

# Your Healthcare Community Interest Company

# Hollyfield House

## Inspection report

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Date of inspection visit:  
14 June 2018  
04 July 2018

Date of publication:  
22 August 2018

## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Outstanding ☆
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

Hollyfield House Domiciliary Care Agency provides a reablement service to people leaving hospital. The service also accepts referrals from the community via local authority and health care colleagues to facilitate hospital admission avoidance. This provides people with personal care and support for up to six weeks in their own home after discharge from hospital. The service is co-located and worked closely with the provider's occupational therapy, rapid response and district nursing teams.

A registered manager was in post. 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.

At our last inspection in November 2015 we rated the service Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The staff providing care for Hollyfield House Domiciliary Care Agency are called 'enablers' and we use this term throughout this report.

People's feedback about the effectiveness of the service consistently described it as outstanding. Staff, teams and services were committed to working collaboratively and had found effective ways to deliver joined-up care and support to people in their own homes. The reablement service was co-located with other healthcare teams and worked well in partnership with them and the local authority to respond effectively to the changing needs of local people. People using the service were helped to regain their independence wherever possible and they told us enablers supported them to achieve this.

People and their relatives said enablers were kind, caring and respectful. They praised the exceptional skills of staff who supported them. They spoke about the high quality of care provided and had no hesitation in recommending the service to others.

Enablers were motivated, enthusiastic and were proud to work for the service. A robust recruitment process was in place to make sure people were cared for by suitable staff members.

Risks associated with people's support were monitored and managed well. People had risk assessments in place so enablers were made aware of any hazards that could affect the delivery of safe care. Up to date care records supported enablers to meet people's needs and preferences.

People received their medicines safely and on time from staff who were trained to manage medicines safely.

People were protected from abuse because enablers received training in safeguarding, so knew what action to take if they were concerned about someone being abused, mistreated or neglected.

People were asked for their consent and enablers acted in accordance with their wishes. Any complaints, concerns and feedback were taken seriously and used as an opportunity to improve the service.

Enablers were supported well by their colleagues and their managers. They told us they could ask for advice and were able to express their views and opinions.

## 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 remained Good.

### Is the service effective?

Outstanding ☆

The service had improved to Outstanding.

People praised the skills of the enablers who supported them. Enablers worked collaboratively to understand and meet people's needs. There was a proactive support and appraisal system for enablers.

The service worked in partnership with other organisations and links with other health and social care services were excellent. This helped people experience positive outcomes regarding their health and wellbeing.

Enablers were confident about using the Mental Capacity Act 2005 and made sure that people were involved in decisions about their care so that their human and legal rights were respected.

### Is the service caring?

Good ●

The service remained Good.

### Is the service responsive?

Good ●

The service remained Good.

### Is the service well-led?

Good ●

The service remained Good.

# Hollyfield 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.

We gave the service 48 hours' notice of the inspection visit because the location provides a domiciliary care service and we needed to be sure that managers and staff would be available. The inspection was carried out by one adult social care inspector.

Prior to the inspection we reviewed the Provider Information Record (PIR) and previous inspection reports. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

Inspection site visit activity started on 14 June 2018 when we visited the office location to see the registered manager and to review care records and policies and procedures. Our inspection ended on 4 July 2018 with phone calls to people using the service and/or their representatives.

We spoke with the registered manager, five enablers and four healthcare staff. We also reviewed the care records of three people using the service and staff recruitment and training records for three enablers working for the service.

Following the site visit we spoke with five people using the service and one relative by telephone. We also received completed CQC surveys from 10 people using the service and 23 staff.

## Is the service safe?

### Our findings

The service continued to provide safe care. People and their relatives were positive about the service provided to them and felt safe when enablers were in their homes supporting them.

Enablers were aware of the signs and types of abuse and the action to be taken to help keep people safe. They had received safeguarding training and had access to the organisation's safeguarding and whistle blowing policy along with the applicable local authority safeguarding protocol. An organisational safeguarding lead also provided advice and support to the service when required.

The service continued to operate safe staff recruitment practices, helping to make sure that staff were suitable to work with people in their own homes. These included checking references, identity and carrying out Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Enablers completed an assessment as part of their initial visit to look at any potential risks. These were individual to each person and their environment containing any steps staff needed to take to support the person safely. Environmental risks were identified inside and outside the person's home including access for staff. Any risks around hoarding and fire safety were also looked at and appropriate referrals made to other agencies as required. People's individual risk assessments included information about any action to take to minimise the chance of harm occurring. Occupational therapists supported the enablers as needed around people's mobility and the equipment they required to manage their risks, including mobility aids and pressure relieving equipment.

