

## Holly Cottage LLP

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### Inspection report

1 Egremont Street  
Ely  
Cambridgeshire  
CB6 1AE  
Tel: 01353 661297  
Website: NA

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#### Ratings

### Overall rating for this service

**Good** 

Is the service safe?

**Good** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Good** 

#### Overall summary

This unannounced inspection was carried out on 02 December 2014. The last inspection took place 04 September 2013, during which, we found the regulations were being met.

Holly Cottage LLP is a registered care home for a maximum number of six people with learning disabilities. Nursing care is not provided. Accommodation is provided over two floors and there are six single occupancy bedrooms, three of which have ensuite facilities. At the time of this inspection six people were living in the home.

At the time of our inspection a registered manager was in place. 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 and associated Regulations about how the service is run.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005

# Summary of findings

(MCA) and the Deprivation of Liberty Safeguards (DoLS) and report on what we find. We found that people's rights were not being protected as DoLS applications had not been submitted to the authorising agencies.

We saw that people who lived in the home were assisted by staff in a way that supported their safety and that they were treated with respect. People had health care and support plans in place which documented their current needs. These plans recorded for staff people's individual choices, their likes and dislikes and any assistance they required. Risks to people who lived in the home were identified, and plans were put into place by staff to minimise these risks and enable people to live as safe and independent lives as possible.

We saw that staff cared for people in a warm and respectful manner and there were friendly and supportive relationships in place between staff and people living at

the home. Relatives told us they were able to raise any suggestions or concerns they might have with the manager and that they were involved in their relatives reviews. They said that they felt listened to as communication with the manager was very good.

Staff were trained to provide effective and safe care which met people's individual needs and wishes. Staff we spoke with understood their roles and responsibilities. They told us that they were supported by the manager to maintain and develop their skills through ongoing training.

Arrangements were in place to ensure the quality of the service provided for people was regularly monitored. We found that people who lived in the home and their relatives were encouraged to share their views and feedback about the quality of the care and support provided.

# 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 who lived at the home felt that care and support was safely provided by staff.

Staff demonstrated that they understood the correct procedure to follow if they suspected abuse.

There were sufficient numbers of staff with the appropriate skills to keep people safe and meet their assessed needs. Staff were only employed after all the essential pre-employment checks had been satisfactorily completed.

Good



### Is the service effective?

The service was not always effective.

The requirements of the Deprivation of Liberty Safeguards were not being met which meant that people could currently be unlawfully deprived of their liberty.

Staff received on-going training to make sure they had the skills and knowledge to provide effective care to people.

People had their health care needs met and were provided with a well-balanced diet.

Requires Improvement



### Is the service caring?

The service was caring.

People were very happy with the care they received and staff showed respect towards people and maintained their dignity.

There was a comfortable atmosphere in the home and people could choose where they spent their time.

Good



### Is the service responsive?

The service was responsive.

People received care which was person centred and met their care and support needs.

People and their relatives knew how to raise a concern or complaint if they needed to and the provider had arrangements in place to deal with them.

Good



### Is the service well-led?

The service was well-led.

Good



# Summary of findings

People, their relatives, staff and health care professionals were all positive about the registered manager. They told us that the registered manager was inclusive, approachable and always available for support and guidance.

The quality of the service was effectively monitored by the provider to ensure on-going improvements.

# Holly Cottage LLP

## 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 unannounced inspection took place on 02 December 2014. This inspection was completed by one inspector. Before the inspection, we asked the provider to complete and return 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 any improvements they plan to make. The provider completed and returned the PIR form to us and we used this information as part of our inspection planning.

We looked at other information that we held about the service including information received and notifications. Notifications give essential information regarding events that happen in the home that the manager is required to inform us about by law. We also looked at the local authority contracts monitoring report and spoke with a care manager from the local authority.

During our inspection we observed people's care and support to help us understand the experience of people who could not talk with us. We spoke with five relatives, the provider and two care staff.

As part of this inspection we looked at two people's care records. We looked at other documentation such as accidents and incidents forms, complaints and compliments, medication administration records, quality monitoring information, and fire and safety records.

# Is the service safe?

## Our findings

People had lived in the home for a long time and person told us, "This is my home and I am very happy living here". Another person said that "I love living here".

Some people were unable to verbally communicate their opinions but observations we made during our inspection indicated they were happy and comfortable living in the home. We saw that people were able to choose whether they spent time in communal areas of the home or in their own private bedroom. People had lived in the home for many years and enjoyed spending time with each other and staff reacted to their needs and requests in an attentive and sensitive manner.

We spoke with five relatives of people living in the home and they were positive and complimentary about the care, support and assistance that staff provided. One relative told us that, "I have no problems or concerns with the staff or care provided, and feel that my relative is in safe hands" and another relative said, "I am very happy with my family members care and I have no concerns."

Staff we spoke with demonstrated to us their knowledge of how to recognise and report any incidents and suspicions of abuse. They told us that they had received training and were aware of the safeguarding reporting procedures to follow and the whistle blowing policy. They were also clear that they could report any concerns that they might have to external agencies. One member of staff said, "I received safeguarding training and know where information is kept in the office and would report any incidents and concerns to my manager." This showed us that staff knew the processes in place to reduce the risk of abuse to people living at the home.

