Home from Home Care Limited

The Hollies

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

Overall summary

The inspection took place on 22 October 2014 and was announced. This was because the people who lived at the service regularly participated in external activities and we wanted to meet with them during our inspection.

The inspection team was made up of one inspector.

The service was purpose built and opened in March 2014 to provide care for two people living with a learning disability.

There was 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 (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have the legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS) and to report on what we find. There were policies and procedures in relation to the MCA and DoLS to ensure that people who could not always make

Summary of findings

decisions for themselves were protected. Staff understood and followed the principles of MCA and DoLS. Both people living at the service had their freedom lawfully restricted under a DoLS authorisation.

People were safe because staff protected them from the risk of avoidable harm

Arrangements were in place to assess people prior to admission. Staff worked closely with them and introduced them gradually to their new environment.

Staff received regular feedback from the registered manager and deputy manager and were asked for their opinions on how to make improvements to further develop the service.

People were supported to make choices about all aspects of their daily life to maintain a healthy lifestyle.

People had access to a range of health and social care professionals who were able to care for and advise on their emotional, physical and psychological well-being.

People were treated with dignity and respect by caring and competent staff.

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?
The service was safe.

People were kept safe from harm because they had their risk of harm assessed.

There were sufficient staff to keep people safe and protect them from them from the risk of abuse and avoidable harm.

Good

Is the service effective?
The service was effective.

People received care from staff who had been appointed to their post because they had the specialist knowledge and skills to deliver best practice.

People were supported to eat a healthy and well balanced diet.

People had access to healthcare professionals when the need arose.

Good

Is the service caring?
The service was caring.

Staff had built a positive and caring relationship with people.

People were treated with dignity and staff respected their choices, needs and preferences.

Good

Is the service responsive?
The service was responsive.

People's care was regularly assessed, recorded and reviewed to meet their individual and changing care needs.

People had access to an easy read version of the complaints procedures with pictures.

People's day was structured around their choice of hobbies and pastimes

Good

Is the service well-led?
The service was well led.

There was a registered manager in post who knew people and people liked to spend time with the registered manager.

People had a voice and were supported to give their opinions on the running of the service.

The registered manager supported staff to continually improve the care they gave to people.

Good

The Hollies

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.

The inspection took place on 22 October 2014 and was announced. This was because the people who lived at the service regularly participated in external activities and we wanted to meet with them during our inspection.

The inspection team was made up of one inspector.

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 the service does well and what improvements they plan to make. We used this information to help plan our inspection.

Before the inspection we looked at the local authority's recent contract monitoring report. Before and after the inspection we spoke with three health and social care professionals who provided support to the people who lived at the service.

During our inspection we spoke with the registered manager, the deputy manager, two care staff who were intensive support workers (ISW) and two people who lived at the service. We also observed staff interacting with people, were shown around by people who lived there. We looked at the care files for two people, staff rotas, staff supervision records and team meeting records. ISWs have specialist knowledge, skills and experience needed to look after the people who lived at The Hollies.

Following our inspection we spoke with the families of two people who lived at the service; who shared their experience of the service and the positive impact it had on their relative's wellbeing.

Good

Is the service safe?

Our findings

he people who used the service were unable to verbally tell us if the service was safe. We watched them interact with staff and saw that they were comfortable with staff and trusted them.

Staff knew where to find policies and procedures designed to keep people safe and free from harm. We saw that they had access to paper and electronic versions and knew how and when to use them. Staff told us that if they thought that a person was at risk of harm they would escalate their concerns to the registered manager or to the Care Quality Commission so that their concerns could be addressed.

Relatives told us that their family members were safe, and that there were always enough staff to look after them. One person's relative said, "[My relative] is safe, the garden is fenced in, he has freedom with security." They told us that this was because the service had a secure garden that they could access at any time without risk of harm. Another relative said, "[My relative] is very safe. The staff know them well. I'm very confident in them."

