

# Cygnet (OE) Limited Hollyhurst

## 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?	Requires Improvement ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Hollyhurst is a residential care home providing accommodation and nursing care. The home accommodates up to 22 people in one individual adapted building and an adjoining bungalow. At the time of our inspection 11 people with learning disabilities were living at the house and two in the bungalow.

The principles and values of Registering the Right Support and other best practice guidance ensure people with a learning disability and or autism who use a service can live as full a life as possible and achieve the best outcomes that include control, choice and independence. At this inspection the provider had not always consistently applied them.

Hollyhurst is one large house with an adjoining bungalow, bigger than most domestic style properties. It is registered for the support of up to 22 people. 13 people were using the service. This is larger than current best practice guidance. However, the size of the service did not have a negative impact on people. This was because the building design fitted into the local residential area. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going out with people.

### People's experience of using this service and what we found

We received positive feedback from people and their relatives. People were happy living at Hollyhurst. They told us they felt safe and were kept busy doing the things they liked, and we observed positive interactions between people and staff.

Care plans were in place, but people had three different plans each and this meant not all information was updated or clear. Some information was person centred but this wasn't always consistent and not all areas were included for example, end of life care. People did however, receive personalised support and staff knew people very well. We have made a recommendation that plans need to be reduced and improved.

The environment was very spacious and made best use of larger areas however some areas had hospital features, for example hand gels for infection control were on display. Signage that referred to service users and staff information. These were addressed in consultation with the people who lived at Hollyhurst following our first day of inspection.

One area of the home where one person was temporarily residing was no longer fit for purpose due to regular maintenance requirements. Environmental concerns were raised with the registered manager and maintenance staff. These were promptly addressed and following our inspection photographic evidence was also submitted to show progress.

Audits and monitoring systems were used effectively to manage the service and to make improvements as

and when required.

Medicines were managed well, safely administered and recorded accurately. Medicines that were 'as and when required' had clear instructions in place.

There were enough staff to support people and staff were always visible. Staff received support and a variety of appropriate training to meet people's needs.

Individualised risk assessments were in place. Staff were confident to raise concerns appropriately to safeguard people. Robust recruitment and selection procedures ensured suitable staff were employed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Appropriate healthcare professionals were included in people's care and support as and when this was needed. People were supported to have enough to eat and drink.

There were systems in place for communicating with staff, people and their relatives to ensure they were fully informed via team meetings and emails. People had good links to the local community through regular access to local services.

People were supported to be independent where they could, their rights were respected and access to advocacy was available. Support was provided in a way that put the people and their preferences first. Information was provided for people in the correct format for them.

The outcomes for people did not fully reflect the principles and values of Registering the Right Support for the following reasons; People's care plans were too large and not completed to ensure they were all person centred. Also, one person's environment was no longer fit for purpose. Some areas of the home still had hospital features, however these were addressed during the inspection.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update

The last rating for this service was good (published 13 April 2017).

Why we inspected

The inspection was prompted in part due to concerns received about the registered provider and the handling of safeguarding concerns. A decision was made for us to inspect and examine those risks.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective finding below.

### Is the service caring?

Good ●

The service was caring.

Details are in the caring findings below.

### Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in the responsive findings below.

### Is the service well-led?

Good ●

The service was well led.

Details are in our well led findings below.

# Hollyhurst

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

One inspector, one specialist advisor in learning disability nursing and an expert by experience carried out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Hollyhurst is a residential care home that provides accommodation and nursing for adults with learning disabilities.

People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a registered manager. This means that when registered they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The registered manager and provider were working closely with the local authority commissioners on improving the quality of the service.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

#### During the inspection

We spent time with people living at the service. We spoke with four people who used the service, four relatives, an area manager, the registered manager, two deputy managers, kitchen staff and two care staff. We also spoke with a visiting occupational therapist and an advocate.

We reviewed a range of records. These included three people's care records and multiple medication records. A variety of records relating to the management of the service, including audits, procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to corroborate evidence found. We looked at training and quality assurance records, policies and photographs.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- People had both general and individualised risk assessments which were regularly reviewed.
- Where risks were identified, care plans showed ways in which staff could reduce these risks.
- Regular maintenance checks, risk assessments and repairs were carried out to keep the home and equipment safe. Environmental issues raised during the inspection were addressed.
- A fire risk assessment was in place and fire drills took place regularly. One person told us, "We know what to do if anything happens."

### Learning lessons when things go wrong

- Accidents and incidents were recorded on an individual recording basis. These were analysed to look for any patterns or trends to minimise risk of further incidents.
- One person told us, "Yes I am safe, I am the health and safety person I raise any problems at the safety meetings with staff."

### Using medicines safely

- Care plans, medicines records and records were being used correctly to support safe use of medicines.
- People received regular medicine reviews with their GP and other healthcare professionals. The registered manager and staff we spoke with were familiar with STOMP (Stopping over-medication of people with learning disabilities) best practice.
- Medicine administration records (MARs) were clear and completed fully. People received their medicines as prescribed, at the right time.

### Preventing and controlling infection

- The premises were exceptionally clean and tidy with no odours.
- The laundry room was clean with a system in use to prevent cross infection from dirty laundry to clean.

### Staffing and recruitment

- There were enough staff on duty to meet people's individual needs and maintain their safety. Staff were always present.

### Systems and processes to safeguard people from the risk of abuse

- Staff had received safeguarding training and were able to raise any concerns appropriately.
- Where safeguarding concerns had been raised, investigations and appropriate action was taken. One member of staff said, "I would make sure the person was safe, notify my manager and document it."

