staff support. They do woodwork as well, go to the gym and go to the cinema sometimes. They have an enjoyable life".

People continued to be supported to maintain good health, access health care services and supported to maintain a varied and nutritious diet. One relative commented "The food seems sufficient in quantity and healthy. They try and make sure my relative gets what they want when they want. They are relaxed about what to eat and when".

People received safe support in a secure environment. One relative told us "My relative is very safe. It's secure, they can't wander out onto the street". People remained protected from the risk of abuse because staff understood how to identify and report it. People were supported to get their medicine safely and when

they needed it.

Staff received the training and support they needed to undertake their roles and meet people's specialist needs. A member of staff commented "I had an induction and training before I worked in the houses. I was introduced to everyone and shadowed staff before I worked on my own. Agency staff have to do an induction too". A relative told us "They are proactive and work hard to get a new person up to speed".

There were sufficient number of skilled staff on duty to meet people's needs and provide effective care. A relative told us "Generally we never have to worry about the number of staff on duty. People have one to one staffing. It is two to one staffing when out in the community".

The registered manager was aware of their legal responsibilities and kept up to date with good practice. Accident and incidents continued to be recorded and monitored to identify trends and themes. Records had been audited and were gaps had been identified action had been taken to rectify this.

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? 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**

Hollyrood

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.

This inspection took place on 4 May 2017 and was announced. The provider was given notice because we needed to provide the registered manager with sufficient time to arrange for additional staff to be on duty to facilitate the inspection without disrupting the day to day routines of the people using the service.

The inspection team comprised of two inspectors 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.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what they do well and improvements they plan to make. We looked at this and other information we held about the service. This included previous inspection reports and notifications. Notifications are changes, events or incidents that the service must inform us about. We contacted stakeholders, including health and social care professionals involved in the service for their feedback. One health and social care professional gave feedback regarding the service.

During the inspection we observed the support that people received in the communal areas. We were also invited in to people's individual rooms. We spoke with four people, one relative, the registered manager, two assistant managers, a speech and language therapist, a speech and language assistant, a psychologist, a positive behaviour support specialist, two team leaders, nine support workers and a maintenance person. As people were not able to give us their views of the service we spent time observing how people were cared for and their interactions with staff in order to understand their experience.

We reviewed three staff recruitment files, four people's medication records, the staff rotas, policies and procedures, health and safety files, compliments and complaints recording, incident and accident records, quality assurance audits, meeting minutes and staff training records. We also looked at the menus and people's activity plans. We looked at four people's individual records, these included care and support

plans, risk assessments and daily notes. We pathway tracked some of these individual records to check that care planned was consistent with care delivered.

Good

Is the service safe?

Our findings

Staff and relatives reported that the service people received continued to be safe. One relative told us "My relative is very safe. It's secure; they can't wander out onto the street". Another commented their relative "Has no idea of danger but the place is secure, they are able to run around the grounds and really enjoys it".

People remained protected from the risk of abuse. The provider had systems in place to help protect people from potential harm. Staff knew what action to take if they had any concerns and how to protect people from abuse and avoidable harm. They had received regular training in keeping people safe from abuse and this was confirmed in the staff training records. Staff told us they would have no hesitation in reporting abuse and were confident that management would act on their concerns. They stated that they felt people were 'looked after well' and 'kept safe' and that they had no concerns about people's welfare.

Robust risk assessments remained in place for people which considered the identified risks and the measures required to minimise any harm whilst empowering the person to undertake the activity. We were given examples of people having risk assessments in place to use facilities such as the gym and sensory room, access the community and make choices that placed them at risk. Risks associated with the safety of the environment and equipment were identified and managed appropriately. There was a business continuity plan which instructed staff on what to do in the event of the service not being able to function normally, such as a loss of power or evacuation of the property. People's ability to evacuate the building in the event of a fire had been considered and where required each person had an individual personal evacuation plan. Water temperatures were regulated to prevent scalding and cleaning products and medicines were stored in locked cupboards.

Staff continued to take appropriate action following accidents and incidents to ensure people's safety and this was recorded. This information was also analysed for any trends and any follow up action to prevent a reoccurrence was updated on the person's care and support plans and shared with staff.