People were able to describe how the service had ensured that the correct equipment was in place. One relative told us about the help provided to them to get a new chair for their family member and how efficiently this had been facilitated by an enabler.

Enablers continued to support people in the right numbers to deliver care safely. For example, where necessary, two staff were allocated to carry out moving and handling tasks.

Enablers knew how to inform the office of any accidents or incidents. Guidance was given to enablers about reporting incidents and accidents and this was backed up by a policy. They said they contacted the office and completed an incident/accident form after dealing with the situation. All accident and incident were logged on a computerised system monitored by the organisation. Any highlighted issues were then reviewed, discussed and action taken as required. We were given different examples where changes had been made following incidents or accidents to help make sure people using the service were kept safe. This included monitoring of people's ability to take their medicines safely and changes to the support being provided following a reported incident.

People who required support with their medicines continued to receive this safely. Enablers followed the provider's medicines policies and would only administer or prompt medicines prescribed by a GP and listed

on a treatment record. The service had procedures in place and provided training for enablers around the administration of medicines for people. Enablers could address any medicines issues with qualified prescribers who were co located. The enablers we spoke with told us how they supported people safely when dealing with medicines.

People were protected from potential cross infection. Enablers received infection control training. They had access to personal protective equipment (PPE) such as disposable gloves and aprons. The organisation had a dedicated infection control nurse who provided annual training and on-going support for enablers if required.

## Is the service effective?

### Our findings

People's feedback about the effectiveness of the service consistently described it as outstanding. People using the service told us how important it was for them to progress to be as independent as possible and how enablers supported this so effectively during the window of support being provided.

One person said, "There are not enough words. They have a professional mentality and I'm extremely grateful to them." Another person told us, "They were very good. Always helpful and ready to give advice." A person responding in a CQC survey commented, "I didn't know the reablement service existed. They were amazing and I could not have coped without their help and support. It was a great service... staff had a sense of humour and brightened our day."

A relative told us, "They were brilliant. I would have loved them to carry on – they really helped."

People and their relatives told us that the enablers had the skills and knowledge to support them or their family effectively. 100% of survey respondents said that enablers had the skills and knowledge to give them the care and support they needed. Healthcare professionals working in other services said that the enablers were skilled in what they did. One professional said, "They work to an incredibly high standard. It's poles apart from other domiciliary care services."

New staff received induction training, which provided them with essential information about their duties and job roles. After the induction, new staff shadowed an experienced member of staff for one week. They were then observed whilst working with an experienced member of staff for one week, before carrying out calls to people on their own. Staff undertook regular refresher training in areas essential to their role such as health and safety, safeguarding, moving and handling and equality and diversity.

One enabler said, "We have a lot of training and there is continuity of support." Enablers told us they had been able to access more specialist training such as dementia, diabetes and wound care.

The registered manager checked how staff were performing through an established schedule of formal supervision and appraisal. This was to provide opportunities for staff to discuss their performance, development and training needs. Records of staff supervision were seen in staff records. An enabler commented, "If I need an ear, they listen."

Care plans were available for enablers to follow and they confirmed to us that these were in place and up to date. Enablers told us that they encouraged people to do as much as possible for themselves and worked on building people's confidence, for example if the person had had a recent fall. People told us that enablers followed their care plan and did the things they wanted them to. One person said, "I can now manage by myself. They helped me – very good."

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.

Enablers had received training in relation to people's rights. People's rights to consent to their care were respected by enablers and people told us they were given choices in relation to their care. For example, one relative told us, "They were really great with [family member]. They did not force it and said, 'we'll see what tomorrow brings'. My [Family member] then went along with it."

The service was committed to working collaboratively with partner agencies and had developed more efficient ways to deliver joined-up care and support to people.

Weekly multi-disciplinary review meetings took place on a Wednesday. Local authority social workers attended this meeting who could feed the information back to their team or to the relevant person to take appropriate action. Occupational Therapists provided a review of people's progress and identified reablement goals which were recorded on the weekly meeting notes.

Enablers identified any concerns about people's health and alerted their line managers. The service was co-located and worked closely with occupational therapists, district nurses and the rapid response team to make sure people's healthcare needs were met. The rapid response team ensured any urgent nursing needs could be met at the person's home without admission to hospital where possible. For example, diagnosing a urine infection after concerns were raised by enablers. This meant that the person was supported to take medicines as necessary and to drink plenty of fluids during further visits by the reablement team, thus avoiding a hospital admission.

