Walsall Metropolitan Borough Council

Holly Bank House

Inspection report

Coltham Road
Willenhall
West Midlands
WV12 5QD

Tel: 01922650464

Date of inspection visit:
28 July 2016
29 July 2016

Date of publication:
09 September 2016

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 28 and 29 July 2016 and was unannounced. At our last inspection of the service in March 2014, the provider was compliant in all areas inspected.

Holly Bank house is registered to provide accommodation and personal care to people with physical disabilities and sensory impairments. The service provides care to people both within Holly Bank House and within their own homes. At the time of the inspection, there were 20 people receiving short term care within the residential unit and 126 people receiving support in their own homes.

There were two registered managers in post. One manager was registered to provide support to people within the residential unit and a second manager had been registered to oversee the provision of personal care to people within their own home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff understood how to report concerns about people at risk of harm and were able to manage risks to keep people safe. Staff had been recruited in a safe way and there were sufficient numbers of staff available to meet people's needs.

People had their medication needs met by staff that had been trained in how to do this. People were supported to take their medication independently where possible.

Staff had access to regular training and supervision to enable them to support people effectively. Staff understood how to uphold people's rights in line with the Mental Capacity Act 2005 and ensured that people's dietary needs were met.

There were strong links with healthcare professionals and people had access to support from a variety of healthcare and social care services.

People were supported by staff who were kind and treated them with dignity. Staff encouraged people to maintain their independence and regain skills they had previously lost.

People had their needs assessed prior to receiving support and had their progress reviewed regularly. Records held personalised information about people's needs and staff knew people well.

There was a clear complaints procedure in place and complaints made had been fully investigated by the registered manager.

The registered managers had sought people's feedback on the service and used this feedback to make

improvements to the service. There were systems in place to monitor the quality of the service.

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.

Staff knew how to report concerns and manage risks to keep people safe.

There were sufficient numbers of staff available to meet people's needs.

People were supported with their medication in a safe way.

Is the service effective?

Good

The service was effective.

Staff had access to ongoing training and supervision to enable them to support people effectively.

People had their rights upheld in line with the Mental Capacity Act 2005 and had their dietary needs met.

People had support from healthcare services to support their reablement.

Is the service caring?

Good

The service was caring.

Staff were kind and caring and treated people with dignity.

People were supported to maintain their independence and regain skills they had previously lost.

People had access to advocacy services where required.

Is the service responsive?

Good

The service was responsive.

People had their care needs assessed and reviewed to ensure they had their needs met.

Staff knew people and their care needs well.

Complaints made were investigated fully by the registered managers.

Is the service well-led?

Good

The service was well led.

People spoke positively about the registered managers and felt the services were well led.

People were encouraged to provide feedback on their experience of the service.

There were systems in place to monitor the quality of the service.

Holly Bank 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 28 and 29 July 2016 and was unannounced. The inspection was carried out by one inspector.

Before the inspection, We reviewed the information we held about by home including notifications sent to us by the provider. Notifications are forms that the provider is required by law to send us about incidents that occur at the home. We also spoke with the local authority to obtain their views on the home.

We spoke with three people and one relative of a person staying within the residential unit and one relative of a person receiving support within their own home. We also spoke with four care staff, the chef, the two registered managers, the group manager and a visiting health professional.

We looked at six people's care records, and 10 medication records. We also looked at records kept on accidents, incidents and complaints as well as staff training records and audits completed to monitor the quality of the service.

Good

Is the service safe?

Our findings

People using both services told us they felt safe. One person told us, "Yes I do feel safe here". Another person said, "Yes, they [staff] have been very good". A relative told us, "It has gone very well, we can't fault them".

Staff we spoke with were able to identify abuse and knew the action to take if they suspected someone was at risk of harm. One member of staff told us, "I would take any concerns to my manager and I have also got a phone number on the training that I can call to report anything". Staff told us and records we looked at confirmed that staff had received training in how to safeguard people from abuse. We saw that where there had been concerns, these had been reported appropriately.