Individual risk assessments had been undertaken in relation to people's identified health care and support needs such as, eating and drinking, personal hygiene and

domestic chores. We saw that specific risk assessments were in place to provide care and support safely. Examples included the use of transport and accessing the community which had been individually assessed. This showed us that staff supported people to live as independently as possible.

The majority of staff had worked in the home for a number of years and were knowledgeable about people's care and support needs. We observed that there were enough staff on duty to provide people with support in an attentive and unhurried way. We saw that people were being supported in the home and in being able to attend their appointments, hobbies and interests. The provider told us staffing levels were monitored on an ongoing basis and that additional staff would be rostered where a particular care and support need was identified. The home had access to a number of bank staff so that additional staff could be made available to cover sickness and annual leave.

Staff only commenced working in the home when all the required recruitment checks had been satisfactorily completed. We looked at a sample of two recruitment records and we saw that appropriate checks had been carried out.

We observed care staff safely administer people's medication. We found that care staff had been trained so that they could safely administer and manage people's prescribed medications. We saw that medication was stored safely in a locked cabinet within a locked cupboard and at the correct temperature. Medication Administration Records (MARs) showed that medicines had been administered as prescribed.

We found that there were fire and emergency evacuation plans in place which had been formulated in conjunction with the local Fire Officer. This showed us that the provider had a process in place to assist people to be evacuated safely in the event of a fire or emergency.

# Is the service effective?

## Our findings

One person we spoke with said, “I am really happy living here and the staff help me with my personal care and sorting out my laundry.” Relatives of people we spoke with told us that they were encouraged to be involved in reviews of their family members care and support. We saw two relative’s positive comments that had been recorded as part of their family member’s reviews. Relatives said that communication was very good with staff at the home. They told us that they felt involved in their family members care and were always kept informed of any changes by the registered manager and members of care staff.

Our observations and discussions with staff showed that they were knowledgeable about people’s individual support and care needs. The atmosphere of the home was calm and cheerful and people were being assisted by members of staff in an attentive and unhurried way. We saw that there were enough staff on duty to be able to provide both support to people in the home and to be able to accompany people in attending their hobbies and interests.

Staff we spoke with confirmed that they had undertaken training on Mental Capacity Act 2005 (MCA) and this was evidenced by the staff training record(s) we looked at. The CQC monitors the operation of Deprivation of Liberty Safeguards which applies to care services. We were told by the provider that there were no applications currently being submitted to any authorising agencies. However, the provider told us that that they would be consulting care managers in the appropriate local authorities as required. Therefore this posed a risk that people could currently be unlawfully deprived of their liberty.

Staff confirmed that they had received an induction and had completed other training since starting their job role. Staff said that they enjoyed and benefited from their variety of training sessions. They told us that they were supported

to gain further qualifications and one member of staff told us that they were completing a diploma in health and social care to expand on their skills and knowledge of people and their care needs.

One relative told us that “The staff have been very effective in assisting my family member with their personal care which has been very good”. We saw that care records gave staff information to enable them to provide people with individual care and support, whilst maintaining their independence as much as possible. A relative we spoke with told us that staff had been effective in improving the confidence and abilities of their family member and said that, “He is a different person now and is very happy living there.” They said that their relative could now undertake, with some staff support, daily living tasks in a confident and more assured way.

We saw that people had regular appointments with health care professionals and these were recorded in the daily records. One relative told us that, “The staff always contact a doctor if my family member is unwell.” One GP we contacted told us that, “The staff are always very helpful if you phone, and will bring patients to the surgery, engage with them in a very nice way and treat them with respect in a caring manner.” This showed us that there was an effective system in place to monitor and react to people’s changing health care needs.

People were free to use the kitchen and they were able to prepare drinks and snacks with staff assistance where required. People told us that the meals were good and that staff assisted them with cooking and shopping. A daily meal planner was displayed in the kitchen and people could have something different if they did not wish to have the planned meal. We saw one person assisting staff with the evening meal including laying the table. The staff told us that people had access to appointments with dieticians whenever they required.

# Is the service caring?

## Our findings

One relative told us, “I feel lucky that my family member is happily living in Holly Cottage and I have no concerns.” Another relative told us that, “The staff are really caring and kind to my family member.”

Comments we received from relatives of people, showed that they were encouraged to be involved in the life of the home and attended events throughout the year such as summer barbecues and Christmas gatherings. One relative told us that, “The home has lovely atmosphere I am always made welcome when I visit.”

We noted that there was a friendly atmosphere created by the staff in the home. People were seen to be comfortable and at ease with the staff who supported them. We saw that staff helped people, when needed, in a kind and prompt way. We noted that people were assisted to undertake domestic tasks independently such as putting laundry away and to help lay the table for the evening meal. We found that assistance was given in a fun, caring and supportive way. A relative told us that after their family member had been home to visit them, they always happy to return to Holly Cottage. One relative told us that, “Staff have been marvellous and my relative is very happy living there.” Another relative told us, “My family member is always keen to go back as it is their home and they are really happy living there.”