Staff told us that people had their risk of harm assessed prior to admission to the service and there care plans were developed to minimise risk. The care files we looked at confirmed this. For example, people had a risk assessment and care plan because they had no road safety awareness.

One member of staff gave an example of the risk assessment process they carried out when one person had asked to attend they gym. They said "It takes time. We went to look at the place to see what risks there were. Then [registered manager] looked at it [risk assessment] before we were allowed to take him."

There were always enough competent and trained staff on duty to care for people's individual needs. The registered manager explained that the service used a layering system of staffing to ensure people had the right support to undertake hobbies and interests and keep them safe inside and outside of the service. Having a layering system meant that staffing levels were increased to cover periods of high activity. For example, one person was always accompanied by two carers when on outings. We noted that there were three care staff and the deputy manager on duty on our visit. A layering system of staffing is when the minimum staffing level is increased to keep people safe when they need extra support to undertake hobbies and pastimes.

We spoke with two members of staff about the safe use of medicines. They told us that one person took regular medicines and the other person took seasonal medicines. For example, one person was prescribed seasonal medicines to relieve the symptoms of hay fever. All medicines were stored securely in a metal cupboard and staff accurately recorded each time they were administered. Staff told us that they knew why people took medicine and when to use as required medicines to keep people safe and calm when they became upset or anxious.

Medicines were reviewed on a regular basis. We saw that one person had recently had a review of their medicines to ensure that they were still appropriate to their needs. Staff told us that the person knew what their medicines were for and recognised the different tablets by their colour and shape. Staff assured that the person was taking their prescribed medicines and supported to be as independent as possible. Staff told us that this person would ask staff for medicine if they had any pain or for something to calm them if they became stressed or anxious

Good

Is the service effective?

Our findings

We saw that people freely chatted with staff using Makaton. Staff were trained in Makaton which gave them the skills to communicate effectively with people. Makaton is a language programme based on signs designed to help people to communicate. A staff member told us how one person had adapted Makaton to suit their own needs. They said, "I've picked up what is specific to the person. We can have in-depth conversations; he talks to me and asks me questions. We have discussions about most things." Another staff member said, "I watch and learn from him. I look for signs."

Staff told us that they had been appointed to their role because they had the correct skills to meet people's needs. We found that all staff had previous experience of working with people with learning difficulties and unpredictable behaviours. The deputy manager confirmed that care staff had been picked because of their knowledge, skills and experience. They said, "Their job title is intensive support workers, this means they have the right qualifications and experience to perform their role to high standard."

Staff told us about their four week induction programme. One staff member said, "It was a very good course, very in-depth. We covered safeguarding, autism, breakaway techniques, health and safety; we covered the whole lot and were assessed and tested on our learning at the end. It was more than adequate." Another staff member said, "It was worth having."

We spoke with the registered manager, the deputy manager and two care staff about their understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The MCA is used to protect people who might not be able to make informed decisions on their own about the care or treatment they receive. Where it is judged that a person lacks capacity then it requires that a person making a decision on their behalf does so in their best interests. We found that they all had a working knowledge of the act and knew what steps needed to be followed to protect people's best interests. In addition, they knew how to ensure that any restrictions placed on a person's liberty were lawful.

At the time of our visit both people who lived at the service had a DoLS authorisation in place and were being lawfully deprived of their liberty. We found that there were restrictions in place to protect them and keep them safe which included one to one supervision, secure access to the home and garden and safety wrist straps which they and the staff member wore when they accessed the local community. One staff member told us, "[The person] wears a safety strap [on his wrist] when in public. They like to go to the park, but we take it off in the park and close the gates."

Another staff member told us that physical restraint was used appropriately and as the least restrictive option. They explained how they would distract a person who was upset and this often reduced the need to restrain them. They told us they acted in their best interest to keep them and others safe from harm. The staff member told us that the person now recognised the signs and has developed ways of coping. They said, "We stay with them and talk about it later when they are calm."