Staff we spoke with knew the risks posed to people and how to manage these. When asked how to manage risk, staff gave examples that included; implementing the training they had been given, following the care records and using the correct equipment to support people. We saw one person being supported to walk into the dining area of the residential unit. The staff who supported the person displayed a good understanding of the risks posed to the person while mobile. They supported them in a way that allowed the person to take risks but ensured that these had been minimised where possible. We saw that people had been supported to reduce the risk of developing pressure areas. People had been provided with pressure relieving equipment where required and we saw the registered manager actively encouraged people to adopt good seating positions to reduce the risk of pressure areas developing. We saw that people had risk assessments in their care records that provided staff with guidance on how to manage risk. The risk assessments were individual to the person and looked at risks of falls, medication and use of equipment. We saw that where accidents and incidents occurred, a record was kept of the action taken to reduce the risk of re-occurrence. We saw that following accidents within the community based service, actions taken included; updating risk assessments, ensuring appropriate equipment is in place and seeking further medical advice.
Staff working in both services told us that prior to starting work, they had completed checks to ensure they were suitable to be employed. This included obtaining references from previous employers and a Disclosure and Barring Service (DBS) check. The DBS would show if a person had a criminal record or had been barred from working with adults. Where staff had worked for the service over a number of years, they had completed updates to their DBS checks to ensure they remained safe to work. One member of staff told us, "We have our DBS updated every three years". We saw a newly recruited member of staff within the community service. The new staff member had not yet started work and was in the process of completing their recruitment checks. We saw that they had provided completed the necessary documents to enable them to begin work.

People across both services felt there were enough staff available to meet their needs and they were responded to promptly when they needed support. One person told us, "There is enough staff. I only have to press a button and most of the time they come quickly. If they are held up, they come and tell me". Another person said, "There is always staff around. I have never had to call for help as staff are always around". The relative of a person receiving support in their own home told us that they have a regular team of care staff visit them and that staff are never late to their home. All staff we spoke with felt there were sufficient

numbers of staff available and that they were not rushed to complete tasks. One member of staff told us, "There is enough staff. [Registered manager's name] will try and cover the shifts if we are short. I don't feel rushed". A member of staff who supported people within their own home told us, "I don't feel rushed. Sometimes we can run over time but I call the office and they then cover me. I do think there is enough staff". Both services assessed the number of staff they needed based on the needs of the people they were supporting. We looked at the rotas kept for the residential service and saw that the number of staff assessed as being required, was provided. We saw that the community based service had a rota system in place that ensured that people received their support when required. The system identified where a member of staff was not allocated to a visit so office staff could ensure that this was amended so that people received their care on time.

Where people required support with medication, they told us they were happy with this support. One person told us, "Staff help me with my medication and I am happy with that". Staff in both services told us they had received training in how to give medication and could explain how they ensured this was given safely. We looked at 10 medication records and saw that overall, the records kept were accurate and we could see that people were given their medication as required. However, two records were not accurate. The registered manager looked into this and found that this was a recording error and medication had been given correctly. The registered manager informed us they would look into the issues to ensure that the amounts available were clearly documented.

People told us they were encouraged to be independent with their medication where possible. One person told us, "I do my own medication now; the staff have helped me to get to that point. They have started to help me understand what each tablet is for". The registered manager confirmed that people staying on the residential unit were assessed to determine whether they would be able to manage their own medication once they return to their own home. If people were assessed as being capable, they were then supported to take their medication under supervision of staff with a view to progressing into managing their medications independently. People told us this had been effective for them and were happy with their new skills.

We saw that staff had been observed giving medications to ensure they remained competent in doing this safely. Regular audits were completed by a local pharmacy to ensure that medications were given in a safe way.

Good

Is the service effective?

Our findings

People told us that the staff had the knowledge required to support them effectively. One person told us, "The staff are very good and well trained". Another person said, "The staff are first class". A relative of one person who received care in their own home told us, "They [care staff] seem to have a lot of experience and are exceptionally good". The relative went on to say that their family member had experienced positive health outcomes as a result receiving support from community based staff and their work with the person.

