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# 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 ●

# Summary of findings

## Overall summary

The inspection was completed on 26 November 2015 and 11 February 2016 and there were 10 people living in the service when we inspected.

The Hollies provides accommodation and personal care for up to 10 people who have a learning disability.

The service had a registered manager in post. 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 had a good understanding and knowledge of safeguarding procedures and were clear about the actions they would take to protect the people they supported.

There were sufficient numbers of staff available to meet people's needs. Appropriate recruitment checks were in place which helped to protect people and ensure staff were suitable to work at the service. Staff told us that they felt well supported in their role and received regular supervision.

Risks to people's health and wellbeing were appropriately assessed, managed and reviewed. Support plans were sufficiently detailed and provided an accurate description of people's care and support needs. People were supported to maintain good healthcare and had access to a range of healthcare services. The management of medicines within the service ensured people's safety.

Appropriate assessments had been carried out where people living at the service were not able to make decisions for themselves and to help ensure their rights were protected.

People were supported to be able to eat and drink satisfactory amounts to meet their nutritional needs and the mealtime experience for people was positive. People were treated with kindness and respected by staff. Staff understood people's needs and provided care and support accordingly. Staff had a good relationship with the people they supported.

An effective system was in place to respond to complaints and concerns. The provider's quality assurance arrangements were appropriate to ensure that where improvements to the quality of the service was identified, these were addressed.

## 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 was safe.

There was enough staff available to meet people's needs safely.

The provider had systems in place to manage safeguarding concerns and to ensure that people were protected from abuse.

The provider had arrangements in place to manage people's medicines to an acceptable level and safely.

### Is the service effective?

Good ●

The service was effective.

The premises ensured that people using the service lived in a safe environment that promoted their wellbeing. However, improvements were required to update, modernise and redecorate the service.

People were well cared for by staff that were well trained and had the right knowledge and skills to carry out their roles.

Staff had a knowledge and understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People's nutritional care needs were well documented and supported by staff.

People were supported to access appropriate services for their on-going healthcare needs and to ensure their well-being.

### Is the service caring?

Good ●

The service was caring.

People were provided with care and support that was personalised to their individual needs.

Staff understood people's care and support needs and responded appropriately so as to ensure that these were met.

The provider had arrangements in place to promote people's dignity and to treat them with respect.

### Is the service responsive?

Good ●

The service was responsive.

Staff were responsive to people's care and support needs.

People were supported to enjoy and participate in activities of their choice or abilities.

People's care plans were detailed to enable staff to deliver care that met people's individual needs.

### Is the service well-led?

Good ●

The service was well-led.

The management team were clear about their roles, responsibility and accountability and staff felt supported by the registered manager and other management team members.

There was a positive culture that was open and inclusive. The provider had effective systems in place to monitor and assess the quality of the service provided.

# 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.

This inspection took place on 26 November 2015 and 11 February 2016 and was unannounced. At the time of our inspection in November 2015, the registered manager was abroad on annual leave. It was agreed with the registered provider that we would complete the inspection upon their return. The inspection team consisted of one inspector.

We reviewed the information we held about the service including safeguarding alerts and other notifications. This refers specifically to incidents, events and changes the provider and manager are required to notify us about by law.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with five people who used the service, two members of care staff, the registered manager and the provider.

We reviewed five people's care plans and care records. We looked at the service's staff support records for five members of staff. We also looked at the service's arrangements for the management of medicines, complaints and compliments information and quality monitoring and audit information.

# Is the service safe?

## Our findings

Staff told us that they felt people living at the service were kept safe at all times. We saw that people looked relaxed and happy in the company of others and with staff. Two people told us that staff looked after them well, that they had no concerns and were happy.

We found that people were protected from the risk of abuse and avoidable harm. Staff were able to demonstrate a good understanding and awareness of the different types of abuse and how to respond appropriately where abuse was suspected. Staff confirmed they would report any concerns to external agencies such as the Local Authority or the Care Quality Commission if required. One member of staff told us, "If I had any concerns about any of the people who live here I would tell the manager." Staff were confident that the registered manager and provider would act appropriately on people's behalf. The registered manager was able to demonstrate their knowledge and understanding of local safeguarding procedures and the actions to be taken to safeguard people.