People had a weekly budget for food and staff supported them to buy food from local shops. People told us that they prepared, cooked and ate their meals with staff in the communal living area. We found that staff made a shopping list with the person before they went shopping and supported people to use the list. One staff member told us that this enable people to make healthy food choices.

One person told us that they were conscious of their weight and fitness and were now following a healthy diet and fitness programme. They told us about their favourite foods and snacks and how often they could have a treat. They also told us that they enjoyed going to the gym.

Staff told us that people could access their GP, dentist or optician at any time. We found that one person had recently complained of toothache and was seen by their dentist the next day and another had been to the opticians and had chosen two pairs of glasses that they liked. The registered manager told us that all supporting clinical professionals such as the psychologist and psychiatrist were easy to contact and responded to individual requests for support.

Good

Is the service caring?

Our findings

People were treated with kindness and compassion by staff. One staff member told us, "[The person] sees us as mates, friends. This is because he knows the staff. We never have any agency staff here." A relative told us, "They treat him as an equal. They take him to buy clothes and he chooses. They go places that are suitable for his age. They are very kind and respectful. They treat him with the utmost dignity."

We found that staff respected people's privacy and dignity at all times. For example, one person did not want to spend time in the communal area and took themselves into their bedroom for a while. Staff told us that the person needed time on their own and would come out of their room when ready. When they did come out of their bedroom they went into the garden.

We found that people were respected and staff were considerate of a person's ability and disability. Staff introduced people to us and asked for people's permission to show us around their home.

Staff told us that everything they did was focussed on the needs and preferences of the people who lived there and all care was person centred and supported their independence. One staff member said, "Its small things like being able to pour their own cereal and butter their toast. That's what matters." Our observations supported these comments. We saw that people engaged easily with staff and were happy in their company.

People had a communication passport. We found this was person centred and focussed on non- verbal communication methods and the person's understanding of key words and simple requests.

People take their communication passport with them to different health and social care settings that they visit so that the staff in those settings will know how to communicate with them effectively.

Relatives told us that it was a small team of staff that looked after their family member and this was reassuring as they knew the person well. Relatives told us that staff had built a positive and caring relationship with the person before they moved into the service. One relative said, "Before [my family member] came here we had lots of transition meetings. They [staff] came to work with him at his last home and got to know him. Both sides worked together to make the transition smooth." We spoke with health and social care professionals who told us that the pre-admission arrangements had a really positive impact on the person's transition into the service and had helped people settle in quickly.

Furthermore, people's families spoke passionately about the positive impact the service had on their relative. They told us that they were treated with the utmost dignity and respect by caring and competent staff and that they could speak with them at any time. They told us that they felt reassured that their relative was being cared for in the right place by the right people.

People were involved in making decisions about their care with support from staff. We asked staff if people ever needed the support of an advocate to speak up on their behalf. They told us that the people were well supported by their relatives, but the provider had an advocate that they could use if needed.

Good

Is the service responsive?

Our findings

People were supported to take part in hobbies and interests of their choice. We found that they had a busy schedule tailored to their likes such as keep fit activities, going out for meals and maintaining contact with their relatives. For example, one person spoke with their parent on the telephone every evening. They told us that they looked forward to these calls. This person's parent confirmed that they spoke with them every evening.

Relatives told us that they had regular conversations with staff to discuss what the person's interests were to help promote them to make choices and be independent. One relative said, "We've had a few conversations about activities, such as the gym and about making healthy choices and having a healthy lifestyle."

We found when a person had difficulty expressing themselves staff gave them gentle verbal prompts to help them find the right thing to say. People were not rushed to answer questions or express their needs. We spoke with people face to face and staff translated the person's Makaton signs to us. This helped us to understand people's experience of living at The Hollies. We found that people were happy living there, they had plenty of hobbies and interests to keep them occupied and told us that they liked the staff very much.