Staff told us that prior to starting work they were required to complete an induction. The induction included completing training and shadowing a more experienced member of staff. One staff member told us, "During induction, I did all of the online training and was taken around and shown everything. I also shadowed for two weeks". Staff told us that the induction equipped them for the role. One staff member said, "The training was good enough and I felt prepared for the role".

Staff confirmed that they had access to ongoing training and were supported by the registered managers to take on additional training courses that were of interest to them. One member of staff told us they wished to train to be a nurse. The registered manager had been supportive of this and enabled the staff member to complete extra training in addition to the training given by the provider. Other staff told us that in addition to training that covered how to care for people effectively, staff had received further training to equip them with the skills required to support people to return to their own homes. This training had included, measuring people for equipment and therapy awareness which enabled staff to support people with their physiotherapy exercise. Staff spoke positively about the training and one staff member told us, "We get all sorts of training, you always pick something new up on the courses," and another staff member said, "The training has been brilliant. The best training I have ever had". Staff told us they received regular supervision with their manager to discuss their roles and identify any training needs. One member of staff told us, "We have supervision every six weeks. We discuss our development and what training we want to do in the future".

Staff told us they received the information they needed to support people effectively. One member of staff who worked in the residential unit told us, "We have handovers that tell us of any changes or about new people staying here. We have very good communication". Staff working in the community also felt that they were given all the information they required. One staff member from that team told us, "Any changes gets put onto our rota and then when I visit the person, I will introduce myself and ask if I can read the care plan. All the information is there but if I am not sure of anything, I can call the duty officer who will clarify it for me". We saw that communication between staff was effective in both services. We observed a conversation with the registered manager of the community based service who had been discussing potential changes to a person's support with staff who had just visited the person to ensure that the staff going to visit the person next would be safe.

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. People told us that staff sought their consent before providing them with support. One person said, "They [staff] always ask for my consent. I have never been coerced or forced into anything". Staff had received training in MCA and demonstrated a good understanding of how to ensure people were supported to make their own decisions. One member of staff told us, "I will always assume someone has capacity unless they have been assessed as otherwise. I will support them to make decisions by talking to the person, giving choices and showing people the options available". No person currently staying at the service had a DoLS authorisation in place but staff confirmed they had received training in this and understood the importance of not depriving people of their liberty unless there is an authorisation in place.

People spoke highly of the meals they were provided with in the residential unit. One person told us, "The food is lovely. There is a good choice, they [the staff] come round and ask what you want. I lost weight when I was in hospital but I have put it all back on now". Another person told us how the kitchen staff had ensured there dietary needs had been met and told us, "I am vegan and they stick to that. The cook is absolutely wonderful". We spoke with kitchen staff who displayed a good awareness of people's dietary requirements and had a system in place to ensure they were kept informed of any new person's needs. We saw that kitchen staff had made notes about people's preferences with regards to their meals and were aware of who liked smaller meals and who would like alternatives to what is on the menu. We observed meal time and saw that this was a relaxed experience for people. As the service only provides short term care, the staff took time to go around the table and introduce people to each other if they had not met before. We saw that people sat together with staff and chatted throughout mealtime, often laughing and singing with staff as they had their meals.

People were supported to maintain their health and wellbeing by accessing healthcare services where required. We saw that both staff in the residential unit and the community service had developed strong links with other partners including; the local hospital, community physiotherapists and a community stroke team. The registered managers informed us that as part of their reablement service, people were encouraged to engage with health services to improve their conditions and enable them to return and then remain in their own homes. This was confirmed by people we spoke with. One person told us, "They [physiotherapists] took me home to see how I will get on. They are making some changes to the house so I can go home". Another person said, "I go on the rails and steps for exercise with the physiotherapists. It is all preparing me to go home safely". We spoke with a visiting health professional. The health professional spoke positively about the staff team and told us, "They [staff] facilitate our care plans and continue the person's therapy for us so that the person can progress". We saw that the registered manager of the residential unit held meetings with the community stroke team on a weekly basis to discuss the people they jointly support and ensure people are supported to improve their health and return home.

Good

Is the service caring?