Staff undertook risk assessments to keep people safe. These identified how people could be supported to maintain their independence and how to mitigate potential risks to their health and wellbeing. Staff knew the people they supported, for example, staff were able to tell us who was at risk of poor mobility, who could access the local community independently and who required staff support and the arrangements in place to help them to manage this safely. In addition, risk assessments had been completed to guide staff on the measures in place to reduce and monitor these during the delivery of people's care. Staff's practice reflected that risks to people were managed well so as to ensure their wellbeing and to help keep people safe. In addition, we found that where appropriate, people were supported to take responsible risks as part of an independent lifestyle, for example, two people were assessed as capable of accessing the community independently. Environmental risks, for example, those relating to the service's fire arrangements and Legionella were in place.

People told us that there was always enough staff available to support them during the week and at weekends. They told us that they were able to go out and for those who did not want to go out there was always sufficient staff available to assist them at the service. Staff told us that staffing levels were appropriate for the numbers and needs of the people currently being supported. Our observations during the inspection indicated that the deployment of staff was suitable to meet people's needs and where assistance was required this was provided promptly and in a timely manner.

Suitable arrangements were in place to ensure that the right staff were employed at the service. Staff recruitment records for three members of staff appointed in 2015 showed that the provider had operated a thorough recruitment process in line with their policy and procedure. This showed that staff employed had the appropriate checks to ensure that they were suitable to work with the people they supported.

We found that the arrangements for the management of medicines were safe. People received their medication as they should and at the times they needed them. Medicines were stored safely for the protection of people who used the service. There were arrangements in place to record when medicines

were received into the service and given to people. We looked at the records for each person who used the service. These were in good order, provided an account of medicines used and demonstrated that people were given their medicines as prescribed. Specific information relating to how the person preferred to take their medication was recorded and our observations showed that this was followed by staff.

Staff involved in the administration of medication had received appropriate training and competency checks had been completed. Regular medication audits had been completed and these showed that a good level of compliance with medicines management had been achieved and maintained.

## Is the service effective?

### Our findings

Changes to the home environment had been initiated and completed. On the first day of inspection a platform lift was in the process of being installed to enable one person who uses the service to access the split level lounge areas on the first floor safely and more easily. On the second day of inspection we noted that these works had been completed. The person told us that this had made a lot of difference to their life and they were very happy with the changes. Additionally the provider and registered manager showed us other positive changes to the premises, for example, new fencing to the rear and side elevation of the property had been purchased and fitted, the boundary walls had been made secure and repainted and a balcony rail on the first floor had been replaced. The provider confirmed that a new passenger lift was to be fitted with the works commencing in April 2016. Although the above was positive we noted that the décor of the service in several areas required updating, modernising and redecoration. This was discussed with both the provider and registered manager. The provider confirmed that as part of their 'development plan' for the service over the next 18-24 months, the latter would be completed. Maintenance certificates were viewed and these showed that equipment had been properly maintained and tested at regular intervals.

Staff were trained and supported effectively, which enabled them to deliver good care to people. Staff told us that they received regular training opportunities in a range of subjects and this provided them with the skills and knowledge to undertake their role and responsibilities and to meet people's needs to an appropriate standard. The training records showed that staff had received appropriate training and this was up-to-date in key topic areas. One staff member told us, "The training provided is very good and it has enabled me to do my job well."

Newly employed staff had received an induction. The induction included 'orientation' of the premises and 'shadow' shifts whereby the newly employed member of staff shadowed a more experienced member of staff. Although the provider and registered manager were aware of the Skills for Care 'Care Certificate' there was no evidence to show that this had been implemented or completed for two out of three newly employed members of staff. We discussed this with the provider and they provided an assurance that the 'Care Certificate' had been initiated for newly employed members of staff but a record had not been maintained.

Staff told us that they received regular supervision. They told us that supervision was used to help support them to improve their practice. Staff told us that this was a two-way process and that they felt supported and valued by the manager. Records confirmed what staff had told us.

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 Act 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. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.



Staff confirmed that they had received Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training. Staff were able to demonstrate that they had a basic knowledge and understanding of MCA and DoLS and when these should be applied. Records showed that each person who used the service had had their capacity to make decisions assessed. This meant that people's ability to make some decisions, or the decisions that they may need help with and the reason as to why it was in the person's best interests had been clearly recorded. People were observed being offered choices throughout the day and these included decisions about their day-to-day care needs and participation in leisure activities. Appropriate applications had been made to the local authority for DoLS assessments. Where these had been agreed the Care Quality Commission had been notified accordingly.