We asked staff how they ensured people received personalised care. One staff member told us, "Everything is led by what they want to get out of life and achieve. We give them opportunities in a safe environment. For example, follow interests such as cooking or access learning modules in a national skills programme on practical things. One person has recently won an award for intermediate life skills." Personalised care is care that is focussed on the needs of the person at all times. It is about what they want to do at a time they want to do it.

We found that people's needs were regularly assessed, recorded and reviewed and that they were always involved in this process. One staff member told us that they regularly attended care reviews with the person, their family and other health and social care professionals. They said, "[The person] has input. We asked him what he wants. But we also do this on a daily basis. We sit down and talk with him and complete his daily activities diary with him."

We found that the way staff responded to people had a positive impact on their wellbeing. One staff member told us, "Since [the person] moved in his behaviour has improved immeasurably; his poor behaviour has dropped, because he is treated as a human being."

The registered manager told us that they worked closely with other health and social care professionals and their feedback influenced positive change in the way staff met people's care needs. We found that healthcare professionals wrote in the care plans to support staff to respond to people's individual psychological needs. For example, we saw where a person was at risk of becoming angry and harming themselves or others the psychologist recorded how staff should enable the person to remain calm.

The provider had a complaint procedure and this was accessible to families. We found that there was an easy read version for people to read. Staff told us that they had not received any complaints but knew what to do if a person or their relative wanted to make a complaint. We saw that people were happy and liked the staff. However, people were unable to tell us if they knew how to make a complaint.

Good

Is the service well-led?

Our findings

There was a good rapport between people and staff. We saw that people knew the registered manager and deputy manager and liked to spend time with them and to chat with them.

There were strong links with the local community and people were supported to go into the shops and the park in the village. One staff member said, "We integrate well into the local community, we can go anywhere, shops etc." Another said, "We are accepted in the community, I feel that they matter." The registered manager explained that before building work commenced on the service they had shared the building plans with the parish council and local residents to gain their support and approval. The provider has two other locations on the same site and the registered manager told us that they wanted to ensure that they maintained a positive partnership with their neighbours.

Staff told us that they understood the service's values and vision. One staff member said that working there was a personal thing and summed up how it felt, "If I can put a smile on their faces then I have done a good days work."

Staff told us that the registered manager and deputy manager were approachable and accessible. One staff member said, "It's relaxed here. They are nice to work for. I feel inspired, they ask for my opinion." We were told that the registered manager contacted new staff at the end of a shift to see how they had got on. Staff told us that this made them feel valued.

Staff were aware of the policies and procedures to support them if they wished to raise an anonymous concern through the whistle blowing process. The registered manager told us that there had been no whistleblowing concerns raised since the service opened in April 2014.

We saw the minutes of the residents meeting held on 03 October 2014. Both people had attended and had contributed to the meeting. People had commented that they liked the staff; one person said they liked their room and the other said they wanted to play more games. One person had been asked to join the service user's voice forum. This involved representatives from different services owned by the provider meeting together to discuss ways to improve the quality of service they received. The registered manager told us this gave people a voice on the continued development of the services.

Relatives told us that they were impressed with the staff. One relative told us, "They are a really good team, well trained and enthusiastic, I have a telephone update most Friday's. I'm really happy with it." Another relative said, "They go above and beyond the call of duty. They genuinely like and care about what they are doing. I find that most reassuring."

Care staff told us that they received supervision from the deputy manager every month. One staff member said, "I can freely talk about how I feel." Another said, "We are all new to our roles and I'm asked how I am settling in."

Staff were positive in their feedback about the service. One staff member told us, "It very different here from anywhere else I have worked. It's different because we're always trying to do the right thing." Another said, "They're happy for us to question practice. We have a positive culture. We have a good staff team; I can't see how we can improve it."

There was a robust and effective quality assurance system in place to monitor the quality of service people received and to drive continuous improvement. The registered manager told us that they gathered relevant information on a monthly basis and had an action plan when improvements and changes were needed to be made.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.