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question remains the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Adapting service, design, decoration to meet people's needs

- One person's living area was no longer fit for purpose due to maintenance requirements, however the accommodation was temporary.
- Repairs took place and there was a clear plan in place to move the person to their own bespoke adapted environment once building work was completed.
- Hand sanitisers were on display for infection control were not discreetly stored and were visible giving the home a hospital theme. However, these were removed from obvious areas by the registered manager.
- The outside area of the home was accessible, well used and maintained.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's preferences, care and health needs were assessed and regularly reviewed.
- Any changes to people's needs were reviewed with them and reflected in their care plan.

Staff support: induction, training, skills and experience

- People were supported by staff who were appropriately trained. Staff told us they valued the training on offer and could ask for extra if needed.
- New employees completed an induction.
- Some staff were able to take up further education in positive behaviour support.

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutrition and hydration needs were met, and people were provided with a varied and nutritionally balanced diet.
- During the first day of our inspection a taster day took place where new ideas were put forward for the menu and people could try new foods and rate them.
- The staff were aware of people's dietary needs.

Staff working with other agencies to provide consistent, effective, timely care

- The service worked regularly with external professionals, such as occupational therapists, GPs and psychiatry to support and maintain people's health.
- People were supported to attend health appointments.

Supporting people to live healthier lives, access healthcare services and support

- Referrals were made to other healthcare professionals where appropriate, in a timely manner.



Ensuring consent to care and treatment in line with law and guidance

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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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 had the appropriate legal authority and were being met.

- Health professionals completed capacity assessments to ensure people were supported appropriately to make decisions.
- Staff ensured people were involved in decisions about their care; they understood their role in making decisions in people's best interests.
- Where people did not have capacity to make decisions in an area of their life, they were supported to have maximum choice and control of their lives.
- People who could were asked to give consent to their care and treatment; we saw this was recorded in care files. One person told us, "The staff get my consent, the staff ask me."

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- There was a positive rapport between people, support staff and management. One person told us, "The staff are kind, yes I'm happy here."
- People were supported to maintain relationships, to visit family and spend time with friends. One relative told us, "Yes I can visit whenever."
- Staff were trained in dignity and respect. Staff treated people with kindness and respect at all times.
- People were supported to follow their chosen religion and to attend their place of worship if they wanted.

Supporting people to express their views and be involved in making decisions about their care

- People were supported by a named nurse to make plans and discuss any changes to their support.
- People were supported to have their say and had independent advocates. One advocate told us, "This is one of the best places. The staff are open, and they do involve advocacy and tell the people about us."
- Staff spent time listening and talking to people. During our inspection people and staff were discussing the menu choices and reflecting on past activities.

Respecting and promoting people's privacy, dignity and independence

- People were actively supported to achieve increased independence.
- People were encouraged to remain as independent as possible.
- People were supported to learn skills to promote their independence. People were supported to shop and cook every week to learn these skills.
- Staff engaged with people in a dignified way. Private conversations and care were conducted respectfully.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question had deteriorated to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were in place but were spread across three files. This meant not all were person centred and at times information was missing and not cross referenced.
- People had positive behaviour plans in place however these were not always person-centred. They needed more detail, to include guidance from other healthcare professionals such as speech and language therapy and occupational therapists.
- Reviews of care plans took place regularly but did not highlight missing person-centred details.
- The support people received was individual to their needs and was delivered in a person-centred way. People could pursue social and leisure interests. However, this was not reflected in their care plans.
- End of life care wasn't included in people's care plans.

We recommended that the provider follow best practice for more person-centred care plans by including more information in a one plan format to reduce the loss of information.

End of life care and support

- No one had end of life care plans in place and there were no records indicating discussions had taken place, or people had chosen not to discuss the matter. The registered manager and area manager told us these discussions would be planned and recorded.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The complaints procedure and other information documents were available to people in different formats, including easy read.
- People who liked to, used pictures and symbols to help them communicate and also request activities and plan ahead.
- One person used Makaton sign language and had developed their own style and signs. This was encouraged, and staff learned the person's signs, these were on display to help staff understand.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to follow interests and to take part in activities that were socially and culturally

relevant to them.

- During our inspection people were busy coming and going, attending activities and going out to the shops.
- People enjoyed a performing arts they attended another enjoyed video games at the nearby gaming lounge.

Improving care quality in response to complaints or concerns.

- An accessible complaints procedure was in place that was followed by the manager and staff.
- People were supported to complain. No recent complaints had been made.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had a plan to ensure minimal disruption to care in case of an emergency.
- Policies and procedures were current and in line with best practice.
- There was a manager in post who was registered with us.
- The provider had sent us notifications in relation to significant events that had occurred in the home.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a good system of communication to keep staff, people using the service and their families informed of what was happening within the service. One relative told us, "They send me a letter every month with photos of all the outings they have been on and a little write-up."
- The registered manager held staff meetings to discuss relevant information and policy updates. Staff told us they valued these meetings.
- People were asked their views on the service. Menus were changed, and activities sought from these meetings.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong.

- The registered manager and was open with the inspector during the inspection and took responsibility for issues found and acted to address these.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The culture at the home was to support people to practice their chosen religion and for staff to understand different cultural beliefs or preferences.

Continuous learning and improving care

- People who used the service spoke positively about the registered manager and said they regularly went to them for support. One person told us, "Yes, the manager is alright."
- The registered manager took on board opinions and views of the people who used the service to make improvements such as better vehicles. One person told us, "Yes we give feedback through meetings and questionnaires. I go to People's Parliament (self advocacy)– it is fun."

#### Working in partnership with others

- People were supported to be active citizens within their local community by using local services regularly, with support. One member of staff told us, "We support one person who goes to the local shops to get a paper every day and is well known locally, it's good to see."
- The provider was working closely with local authority commissioners to improve people's one to one hours where needed and attending meetings and sharing information.