

# Wycar Leys (Doncaster) Limited

# Hollybrook House

## Inspection report

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South Yorkshire  
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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 28 July 2015 and was unannounced. Our last scheduled inspection at this service took place in June 2014 when no breaches of legal requirements were identified.

Hollybrook House is a care home without nursing. It provides care for up to six people with learning disabilities, or autistic spectrum disorders. The home is situated close to Doncaster town centre.

The service had 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 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.

The registered manager was supported by a house manager who was responsible for the everyday running of the home. The house manager was supported by team leaders.

The provider had safeguarding policies and procedures in place to guide practice. Safeguarding procedures were designed to protect people from abuse and the risk of abuse.

# Summary of findings

Care and support was planned and delivered in a way that ensured people were safe. The support plans we looked at included risk assessments which identified any risk associated with people's care.

We spoke with staff and people who used the service and we found there were enough staff with the right skills, knowledge and experience to meet people's needs.

People were supported to have their assessed needs, preferences and choices met by staff who had the necessary skills and knowledge.

We found the service to be meeting the requirements of the mental Capacity Act and Deprivation of Liberty Safeguards (DoLS). The staff we spoke with had some knowledge of this and said they would speak to the registered manager for further advice.

People were supported to have sufficient to eat and drink in order to maintain a balanced diet. We saw that meals were flexible and people ate at a time to suit them. Breakfast and lunch was provided when people requested it and it fitted around the person's activities for the day.

People were supported to maintain good health, have access to healthcare services and received ongoing healthcare support. We looked at people's records and found they had received support from healthcare professionals when required.

People who used the service were supported to maintain friendships. Support plans contained information about their circle of friends and who was important to them. We saw that people had their own interests and hobbies and took part in several activities and events on a weekly basis.

We saw staff were aware of people's needs and the best ways to support them, whilst maintaining their independence.

People's needs were assessed and care and support was planned and delivered in line with their individual support plan. The support plans we looked at were person centred and some contained pictures to assist the person in understanding their plan. Support plans included healthcare, communication, personal care, and activities.

The service had a complaints procedure and people knew how to raise concerns. The procedure was also available in an 'easy read' version.

Staff we spoke with felt the service was well led and the registered manager was approachable and listened to them. Staff confirmed they knew their role within the organisation and the role of others. They knew what was expected of them and took accountability at their level.

# 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.

The provider had appropriate arrangements in place to manage medicines.

Staff we spoke with were knowledgeable about how to protect people from harm.

Care and support was planned and delivered in a way that ensured people were safe. We saw support plans included areas of risk.

We saw there were enough staff with the right skills, knowledge and experience to meet people's needs.

The service had robust arrangements in place for recruiting staff.

Good



### Is the service effective?

The service was effective.

People were supported to have their assessed needs, preferences and choices met by staff who had the necessary skills and knowledge.

We found the service to be meeting the requirements of the mental Capacity Act and Deprivation of Liberty Safeguards (DoLS). The staff we spoke with had some knowledge of this and said they would speak to the registered manager for further advice if needed.

People were supported to eat and drink sufficient to maintain a balanced diet.

People were supported to maintain good health, have access to healthcare services and receive ongoing healthcare support.

Good



### Is the service caring?

The service was caring.

We saw staff were aware of people's needs and the best was to support them, whilst maintaining their independence.

Staff communicated with people in a supportive and meaningful manner appropriate to the person's needs.

Good



### Is the service responsive?

The service was responsive.

People's needs were assessed and care and support was planned and delivered in line with their individual support plan.

We saw that people had their own interests and hobbies and took part in several activities and events on a weekly basis.

The service had a complaints procedure and people knew how to raise concerns. The procedure was also available in an easy read version.

Good



# Summary of findings

## Is the service well-led?

The service was well led.

Staff we spoke with felt the service was well led and the management team was approachable and listened to them.

We saw various audits had taken place to make sure policies and procedures were being followed.

There was evidence that people were consulted about the service provided.

**Good**



# Hollybrook House

## 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.

The inspection took place on the 28 July 2015 and was unannounced and the inspection team consisted of an adult social care inspector.

Before our inspection, we reviewed all the information we held about the home. We asked the provider to complete a provider information return [PIR] which helped us to prepare for the inspection. This is a document that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make.

We spoke with the local authority and Healthwatch Doncaster to gain further information about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We spoke with two people who used the service, observed care and support in communal areas and also looked at the environment. At the time of our inspection there were four people using the service.

We spoke with two care workers and the registered manager. We looked at documentation relating to people who used the service, staff and the management of the service. We looked at two people's care and support records, including the plans of their care. We saw the systems used to manage people's medication, including the storage and records kept. We also looked at the quality assurance systems to check if they were robust and identified areas for improvement.

# Is the service safe?

## Our findings

We spoke with two people who used the service and observed staff interacting with people. We saw staff were friendly in their approach.