There continued to be sufficient care staff available to meet people's individual needs. The provider had systems in place to monitor people's level of dependency and identify the number of staff needed to provide people's care safely. People were seen to be well supported and we saw good examples from care staff where people were provided and assisted with care promptly when they needed it. Staff told us and records confirmed, each person was supported on a one to one or two to one staffing basis, and these staffing levels were maintained. A relative commented "Generally we never have to worry about the number of staff on duty. People have one to one staffing. It is two to one staffing when out in the community". Another relative told us "Consistency is the key; they use regular agency staff to cover staff sickness and annual leave".

People continued to be protected by safe recruitment practices. The provider had a recruitment policy in place to help ensure that correct checks would be completed on all new staff. Records confirmed these procedures had been followed. The service also had a probationary period in place and a disciplinary procedure, which could be used when there were concerns around staff practice.

People still received their medicines safely and as prescribed. Medication had been administered, stored safely and recorded in line with the service's medication policy. Regular audits had been completed and staff had attended medication training and received regular competency checks. Where errors had been identified, action had been taken to minimise risks to the person and minimise future risks.

Good

Is the service effective?

Our findings

People continued to be supported by staff who received the training and support needed to deliver safe and effective care. Newly recruited staff completed an induction which included completing training and shadowing experienced staff. This helped new staff to understand how the service worked and also gain information about people and their care needs prior to working unsupervised. New staff were also required by the provider to complete the Care Certificate which is an industry recognised qualification and induction process into care. A relative told us "They are proactive and work hard to get a new person up to speed". And a member of staff commented "I had an induction and training before I worked in the houses. I was introduced to everyone and shadowed staff before I worked on my own. Agency staff have to do an induction too".

Staff confirmed they continued to receive regular training and support. They felt they had the knowledge and skills to carry out their roles and responsibilities as a care worker. They had also been provided with specialist training relevant to the people they provided care and assistance to such as training in how to support people with autism, epilepsy and how to use physical intervention techniques. One member of staff told us "We have regular training; on line and face to face".

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 (MCA) 2005. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether staff were working within the principles of MCA and DoLS. We found that the management team continued to have a good understanding of MCA and DoLS and had made appropriate referrals to the Local Authority. People's capacity to make day to day to day decisions had been assessed and documented within their care and support plans to help ensure they received appropriate support. Staff demonstrated an awareness of these assessments and confirmed they had received training in MCA and DoLS. One staff member told us "We've all had the training. We would never force anyone to do anything they didn't want to; it's their choice and we need their consent". Another staff member told us "Everyone here has a DOLS. They are under constant supervision and can't go out on their own".

People continued to be supported to have sufficient to eat and drink and maintain a balanced diet. People's nutritional requirements had been assessed and their individual needs, including their likes, dislikes and dietary needs were documented. Staff had a good understanding of each individual person's nutritional needs and how these were to be met. Staff told us they followed recommendations to ensure the food for one person who had swallowing difficulties was cut up. They also monitored the nutritional intake of another person who had specific dietary intake needs to ensure their nutritional intake was adequate. There was a different menu in each 'house' based on the needs and preferences of the people living there, however these were flexible and people were able to choose alternatives should they not want to eat the food on offer. One person's relative told us "The food seems sufficient in quantity and healthy. They try and make sure my relative gets what they want when they want. They are relaxed about what to eat when. My relative has a food symbols book and can ask if they want something different."

People continued to be supported to maintain good health. They had access to healthcare services and received annual health checks and medication reviews. The provider had its own contracted psychiatrist and psychologist to support people and records showed us how they liaised with NHS services to enable the person to have 'joined up care'. The provider also contracted its own Speech and Language Therapist (SALT) who worked closely with an assistant at the service to support people's communication needs.

Good

Is the service caring?

Our findings

People were still supported by kind and caring staff who knew people well. One relative told us "Staff are kind, they know my relative and vice-versa; there is an ethos of respect".

People were observed to be relaxed with staff. They were seen to be happy and comfortable with the support provided and staff were kind and caring in their approach. One relative told us "My relative can have sensory overload, for example from lots of talking around them. They (the staff) are careful this does not happen".

Staff continued a strong commitment to providing good care. Staff knew people well and had a good understanding of how best to support them. They gave us examples of people's individual personalities and character traits. One member of staff told us "We need to use certain phrases with (person's name) so they can understand what we mean, for example if there is going to be a change to what has been planned we need to say 'it's broken'. That way they know that whatever it was is not going to happen and they won't get anxious". They were able to talk about the people they cared for, what they liked to do and the activities they took part in.

