

# Moorlands Holdings (N.E.) Limited

# Hollyacre Bungalow

## Inspection report

Front Street  
Sacriston  
Durham  
County Durham  
DH7 6AF

Tel: 01913712020

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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

About the service: Hollyacre Bungalow is a residential care home that was providing accommodation and personal care to nine adults with learning disabilities.

The service is a large home, bigger than most domestic style properties. It is registered for the support of up to 10 people. Nine 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: Improvements had been made since the last focussed inspection in 7 November 2018. People and their relatives told us the changes had improved the service for the better.

Some new policies and procedures had been introduced by the registered manager however, these were not fully completed. We have made a recommendation for a plan to be put in place to ensure this is completed in a timely manner.

Staff received support and an improved variety of appropriate training and support to meet people's individual needs. However, there was still training outstanding. We have made a recommendation that a training plan be introduced for all staff.

Changes to the service had a positive impact on people. Improvements were made to ensure care plans were more person centred, using appropriate language and that care and support was individualised.

Regular outings had been arranged for people to be more active in their local community.

New risk assessments were in place. Staff knew how to keep people safe and were trained in safeguarding.

Audits and monitoring systems were effective at managing the service and making improvements.

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.

People were supported to have enough to eat and drink.

Appropriate healthcare professionals were included in people's care and support as and when this was needed.

People spoke positively about the improvements put in place by the registered manager and the provider. There was an effective quality assurance system in place to ensure the quality of the service and to drive improvement.

There were systems in place for communicating with staff, people and their relatives to ensure they were fully informed via team meetings and communications.

People had links to the local community through regular access to local services.

People were supported to be independent where they could and their rights were respected. 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.

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: At the last comprehensive inspection (published 26 July 2018) the service was rated inadequate. This was followed up by a focussed inspection and rated requires Improvement (18 December 2018).

Why we inspected: This inspection was a scheduled inspection based on the previous rating.

Follow up: We will continue to monitor information we receive about the service. If any concerning information is received, we may re 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 are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The Service was responsive

Details in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well led

Details are in our Well-Led findings below.

# Hollyacre Bungalow

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

**Inspection team:** The inspection team consisted of one inspector.

**Service and service type:** Hollyacre Bungalow is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection."

The service had a manager registered with the Care Quality Commission. This means that 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:** The inspection took place on 30 April 2019 and was unannounced. This meant the provider did not know we would be visiting.

**Before inspection:** We used information the provider sent us in the Provider Information Return. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We looked at other information including notifications received from the service and other healthcare professionals, including safeguarding and commissioners.

**During inspection:** We spent time with people living at the service. We spoke with two people who used the service, the registered manager, three care staff and one relative.

We reviewed two people's care records and two staff files including recruitment, supervision and training information. We reviewed medicine administration records for four people as well as records relating to the management of the service.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

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

- Staff had received safeguarding training and were able to raise any concerns appropriately. One staff member told us, "The polices are always there for us. Anything I noticed then I would voice my concerns, document them and report it."
- Where safeguarding concerns had been raised, investigations had taken place and appropriate action was taken.

Assessing risk, safety monitoring and management.

- People had individual risk assessments; these were regularly reviewed. Where risks were identified, care plans addressed the way in which staff could mitigate these risks.
- Regular maintenance checks, risk assessments and repairs were carried out to keep the home and equipment safe. This included checking equipment such as mobility aids.
- People had updated personal emergency evacuation plans.
- A new fire risk assessment was introduced following our last comprehensive inspection and fire drills took place regularly.
- Risk assessments relating to the environment and other hazards, such as fire and food safety were carried out and reviewed regularly.

Using medicines safely.

- The management, administration, auditing and recording of medicines was safe.
- Medicine administration records (MARs) were personalised, clear and completed fully.
- People received their medicines as prescribed, at the right time, also taking on board their preferences.

Staffing and recruitment.

- There were enough staff on duty to meet people's needs individually and safely. Staff were visible always.
- People told us staffing levels were right for them. One person said, "Yes always staff around."
- Safe recruitment procedures were being followed.

Preventing and controlling infection.

- Regular checks and audits were carried out to keep the home free from infections.
- All areas of the home were clean and odour free.
- Staff had a plentiful supply of personal protective equipment such as gloves and aprons.

Learning lessons when things go wrong.

- Accidents and incidents were recorded on improved recording systems and these were analysed to look for any patterns or trends to minimise risk of further incidents.

# 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.

People's outcomes were consistently good, and people's feedback confirmed this.

At the last comprehensive inspection in June 2018 the provider breached regulations relating to staff training. During this inspection we found substantial improvements had been made and the provider was no longer in breach of regulations.

Staff support: induction, training, skills and experience.

- Additional training was completed by staff and more was still to be introduced.
- To ensure staff had the skills necessary to support everyone, we recommend that the registered manager develop a training plan to schedule training for the rest of the year. This would help to ensure training is completed and updated on time.
- New employees completed an induction, including the care certificate training for people new to care.; They also shadowed more experienced members of staff to get to know people before working with them.