Interactions we observed between staff and people were appropriate and staff involved the person. People looked to staff for guidance and direction and appeared happy.

The provider had safeguarding policies and procedures in place to guide practice. Safeguarding procedures were designed to protect people from abuse and the risk of abuse. We spoke with staff who told us they had completed training in safeguarding. They also told us they had seen the policy and were able to discuss this in their team meetings. Staff we spoke with were knowledgeable about how to safeguard people and understood the process to follow if abuse was suspected. One care worker said, "I would report any concerns to my line manager and I feel confident they would be resolved."

Care and support was planned and delivered in a way that ensured people were safe. The support plans we looked at included risk assessments which identified any risk associated with people's care. Risk assessments identified the hazard, who would be at harm and steps to control the risk. Risk assessments were reviewed on a frequent basis and involved the person. For example, we saw a behavioural risk assessment in place which clearly indicated why a person may react in a certain way. It also gave guidelines on how to manage the situation. This meant staff had up to date information on how to support people.

The provider had appropriate arrangements in place to manage medicines. We saw policies and procedures were available to support staff. We looked at the medication file and found each person had a front sheet which included a photo of the person and their date of birth. We looked at the Medication Administration Record (MAR) sheets and

found they gave a clear record of the medicines which had been taken. We saw medicines were ordered on a regular basis by the team leader and booked in using the Medication Administration Record (MAR).

We saw medicines were stored appropriately. We saw the service had a fridge to store medicine items which required cool storage. However this was a domestic fridge, with a lockable tin inside to store the medicines. At the time of the inspection the service did not have any medicines which required being stored at a cool temperature.

People had a medication care plan which indicated how the person would like to be supported to take their medicines. For example, one person liked their medicines in a pot, liked to count them and liked a glass of water to take them with.

We spoke with staff and people who used the service and we found there were enough staff with the right skills, knowledge and experience to meet people's needs. At the time of our inspection there were four people who used the service. We saw two care workers were on duty between the hours of 8am and 10pm. There was an additional care worker who was on duty 1pm to 8pm to support people with activities and outings in the community. During the morning we saw people were able to do what they wanted to do and choices were maintained. For example one person wanted to go for a walk and staff supported this.

The service had a staff recruitment system which was robust. Pre-employment checks were obtained prior to people commencing employment. These included two references, and a satisfactory Disclosure and Barring Service (DBS) check. The DBS checks help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people. This helped to reduce the risk of the registered provider employing a person who may be a risk to vulnerable adults. Staff we spoke with confirmed that these checks were carried out prior to them commencing work with the service.

# Is the service effective?

## Our findings

People were supported to have their assessed needs, preferences and choices met by staff who had the necessary skills and knowledge. For instance, we spoke with staff and found they received appropriate training to carry out their role. Team leaders received additional training to ensure they were able to carry out their leadership role. For example, team leaders were trained in how to carry out staff support sessions and how to co-ordinate and lead the team.

We looked at staff files belonging to three staff and found training certificates were in place. The registered manager showed us a training log which indicated what training had been completed and what was required.

The service had an effective induction process which incorporated training and shadowing experienced staff. Staff we spoke with felt supported through their induction and felt it gave them confidence to start their role.

The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment. Staff had an awareness of the Mental Capacity Act 2005 and had received training in this area. Staff were clear that when people had the mental capacity to make their own decisions, this would be respected. The service had a policy in place for monitoring and assessing if the service was working within the Act.

We found the service to be meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Deprivation of

Liberty Safeguards (DoLS) are part of MCA 2005 legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken. The staff had knowledge of this and said they would talk to the registered manager for further advice if needed.

We observed staff working with people and found choices were offered and respected. There was a very relaxed atmosphere in the home and people were given time to consent to care. For example, one person said they were going out to buy some food for the evening meal, but then went back to their room. We saw the care worker assisting this person in a meaningful way by giving them time to themselves.

People were supported to have sufficient to eat and drink in order to maintain a balanced diet. We saw that meals were flexible and people ate at a time to suit them. Breakfast and lunch was provided when people requested it and it fitted around the person's activities for the day. People enjoyed eating their evening meal together and this was the main meal of the day. Weekly meetings were held with people to discuss the menu for the coming week. Each person contributed and chose a meal. People were involved in food shopping, preparation and cleaning up afterwards. We saw snacks and drinks were available throughout the day and people helped themselves.

People were supported to maintain good health and had access to healthcare services for support as required. We saw referrals were made to healthcare professionals when required such as speech and language therapist and psychologist. We looked at support plans belonging to two people and found they were supported with health appointments such as diabetic clinic, blood pressure checks, podiatry and clinical psychology.

# Is the service caring?

## Our findings

We observed staff working with people and found they were kind and supportive. They understood people's preferences and choices and how to support people whilst maintaining their independence.