People told us that they liked the meals provided. One person who was unable to verbally voice their opinion provided non-verbal cues by raising their thumb in the air and smiling. People were provided with enough to eat and drink and their individual needs, choices and preferences were respected. One person told us that they were able to make their own drinks and snacks and could access the main kitchen when they wanted to.

Our observations of the lunchtime meal on the first day of inspection showed that the dining experience for people was positive and flexible to meet their individual nutritional needs. People were provided with a lunchtime meal at a time of their choosing and that fitted in with their lifestyle. For example, one person made a decision that they did not want their lunchtime meal between 12.00 midday and 1.00 p.m. and requested that it should be kept and provided later in the day. We discussed this with staff and they confirmed that this was a regular occurrence and the person often had their lunch between 3.00 p.m. and 4.00 p.m. Staff confirmed that the meal would be saved for the person to eat later. Where appropriate people had access to specialist equipment so as to enable them to eat their meal with ease or independently, such as, specialist cutlery and plate guards.

Staff had a good understanding of each individual person's nutritional needs and how these were to be met. People's nutritional requirements had been assessed and documented. Where people were at risk of poor nutrition, this had been identified and appropriate actions taken. Where appropriate, referrals had been made to a suitable healthcare professional, for example, where people were identified as having specific dietary needs, advice from the GP had been sought and discussed with the person so as to ensure their health, safety and wellbeing. For example, where concerns were raised in relation to two people's weight loss, the GP had been consulted. Both people were prescribed nutritional supplements and had their food fortified, their weight was monitored at regular intervals and a food diary was maintained.

People's healthcare needs were well managed. One person told us that in recent months their healthcare needs had changed and they now required much more support from staff. They confirmed that in their opinion their healthcare needs were well managed. People were supported to maintain good healthcare and had access to a range of healthcare services, for example, GP and District Nurse services. People's care records showed that their healthcare needs were clearly recorded and this included evidence of staff interventions and the outcomes of healthcare appointments.

## Is the service caring?

### Our findings

People were happy with the care and support they received. One person told us that the staff were nice and looked after them well. Another person told us, "The staff are nice, some are stricter than others but that's OK. They provide support for me when I need help. I really like living here." Comments from relatives recorded within satisfaction surveys completed in 2015 recorded that the care and support provided for their member of family living at the service was either rated as 'good' or 'very good'. Two out of three satisfaction surveys stated that they would recommend the service to others.

We observed that staff interactions with individual people was positive. Staff demonstrated care and kindness for the people they supported. Staff understood people's care needs and the things that were important to them in their lives, such as members of their family, key events, hobbies, personal interests and matters that were important to them. Staff had a good rapport with the people they supported and we observed social banter and discussion which people enjoyed. We saw that staff communicated well with the people living at the service. For example, staff provided clear explanations to people about the care and support to be provided in a way that the person could easily understand.

People were also encouraged to make day-to-day choices and their independence was promoted and encouraged where appropriate according to their abilities. For example, the support plans for two people recorded that they required minimal support to manage their own personal care. Records also showed that two people were able to access the community without staff support. Both people confirmed the latter and stated that although they could access the community independently if they needed support from staff this was readily available.

Our observations showed that staff respected people's privacy and dignity. Staff knocked on people's doors before entering and staff were observed to use the term of address favoured by the individual. In addition, we saw that people were supported to maintain their personal appearance so as to ensure their self-esteem and sense of self-worth by wearing clothes that they liked. In addition, staff respected people's personal space and people's wishes to spend time in their room without staff presence. Three people told us that this was very important to them. One person stated, "I like spending time in my room to do what I want to do."

People were supported to maintain relationships with others and to keep in contact with family and friends. People confirmed that their friends and family could visit at any time. Where some people did not have family or friends to support them, arrangements could be and had been made for them to receive support from a local advocacy service. Advocates are people who are independent of the service and who support people to have a voice and to make and communicate their wishes.

## Is the service responsive?

### Our findings

People received the support and assistance they needed and staff were aware of how the person wished their care to be provided and what they could do for themselves. Each person was treated as an individual and received care relevant to meet their specific assessed needs.