Staff we spoke with talked with warmth and kindness about the people they were supporting. We asked a staff

member what was the best thing about the service. They said that, “I really love my job and that every day is different.” We saw staff speaking with people in a kind and caring manner whilst assisting them with organising the evening meal and providing assistance with laundry. We saw that staff knocked on people’s bedroom doors before entering to preserve their privacy and dignity.

We saw that people were well dressed and presented in a clean and tidy way. This was confirmed by another relative we spoke with who told us that, “The staff have helped greatly in assisting my family member with their personal care.”

Each person had an assigned key worker whose role helped to evaluate and monitor their care needs on a regular basis. Daily records we looked at showed that people’s daily needs were monitored and recorded to show any significant events that occurred. We saw that other documents such as, support plans, contracts, and aims and goals were also written in a pictorial/easy read format where required. This showed us that the provider gave people information about the service in appropriate formats to aid with their understanding of the material.

The provider told us that no one living at the home had a formal advocate in place but that local services were available when required. People had family members who acted in their best interest. Relatives that we spoke with said that they had regular contact with the home and felt involved in the planning and reviewing of their family members care and support.



# Is the service responsive?

## Our findings

People we spoke with told us that they had the opportunity to be involved in hobbies and interests. One person told us that, "I go out a lot during the week and enjoy working on the allotment and also looking after animals. We saw that two people had been swimming at a local leisure centre during the day. Another group of people were actively engaged in a stationery /administration work scheme. The service also had the use of vehicles so that people were able to regularly go on day trips, attend medical appointments and be able to visit local towns. This showed us that people had opportunities to go out in the community and take part in their social interests.

Care records showed that people's general health and health specific issues were documented and monitored. We saw that and where necessary, referrals were made to relevant health care professionals if there were any medical/health concerns. Any appointment with a health care professional had been recorded in the person's daily notes. A relative told us that they were always made aware by staff of any health care concerns regarding their family member.

Our observations showed that staff asked people about their individual choices and were responsive to that choice.

Staff told us how they engaged with people who were unable to communicate verbally to make choices. They said that this was done by listening to a person's answer, using pictorial aids and/or understanding what a person's body language and facial expressions were telling them.

We saw that the services complaints procedure, including timescales for responding to complaints, was displayed in a pictorial version to aid people's understanding. One person told us that "I can always talk to the staff if I ever have any concerns." Relatives we spoke with said that they knew how to raise concerns. They told us that the registered manager, staff and owner were always willing to listen to their views and responded to their concerns. One relative said, "I can always visit and raise any issues and make suggestions and I feel listened to."

People's care and support plans, as well as their regular reviews of care, were signed by the person's documented next of kin where necessary. Relatives we spoke with confirmed that they were asked to be involved in these reviews and told us that these review meetings had given them an opportunity to comment on the current care and support of their family member. One relative told us that they were regularly contacted when there had been any changes to their relatives care and support needs.

# Is the service well-led?

## Our findings

The home had a registered manager in post who was supported by care staff. We saw that people who lived in the home were relaxed and comfortable around the provider and staff who were present during our inspection. One person told us that, "I can talk to the staff any time and they help me to sort out any problems I may have." Observations made during the inspection showed that staff made themselves readily available to people who lived in the home and assisted them when needed. On speaking with the provider and staff, we found them to have a good knowledge of people and their care and support needs.

All of the relatives we spoke with during our visit had positive comments about the home and they were happy with the service provided to their family members. We saw evidence that people's relatives had completed a satisfaction survey. Relatives told us that this gave them the opportunity to make any suggestions they may have about the service provided. One relative told us that, "Staff are very helpful and keep me in touch with any events regarding my family member." Another relative told us, "I know the manager and owners very well and I feel that my family member is in safe hands."

Staff told us that they could make any suggestions or raise concerns that they might have. They said that they felt very well supported by the registered manager and their staff colleagues.

One staff member said, "I see the registered manager and owners every day and I have the opportunity to raise a concern or make suggestions and they react positively." One staff member told us that there was a communication book in place which they viewed regularly to bring to attention any news, events and changes to policy.

The registered manager and staff demonstrated to us that they understood their roles and responsibilities to people who lived in the home. Staff told us that they felt well supported by the manager and provider to carry out their roles and were confident in raising any issues or concerns. Staff also demonstrated to us during our visit, their understanding of the whistle-blowing procedure so that any poor practice affecting people living at the home would be reported to the registered manager and provider.

There were arrangements in place to regularly assess and monitor the quality and safety of the service provided within the home. Examples of weekly safety checks that were undertaken included prescribed medication checks, activities that took place, maintenance of the property, and fire safety tests. These checks monitored various aspects of the service and documented any actions required by the provider to improve the service.

Incident forms were looked at by the manager. Any actions taken as a result of the incidents were documented as part of the homes on-going quality monitoring process to reduce the risk of the incident reoccurring. This showed us that the provider had systems in place to monitor the quality of service being provided at the home.