Our findings

People and relatives across both services spoke positively about the caring nature of staff. One person told us, "The staff are first class. They are very giving". Another person said, "I can't tell you enough how splendid they have all been". The relative of a person being supported by the community team also felt staff were kind and caring and told us, "They [staff] are very kind and good to [person's name]". Staff displayed warmth when taking about the people they supported and we saw that staff had developed friendly relationships with people. We saw that all staff within the residential unit; including kitchen and domestic staff, took time to stop and speak with people and that people were relaxed around the staff.

People felt involved in their care. One person told us, "I do have choices but we have worked out a routine and I am happy with that" and "They [staff] have sat with me and made sure I am happy". Another person said, "I do get given choices". People we spoke with told us they were involved in daily decisions that included what time they would like to get up and what they would like to do. We observed staff promoting people's choices and saw that staff respected people's wishes when they had made a decision. For example, we saw one person being supported into the day room. Staff supporting the person ensured they asked where the person would like to sit and what they would like to do once they had chosen their seat and been supported into this.

People told us they felt treated with dignity by staff. One person told us, "Staff absolutely treat me with dignity. When I am having a wash, they put a towel over me". Staff we spoke with explained how they ensured people were treated with dignity and gave examples that included; ensuring people were given privacy and being discreet when offering to support with personal care. One staff member said, "Treating people with dignity is so important, that is someone's Mom or Dad". We saw staff supporting people in a way that maintained their dignity. Staff spoke to people in a respectful way and addressed them in the way they preferred. We saw staff knock before entering people's rooms and asking for people's permission before handling any of their personal possessions.

People accessing both services were encouraged by staff to maintain their independence as part of their reablement. This included staff encouraging people to regain skills they may have previously lost. For example, we saw that people were supported to improve their mobility, manage their own medication and learn to make their own drinks. One person staying at the residential unit told us, "Staff have helped me to re-learn how to make my own drinks and I have done this on four occasions now. They are going to help me with stairs next". The relative of a person receiving care in their own home also reported that their family member had been supported to regain their independence. They told us, "[Person's name] is improving and has now started to walk".

People had been supported to access advocacy services where required. The registered manager of the community service told us that they had previously supported a person to access advocacy services and was able to talk us through the process of how they did this. Within the residential unit, we saw that information was displayed in communal areas informing people of how they could request an advocate if needed.

Good

Is the service responsive?

Our findings

People told us that they were involved in the planning of their care. One person told us, "Someone [a staff member] sat with me when I came here and asked me what I need". Another person said, "Yes, I think they [the staff] did sit with me when I moved in". We saw the registered manager of the residential unit had a system in place so that the professional making the referral to the service would complete an assessment of the person's needs and whether they would be suitable for short term reablement. The registered manager informed us that once the assessors had handed over all of the information they required, the person would be admitted into the service for a period of up to six weeks. Short term and long term goals were identified as part of the person's reablement and their progress towards these goals were reviewed weekly. Records we looked at confirmed these reviews took place.

The registered manager of the community service told us that initial assessments would take place with the person at hospital where possible and then a further assessment would be completed once the person had returned to their home to ensure they were suitable for community reablement. Following this, reviews of the support given and progress towards their goals were completed at two, four and six weeks. We looked at the care records of people receiving support in their own home and saw that these reviews took place.

People told us that staff knew them and their needs well. Staff we spoke with displayed a good understanding of people's needs, alongside with what reablement they were completing and what their long term goals were. We asked staff to tell us about the people they support and saw that staff knew people's history, family and preferences with regards to their care. People's care records held personalised information about the support they required and how their reablement should be delivered.

Where people received care within their own home, this was arranged to fit in with the person's individual needs. A relative we spoke with told us that staff supporting their family member in their own home had been responsive in providing support at a time to suit the person. The relative told us, "The service we get is fantastic, they [staff] come at a time to suit us so we can get [person's name] to physio on time".