A recent example of integrated and effective working included the rapid response team assessing a person at the request of their GP who was concerned about their health and wellbeing. The rapid response team immediately alerted the reablement team who then worked with the person to support their personal care and self-care as well as improving their living conditions. This again avoided an emergency admission to hospital and resulted in the person being able to continue living independently in their own home.

The reablement team additionally worked with other healthcare professionals to provide 'virtual beds' in the community. This new way of working enabled people to be in their own beds at home but to still benefit from having occupational therapy and physiotherapy input. The reablement team provided all care requirements as well as any additional tasks such as practicing or prompting exercises prescribed by a physiotherapist. If further care was required following the 'virtual bed' pathway, the person was transferred on to the reablement pathway, retaining the same enablers and occupational therapist for continuity of care.

Enablers told us there was good joint working and there were always staff around to ask for their assistance about how to support people with their healthcare needs. This helped to make sure people experienced positive outcomes regarding their health and wellbeing. Representatives from the occupational therapy and nursing teams told us enablers liaised with them well and always raised any concerns they had about people's health needs. The co-location of different teams involved with people's care enabled discussion on a face to face basis. For example, a dedicated duty occupational therapist who triaged all referrals to the service sat nearby to the local authority access team who could try to ensure that any care management issues were addressed in a timely manner.

One enabler said, "We are lucky we work under the same umbrella. We work well with the district nurses –

communication is good." Another enabler told us, "We work really well with the rapid response team and the district nurses." A third enabler told us how the occupational therapist would visit with them if required or ring them up to make sure they were aware of any issues before visiting a new person.

Healthcare professionals working in the other organisational teams told us they had a good working relationship with enablers. Comments included, "Good communication. They work to an incredibly high standard", "We work closely with reablement. They contact us with any worries about the patient" and, "We work closely with each other. The outcome is of a high standard."

There was a thorough approach to planning and coordinating people's care including any moves across to other services and this was done at the earliest possible stage. The weekly multidisciplinary meetings enabled planning to start early and handovers were then planned with other care agencies with joint visits made to help the consistency and effectiveness of care for people using the service. One trusted assessment document provided a working template for multiple agencies to use reducing the number of assessments and handovers required.

People and their relatives were asked for their views and opinions with the completion of an exit questionnaire at the end of their time with the service. The findings from the questionnaires were reviewed and used to help the service improve and become even more effective. Comments included, "I am happy to inform you that the service your enablers provided was outstanding", "Excellent. They knew exactly what they were doing" and "Excellent. The enablers were concerned to do what was best for us with our agreement." One person said, "An excellent service at a time when encouragement was need." Another person told us, "The enablers set me targets that were attainable."

The service kept up to date with new research and development to make sure staff were trained to follow best practice. Your Healthcare employed a Clinical Governance Facilitator who ensured that each service within the organisation were aware of any new guidance from NICE, local or national government. Specialist staff were available to provide training and support to enablers. For example, around dementia, nursing interventions and moving and handling. Your Healthcare held 'Future Forums' on a regular basis which representatives from all the services attend. These provided an opportunity for services to integrate and share learning, success stories and identify strengths and weaknesses across the organisation.

## Is the service caring?

### Our findings

The service continued to be caring. People were positive about the support they received from enablers and said they were friendly and helpful. A relative told us, "They were so caring with my [family member]."

Consistent enablers were allocated wherever possible to support people, build relationships with them and ensure continuity of care. All of the enablers responding to the CQC survey said that the service made sure that people received care from familiar, consistent care and support workers. One person told us, "I do get the same carers. They change every four days." Another person said, "I get mainly the same two people. I could not fault them."

People told us that enablers respected their privacy and dignity. In survey responses to CQC, 100% of respondents said that staff treated them in a dignified and respectful manner. One person said, "Very kind and helpful." Another person commented, "They were very polite. They were a help to me." A third person commented, "I'd like to say the help and care I get from the Enablers is second to none. Everyone is so helpful and caring and I appreciate it very much."

Enablers told us that they offered people choices about how they wanted their care to be delivered. They talked about how they assisted and encouraged independence rather than just doing things for people. The people we spoke with felt that the enablers communicated well with them and encouraged them to do things for themselves. One person commented, "They listened to me."

People's care records outlined people's religious and cultural needs. Staff understood that people's diversity was important and something that needed to be upheld and valued. They understood people's needs with regards to their mental health, religion, culture, and gender and supported them in a caring way. People felt that the enablers communicated well with them and let them know what was happening.