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

- The home was, purpose built and provided a choice of communal areas. Some furniture was tired and this was passed onto the provider who agreed to action the purchase of new furniture.
- The outside area was in need of a tidy up and we were ensured there were plans in place to paint and improve the area before the summer.
- The building was specially adapted to meet the needs of people with input from the Occupational Therapy team.

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 particular 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- Health professionals completed capacity assessments to ensure people were supported appropriately to make decisions.
- Staff ensured people were involved in decisions about their care and 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 were asked to give consent to their care and treatment, we saw this was recorded in care files.

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

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

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.
- People planned a weekly menu of their choices with staff.
- The staff were aware of people's dietary needs and kept up to date records.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support.

- The service worked regularly with external professionals to support and maintain people's health, for example GPs and specialist nurses.
- Staff supported people to attend health appointments.
- People were supported to attend annual health checks with their GP; this included a medicine review in line with the national drive called 'STOMP' (stopping over medication of people with a learning disability).



# 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.

People were supported and treated with dignity and respect; and involved as partners in their care.

At the last comprehensive inspection in June 2018 the provider breached regulations relating to dignity and respect. During this inspection we found substantial improvements had been made and the provider was no longer in breach of regulations.

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

- Staff were undergoing dignity and respect training. Staff treated people with kindness and respect at all times.
- Language used in records relating to personal care had improved.
- There was a positive rapport between people, support staff and management.
- People were supported to maintain relationships; they were supported to see relatives and to visit family

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

- People were supported to exercise their rights; they were empowered to speak up in situations where they felt they needed to. One relative told us; "My relative will protest if they don't want to do anything and is listened to."
- Independent advocates were not currently used but had been recently to support people to speak up in difficult circumstances.
- Staff supported people to make decisions; they knew the people they cared for very well. One member of staff told us; "We support [name] by understanding his face if he is sad or happy, in pain or if he doesn't like something it's obvious. [Name] can refuse if he doesn't want something and make a choice."
- Staff spent time listening and talking to people.
- People were not involved in regular meetings about the service. The registered manager explained how these had not been successful. They told us; "We haven't held one in a while as not all would get involved or were able too." During the inspection people who could were involved in discussions around planning a holiday.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to remain as independent as possible. One member of staff said, "We try to help them do what they can e.g. meal times one person we support needs encouragement to eat rather than support. They can lift the spoon themselves rather than us doing it all for them."
- 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.

People's needs were met through good organisation and delivery.

At the last comprehensive inspection in June 2018 the provider breached regulations relating to person centred care. During this inspection we found substantial improvements had been made and the provider was no longer in breach of regulations.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- Care plans were notably more personalised and had been developed to cover all aspects of people's care.
- The registered manager had worked together with people to improve the care plans. One-page profiles were introduced. These are a one-page document with photos that give an oversight of the person from their point of view.
- Reviews of care plans took place regularly.
- Where people had specific health care needs, these were clearly identified and showed how people should be supported.
- People were supported to plan and set themselves goals. For example, one person wanted to go swimming.
- The support people received was individual to their needs and was delivered in a person-centred way.
- People could pursue social and leisure interests. One person told us how they were wanting to plan a holiday; staff were supporting them to look at ways of achieving this.

Improving care quality in response to complaints or concerns.

- We saw that there was a complaints procedure in place, however no complaints had been received.
- People told us they knew who to go to if they had any concerns or a complaint to make.
- People were supported to complain. Staff told us; "I would help the person if they wanted to complain."
- Information was available to people in different formats; examples of photos were in use. People used electronic tablets for activities and looking at pictures.

End of life care and support

- People were supported to discuss any wishes they wanted to make.

# 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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- New policies and procedures were still in the process of being introduced. We recommend that the registered manager develop a plan to keep on top of introducing further new policies and procedures.
- The registered manager showed how they adhered to company policy, improved risk assessments and monitored incidents.
- The registered manager continued to use more robust and frequent audits.
- Analysis of incidents was carried out to reduce the risk of any further incidents happening.
- All records were kept secure, and were maintained and used in accordance with the Data Protection Act 2018.
- The provider had made timely notifications to CQC in relation to significant events that had occurred in the home.

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

- The provider had a business continuity plan to ensure minimal disruption to the delivery of care in case of an emergency.
- The registered manager conducted a programme of regular audits throughout the service. Audits had been effective in identifying and generating improvements in the service.

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

- 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.
- The registered manager held regular staff meetings to discuss relevant information and policy updates. Staff told us they valued these meetings.
- People were asked their views on the service.

Continuous learning and improving care

- People who used the service spoke positively about the registered manager and the level of support they offered.
- The registered manager took on board opinions and views of the people who used the service to make improvements. One relative told us; "Yes we get the surveys regularly to give our feedback."

Working in partnership with others

- People were encouraged to be active citizens within their local community by using local services regularly with support. One staff member told us; "We go out on outings now and it's much better, two or three times a week - we have four drivers."