The registered manager for the residential unit told us that social activities were not planned within the unit as people each had intensive reablement programmes to follow that would take up their time and we saw that this was the case. People had tasks to complete throughout the day that included exercising, visits home and learning how to complete daily activities. Outside of their rehabilitation programme, people told us they had some activities they enjoyed. One person told us, "I read and watch people go by. There is a beautiful garden to sit in. I don't go into the day room, but could if I wanted". Another person said, "I have a computer and my television and that is enough". People we spoke with were happy with this as their reablement programme often meant they did not want any further activities to complete and appreciated the quiet time in between their planned tasks.

People and relatives across both services told us they knew how to make complaints. One person told us, "I would tell the staff if I had a complaint". We saw that both the residential and community service had a clear complaints procedure in place and staff working in both teams were aware of how to support people to

complain. One member of staff told us, "We have a complaints procedure to follow and there are forms available for people to fill in". We saw that where complaints had been made, these had been investigated fully by the registered manager for that service and a response was provided to the person making the complaint.

Good

Is the service well-led?

Our findings

People and relatives across both services knew who the registered managers were and spoke positively about the short term care they had received. One person told us, "I am so glad that I came here. I think it has saved my life. I love the place". Another person said, "I am very happy, I would like to stay here". We saw that the registered manager of the residential unit had a visible presence around the unit and people staying there knew her well. We saw that people appeared relaxed in the registered manager's company. We saw that the registered manager of the community service kept in regular contact with staff working in people's own homes and had provided support over the phone to staff throughout the day.

Staff across both services understood their roles and felt supported by the registered managers. One member of staff told us, "I really can't complain. I have been supported". Staff confirmed they had access to one to one supervision sessions and regular staff meetings to discuss the services and seek support. One member of staff told us, "We have staff meetings and discuss any concerns we have or anything that we need". Another staff member said of the staff meetings, "We have a grumble but it's always listened too and put right". Records we looked at showed that these meetings took place and that the registered manager had acted on issues raised by staff. There were systems in place to ensure that staff could seek support from a manager outside of normal working hours. One staff member confirmed this and told us, "There is always a senior available. That is our first port of call".

All staff we spoke with told us they were aware of how to raise concerns and whistle blow if required. One member of staff told us, "I can raise issues. We have a nice team and I could approach anyone". The staff member went on to explain that they had raised a concern in the past and that the registered manager had addressed this to their satisfaction. Another member of staff told us, "I know how to whistle blow if needed". The registered managers of both services understood their legal obligation to notify us of incidents that occur at the service and had notified us of events appropriately.

People were given opportunity to provide feedback on their experience of the services via questionnaires. The registered managers told us that people were given questionnaires two weeks into their rehabilitation and then once they had moved on and left the service. The registered manager told us that the surveys were given to people during their stay to ensure that any issues that arise could be addressed while the person is still receiving support. We saw that the feedback given was analysed and the registered managers used the analysis to make improvements in the service. For example, The registered manager of the residential unit had identified from recent analysis that people were not always fully aware of what the service provides and so the registered manager implemented a letter that would introduce people to the service before they arrive for reablement. We saw that the responses given in the questionnaires were positive. One person had commented, 'All staff were respectful' and, 'Staff were very sociable and kind. They couldn't do enough to help.'

We saw that the registered manager's completed joint audits to monitor the quality of the services. This included monitoring the effectiveness of people's reablement package. The registered manager told us they monitor outcomes for people starting from when they started reablement to when they leave the service.

The analysis of this showed that the reablement services had largely positive outcomes for people. For example, a high percentage of people who received support went on to successfully return to their own home. Others needed less care than they required prior to receiving reablement support. Other audits completed included; observations of staff delivering care in people's own home and medication audits completed by the local pharmacy. We saw that where these audits had identified areas for improvement, these had been acted on by the registered managers.

Both registered managers had clear plans for the future of the service. They informed us they had a number of pilots in place to aim to improve the quality of the service. This included a new rota system for community services that would identify if a member of staff was more than 10 minutes late to someone's home and new quality assurance systems that would further look at areas including compliance with Mental Capacity Act 2005 and person centred care. The registered managers were also working towards a new model of care that would see them work more closely with other healthcare professions.