Information was given to people and their relatives in relation to who the person should contact if they wished to make a complaint. People were able to contact the office at any time; there was an out of hours system in place to deal with any issues of concern. People and their relatives we spoke said that they did not have any concerns about the service provided.

## Is the service responsive?

### Our findings

The service continued to be responsive. People's needs were met through the way the service was organised and delivered.

90% of referrals were from a hospital setting. The duty occupational therapist liaised with the ward occupational therapist to discuss each person's needs and ensure that any equipment such as commodes and hoists were in place prior to discharge. An occupational therapist then worked with people, their relatives and the enablers to identify the goals people wanted to achieve with the support of the service. A care plan was produced outlining where people required support and how that was to be delivered.

Care records clearly detailed the goals each person wanted to achieve through their reablement support with a clear focus on enabling them to do as much as they could for themselves. For example, helping people to gain confidence in becoming more mobile, managing their own personal care and making their own meals. Each care plan had clear details in place for exactly what enablers should carry out at each visit. This might include support with tasks such as washing and dressing, preparing meals or assisting with medicines.

Daily records provided a full account of the support provided and showed the progress people were making in meeting their goals. We saw people's support was reviewed and any changes required were recorded in the weekly multi-disciplinary meetings held each Wednesday.

The service was able to respond promptly to any other identified needs by referring people to specialist services as appropriate. For example, enablers were able to make direct referrals to a Community Dementia Nurse Specialist. Development of the enabler's role to incorporate some basic nursing tasks had also allowed for a more responsive service. For example, some senior staff had trained as trusted assessors for moving and handling and others had been trained to carry out some clinical tasks. A healthcare professional told us the enablers were always 'keen to learn' and were good at flagging any medical issues they noticed when supporting people.

People were given information about how to make a complaint. There was a policy about dealing with complaints that the enablers and senior staff followed. This ensured that complaints were responded to. People felt able to raise any concerns or complaints should they have had any. One person using the service told us, "I would ring the office – use the number that they gave me." Another person said, "I have nothing bad to say about them." A person responding to a CQC survey commented, "I have no complaints, so this does not apply. I am very satisfied with the service." A relative said, "I always spoke to someone in the office" and confirmed that any issues had been sorted out promptly.

## Is the service well-led?

### Our findings

The service continued to be well-led.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

A clear leadership structure was in place. The registered manager was one of two team managers leading the service. They were supported by senior enablers in overseeing the overall operation of the service. Staff were split into teams working opposite each other on a four day on and four day off rota. Where possible staff provided continuity of care with floating staff provided to step in as necessary.

Enablers were proud of the service. They were positive about the way the service was run and were confident of the high quality of support provided. All of the enablers we spoke with said that they would recommend the service to family and friends.

People's views were gathered about the service through the use of questionnaires. When the reablement period ended people were sent satisfaction questionnaires. We looked at the questionnaires received back recently and the feedback was unanimously positive. Some comments included, "Very good. Caring and helpful", "They are all truly wonderful people" and "Very reliable and friendly."

Senior staff checked the quality of care provided to people. This included 'on the job' supervision where they reviewed the support provided, observed the interactions between staff and people, and reviewed the quality of care records. During these reviews senior staff asked people for their feedback about the staff member once they had left the property.

All enablers were invited to take part in an annual organisational staff survey conducted by an independent company who then provided feedback and action points. Staff are incentivised to take part in the survey with a donation made to a nominated charity. The survey addressed the culture of the service and identified any trends that needed to be address or celebrated. Schwartz rounds were also held on a monthly basis and staff from all of the organisations services were invited to share their views and experiences. These provide a reflective environment for staff to talk about the emotional and social aspects of their work.

Regular meetings were held to keep enablers updated with any changes in the service or people's needs and to raise any topics. Enablers also talked about a new forum being set up where they could talk to a senior staff member regularly outside of formal supervision to discuss any issues or problems they might be having.

The service was committed to being part of the Kingston Coordinated Care (KCC) programme with its eight underpinning principles which included understanding the person being supported as completely as

possible, sharing good quality information, ensuring co-coordinated care all the way through and to keep listening to the person.

Any adverse incidents were logged on a computerised system monitored by the organisation. Any highlighted issues were then reviewed, discussed and action taken as required. We saw different examples where changes had been made following incidents or accidents to help make sure people using the service were kept safe. For example, one enabler told us about how they had raised concerns about a person's safety taking their medicines and this had been immediately actioned to keep the person safe.