Appropriate arrangements were in place to assess the needs of people prior to admission. This ensured that the service were able to meet the person's needs. People's care plans included information relating to their specific care needs and how their care and support was to be provided by staff. Information was recorded in both a written and pictorial format. Staff told us that there were some people who could become anxious or distressed. Information considered the reasons for the person becoming anxious and the steps staff should take to reassure them. Guidance and directions on the best ways to support the person were recorded so that staff had the information required to support the person appropriately.

Information about a person's life had been captured and recorded. This included a personal record of important events, experiences, people and places in their life. This provided staff with the opportunity for greater interaction with people, to explore the person's life and past memories and to raise the person's self-esteem and improve their wellbeing.

It was evident from our discussions with people using the service that they had the opportunity to take part in social activities of their choice and interest, both 'in house' and within the local community. One person told us that they liked to go to the local shop most days so that they could purchase a daily newspaper. Another person told us that they liked to go to the local charity shops and enjoyed the evening social clubs they attended. They told us that the latter enabled them to meet their friends and they enjoyed this. A weekly activity planner was displayed detailing activities provided throughout the week. The registered manager confirmed that this was flexible to meet people's needs. People were able to attend local day-centres for formal day care, attend external evening social clubs at regular intervals and access the local community for shopping. Other activities included, attendance at the local church, going out for a walk to purchase personal shopping, external entertainers and a regular visit by an aroma therapist. In addition, where appropriate and according to people's abilities and enthusiasm, people were supported to take part and complete activities of daily living, such as, personal laundry, cleaning their bedroom, making drinks and snacks.

The service had a complaints procedure in place for people to use if they had a concern, were worried about anything or were not happy with the service. This was provided in an appropriate format, for example, pictorial and 'easy read'. No complaints had been raised since the service was newly registered on 5 November 2015. Staff were aware of the complaints procedure and knew how to respond to people's concerns and complaints.

## Is the service well-led?

### Our findings

The registered manager and provider were able to demonstrate to us the arrangements in place to regularly assess and monitor the quality of the service provided. This included the use of questionnaires for people who used the service and those acting on their behalf. In addition to this the manager monitored the quality of the service through the completion of a number of audits.

Internal auditing and monitoring processes were in place to identify shortfalls and to drive improvement. Specific audits, such as, health and safety, infection control and medication were completed at regular intervals. In addition, the provider monitored that the service was operating effectively and that people's needs were safely met through other checks, for example, through care planning, monitoring of accident and incidents at the service, staff training and supervision, safeguarding and complaints management. Key Performance Indicators [KPI] for October 2015 through to January 2016 were viewed and showed that there was a good level of compliance achieved. These showed that the provider's quality assurance arrangements were robust so as to enable them to be aware of and keep under review what was happening at the service. A quality monitoring report by the Local Authority following their visit to the service in September 2015 showed that the service achieved an overall score of 79.7% which judged them as 'good.'

The provider promoted a positive culture that was person centred, open and inclusive. Staff felt that the overall culture across the service was open and inclusive. People knew who the registered manager and provider were. People received care from a self-assured and well supported staff team. Staff were clear about the registered manager's and provider's expectations of them and staff told us they received appropriate support.

Both the registered manager and provider were aware of the fundamental standards and our new approach to inspection which was introduced in October 2014. They confirmed that training relating to this had been provided by the Essex Independent Care Association. In addition, they had attended a recent seminar and presentation by the Care Quality Commission about the fundamental standards. The registered manager and provider confirmed that the latter had been informative and very useful.

People using the service, relatives of people living at the service, staff and visiting professionals had completed satisfaction surveys in November 2015. These suggested that they were satisfied with the overall quality of the service provided. Relatives confirmed that the overall rating of the service was either "good" or "very good." One comment recorded, 'Everything is in good order.' One visiting professional wrote, 'All staff and management are very cheerful and friendly.' No negative comments were recorded.

The provider confirmed that since being newly registered on 5 November 2015 there had been one staff meeting. The registered manager confirmed that it was their intention that these would be held once monthly in the future so as to give the staff the opportunity to express their views and opinions on the quality of the service. Minutes of the meeting were available and confirmed the topics raised and discussed. The registered manager confirmed that meetings for people using the service were held. Minutes of the meetings were available and confirmed that people using the service had the opportunity to 'voice' their

opinions and thoughts about the service. For example, in November 2015 and December 2015, people were able to be involved in discussions about the service's menu, to choose their key worker and to discuss the Christmas party. This showed that the management team listened to people's views and responded accordingly to improve their experience at the service.