Peoples' differences remained respected and staff adapted their approach to meet peoples' needs and preferences. People were able to maintain their identity; they wore clothes of their choice and could choose how they spent their time. One member of staff told us, "(Person's name) chooses for themselves what they want to wear, what they would like to eat and what they want to do". They also told us "Some people find too much choice stressful so we give options or make choices for them based on what they like". People's bedrooms were personalised to reflect their own interests. Some were packed full of their belongings whilst the rooms for people who needed a low arousal environment contained only the essential furniture and a few items they found comforting.

Peoples' privacy continued to be respected and consistently maintained, for example, one person had a lock on the inside of their door so they could have private time in their room and exclude people entering if they so wished. Relatives confirmed that they felt that staff respected people's privacy and dignity and one relative commented, "From what I've seen they always value my relative's dignity and treat them with respect". We observed staff knocking on peoples' doors before entering and people were able to spend time alone and enjoy their personal space. Staff were polite and courteous when interacting with people and information held about people was kept confidential by being stored in locked cupboards and offices. Staff were mindful of not discussing people's care in front of others.

Where possible, people continued to be supported to express their views about their care and support. Most people had relatives involved in their care reviews and decisions on care. The registered manager told us of someone did not have access to family or friends that could support them, they would arrange for an advocacy service to offer independent advice, support and guidance to individuals. One relative told us "I'm always involved in decisions and reviews. They listen to what I have to say". Another relative commented "They treat me as a member of the team; they listen to me. We do things together".

People continued to be supported to maintain relationships with people that mattered to them. Relatives confirmed there were no restrictions on when they could visit or call. One relative who visited on a regular basis told us their loved one was supported to use technology to communicate and had "Skype calls scheduled".

People continued to be encouraged to be as independent as possible and were encouraged and supported to prepare their own meals and choose their own activities. Staff had a good understanding of the importance of promoting independence and supporting people to develop new skills. We observed people being encouraged to do things for themselves for example to make their own drinks and get themselves ready to go out. We saw one person had a chalk board on which they had written their morning activities on and was told at lunch time they would rub this off and write their afternoon activity. Another person planned their own walks using maps on the internet.

Symbols and pictures were still used throughout the service to support people's understanding and aid effective communication. There were pictures on doors to indicate what the room was used for example the office, the learning centre, the music room, the sensory room. Care and support plans contained guidance for staff to follow when communicating with people and staff were aware of each person's communication needs. We observed staff engaged in conversation with people reinforcing the verbal word with sign language. Staff told us some people had developed their own form sign language which staff had learnt to understand. A relative told us "There are lots of things that have happened that have been brilliant; nine months to discuss and work out my relatives PECS". PECS (Picture Exchange Communication System) is a communication system often used by people with autism. The goal of PECS is to support spontaneous and functional communication.

Good

Is the service responsive?

Our findings

People continued to receive responsive care which was person centred and met their needs. Staff undertook an assessment of people's care and support needs before they began using the service so they could be certain they would be able to meet their needs. These assessments were used to develop detailed care and support plans including clear guidance for staff to help them understand how people liked and needed their care and support to be provided. Records confirmed that where possible, people and their relatives were involved in the formation of these plans and subsequent reviews. The plans were detailed and gave descriptions of people's needs and the support staff should give to meet these. They had been reviewed regularly and updated as and when required.

Relatives told us they and their loved ones had been continually involved in assessments and on-going development and reviewing of care and support plans. People's plans covered areas such as their communication, health care, personal care, activities and likes and dislikes. Plans included pictures to assist with people's engagement and understanding. One relative told us "Social stories have been put in place for personal care and have been really successful." Social stories are short descriptions of a particular situation, event or activity, which include specific information about what a person could expect in that situation and why. They also told us "They (the staff) are proactive the SALT input has made a difference."

Some people had Positive Behaviour Support plans in place. Positive Behaviour Support (PBS) is an approach that is used to support behaviour change in a person with a learning disability who displays challenging behaviour. PBS is based upon the principle that if you can teach someone a more effective and more acceptable behaviour than the challenging one, the challenging behaviour will reduce. Staff told us they followed the PBS plans and that they provided clear guidance of the support they should provide to people. Relatives confirmed that the number of incidents of challenging behaviour their loved one's had experienced had reduced and that they felt this was due to the consistency of the support provided. One relative told us "What's so important is that staff know how to manage (person's name), what their flash points are and how to extinguish them. Consistency is the key".