Staff communicated with people in a supportive and meaningful manner appropriate to the person's needs. For example one person spent a lot of time in their room and staff periodically knocked on their door to check they were alright and to ask if they wanted anything. The person requested that the other staff member went to support them. This was respected and the person responded very well. This showed the person's views were listened to and acted upon.

People's views were recorded in their support plans and staff were aware of the important things that mattered to a person. Explanations were given to people to help them make choices about what activity they would do. Each person had an activity plan for the week which they had been involved in creating. This included some tasks within the home and food shopping which they had agreed to and also activities of their own choice.

The service promoted dignity principles such as respecting people, supporting people with the same respect you would want and enabling people to maintain the maximum level of respect.

Each person had a keyworker and a monthly meeting was held to look at health and emotional needs, planning activities and holidays. There was also a discussion about what went well, and what the person may like to change about their support plan.

People who used the service were supported to maintain friendships. Support plans included 'circle of support.' This included people who were important to the person. Support plans also included likes and dislikes of the person.

People were involved in their support plans and signed them in agreement where they could. All aspects of the person's life and care was discussed with the person and people chose how they would like to be supported. People had a booklet called, 'all about me.' This contained information about the past month and looked at the person's achievements. It also showed how the person had been supported through events in their life and what they had enjoyed. This helped to focus on achievements for the coming month.

People who used the service were looking forward to their holiday and had been involved in choosing the destination. The service had a nice garden area and enjoyed spending time in it. The service had a pet rabbit which people were very fond of.



# Is the service responsive?

## Our findings

People's needs were assessed and care and support was planned and delivered in line with their individual support plan. The support plans we looked at were person centred and some contained pictures to assist the person in understanding their plan. Support plans included healthcare, communication, personal care, and activities.

People had the opportunity to discuss their support plan, with their keyworker, on a monthly basis. This was to look at what went well over the past month and to set goals to achieve the following month. Staff we spoke with felt this was a good way of ensuring the person was consulted about their plan and were able to contribute.

We saw that people had their own interests and hobbies and took part in several activities. People met with their key worker on a weekly basis to plan their activities for the coming week. One person we spoke with said, "I like football and I played a game yesterday. I enjoyed it." Weekly activities and events were based on people's likes and what they chose to do. On the day of our inspection we saw one person spent a lot of time in their room whilst two other people enjoyed watching a film. Later one person went for a walk and another person went into town to buy some food for the evening meal.

The service had a complaints procedure and people knew how to raise concerns. People had an easy read leaflet regarding how to complain in the service user guide. This was signed by the person stating they had received it and a copy was kept in their support file.

The registered manager kept a log of complaints and correspondence relating to them. We saw the complaints log and saw the service had received two complaints since our last inspection. Information included the date and name of the person making the complaint and a brief summary of what the complaint was about. Evidence showed that complaints had been addressed in an appropriate manner and within an acceptable timeframe.

The registered manager was keen to capture people's comments and complaints and was looking at other ways to enable this. The registered manager is looking at changing the keyworker booklets, in the future, so this information can be captured on a monthly basis. The registered manager was also looking at ways to capture positive feedback. Both compliments and complaints are used to develop the service. This showed people were listened to and their views were respected.

# Is the service well-led?

## Our findings

At the time of our inspection the service had a manager in post who was registered with the Care Quality Commission. 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.

The registered manager was supported by a house manager who was responsible for the everyday running of the home. Team leaders were employed to support the staff group and people who used the service.

Staff we spoke with felt the service was well led and felt supported by the management team. One care worker said, "We get lots of support from each other and work well as a team. The manager is very supportive."

The service had systems and processes in place to assess and monitor the quality of the service provision. We saw regular audits were carried out by the team leaders which included medication, staffing, fire safety and health and safety. Any actions noted were addressed. The house manager ensured the audits took place and that actions were addressed.

In addition to these audits the registered manager completed a manager's report approximately every six weeks. This included all aspects of care and welfare as well as environmental issues. The head of operations visited on a regular basis and their comments fed into the managers' report.

We also saw audits took place by other registered managers within the company. Each manager visited another service and completed an audit. This enabled managers to share good ideas and work as a team. Managers within the company also met for a quarterly managers meeting, to discuss new legislation and share knowledge.

There was evidence that people were consulted about the service provided. We saw that meetings took place with people who used the service to discuss things such as meals, events, and concerns. We saw that their opinions about the service were sought and respected.

We saw a service user satisfaction survey was completed on an annual basis. The last one took place in January 2015. The overall level of care and support provided including the meeting of the environmental needs of Service Users was positive. The outcome was discussed at staff meetings to look at how the service could be improved in some areas.

Staff were able to attend regular meetings to ensure they were provided with an opportunity to give their views on how the service was run. Daily handovers were also used to pass on important information about the people who lived at the home. Staff told us that it was important to communicate information to each other, and felt they worked well as a team.

Staff confirmed they knew their role within the organisation and the role of others. They knew what was expected of them and took accountability at their level.