The provision of meaningful activities remained good. Activities were individualised and each person had their own activity timetable in place which was based on their own likes and preferences. Staff told us some people's activity timetables were very fluid and included times when the person could choose on the day what they wanted to do or where they wanted to go. Other people, who did not like change or found trying new things difficult, had more fixed activities and routines to follow. One relative told us their loved one "Has lots of DVDs, does gardening, sensory, lots of TV which they like." Another relative told us "They enjoy the activities; they go out a lot into the community, go for a walk daily, sometimes go out for meals, goes to Brighton and to do their weekly shopping with staff support. They do woodwork as well, go to the gym and go to the cinema sometimes. They have an enjoyable life". We observed people coming and going to different activities throughout the day such as horse riding, going for walks and one person told us they were "Going to the supermarket".

Staff were observed being responsive to people's needs and assisting people with their care. Each person

had a key worker and staff knew how each person wanted their care to be provided. People were seen being treated as individuals and received care relevant to their needs. Daily notes had continued to be maintained for people and any changes to their routines recorded. These provided evidence that staff had supported people in line with their care plans and recorded any concerns. Staff completed a handover at the start of each shift, these documented what was happening in the day with people and any changes to their needs or well-being.

Relatives told us they had been routinely listened to and the service responded to their needs and concerns. They were aware of how to make a complaint and all felt they would have no problem raising any issues. Complaints made had been recorded and addressed in line with the policy with a detailed response. One relative told us "I once had reason to complain about the laundry. A whole new system has since been put in place. Complaints have been handled satisfactorily. Took a while but it's better with the new leadership".

Good

Is the service well-led?

Our findings

The service had a registered manager who had become registered in March 2016. 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.

Relatives and staff spoke highly of the service and felt that it continued to be well-led. Without exception everyone told us the registered manager had implemented changes that had a positive impact on people. A staff member told us "There's very much more emphasis on people as individuals, so more person centred; there's also a greater emphasis of working with staff". Another commented "We're really excited about the future and happy to be part of the change. It's great working here". A relative told us "The registered manager is the most fantastic manager and staff enjoy working for them. I know they are very happy". Another commented "The top management has changed; it's much better. Greatly improved consultation and liaison; it's much better".

An open and inclusive culture remained at the service. The registered manager explained they had moved their office to the entrance of the building so they were more 'visible' within the service. Relatives and staff told us they were happy to raise any concerns with the registered manager or other members of the management team. A staff member commented they felt the registered manager had "They've changed the dynamics in service; it's more positive, there's an open door policy". Another staff member told us "It's better now they (registered manager) has time for you, they're encouraging, they listen; very approachable". A relative commented "The management is excellent as far as I'm concerned; always open to talk, open to positive and negative feedback." Another relative told us "I think (staff member's name) is a brilliant 'house' manager and so is the key worker. I can go to either of them at any time about anything and they are more than capable of sorting things out". A member of the management team told us "It's nice staff want to come and talk; it's really important we share ideas".

Relatives and staff told us the management and staff still worked well together. There was a strong emphasis on team work and communication sharing; for example staff had time to discuss the events of the previous shift at handover. A member of staff told us "I love getting up in a morning and coming to work. I really enjoy it. It's team work. It works well here because we work well as a team". Another member of staff told us "I'm part of a team, I think we work well as a team".

The registered manager was aware of their responsibility to comply with the CQC registration requirements. They were aware of the importance of notifying us of certain events that had occurred within the service so that we could have an awareness and oversight of these to ensure that appropriate actions were being taken. Mechanisms were in place for the registered manager to keep up to date with changes in policy, legislation and best practice. The registered manager was supported by the provider and up to date sector specific information was also made available for staff. They kept their knowledge and skills up to date and attended training provided by the provider and external training courses and showed great passion about

their work. They told us "I am so proud of all the staff here and the work we do". A member of staff told us the registered manager had "Great knowledge to support staff".

Regular audits of the quality and safety of the service remained to be carried out by the registered manager, senior staff and members of the provider's quality assurance teams. Quality assurance audits were embedded to ensure a good level of quality was maintained. We saw audit activity which included medication, care planning and health and safety. The results of which were analysed in order to determine trends and introduce preventative measures. The information gathered from regular audits, monitoring and feedback was used to recognise any shortfalls and make plans accordingly to drive up the quality of the care delivered.