

# Hollybank Trust

# Holly Court

## Inspection report

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## Ratings

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

# Summary of findings

## Overall summary

Holly Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Holly Court is registered to provide accommodation and personal care for up to 15 people with learning disabilities and other complex health needs. The home is a purpose-built building with a separate garden. There are private bedrooms with en-suite facilities, with three communal lounges, dining rooms and kitchens and three communal bathrooms. At the time of the inspection 12 people were in receipt of care from the service.

At our last inspection the service was good. At this inspection we found the service remained good and met all relevant fundamental standards. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The registered manager and staff understood how to keep people safe. There were policies and procedures to follow for concerns and staff were aware of these.

Risk assessments were in place and regularly updated to protect people from harm without restricting people's freedom. 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 support this practice.

Staff were trained to give medicines safely, all training was monitored, and staff received regular support from the manager through supervision and appraisals.

People were involved in choosing and planning menus and supported to make healthy choices. Their nutritional intake was monitored and people were regularly weighed to make sure they were healthy. We observed staff were caring and involved people whilst they provided support. We observed people were treated with dignity and respect.

People's care plans contained information on what was important to them to enable staff to deliver personalised care.

The manager was visible and we saw meetings with staff were inclusive. Staff described the manager as approachable and had clear direction. Systems and processes for ensuring the quality of the service were securely and effectively in place.

Further information is in the detailed findings below.

## 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 remains Good.

### Is the service effective?

Good ●

The service has improved to Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Holly Court

## 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 was a comprehensive inspection. This inspection took place on 18 April 2018 and was unannounced. The inspection team consisted of two adult social care inspectors.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service were empowered to make decisions about how they wanted to live their lives.

Before our inspection visit we reviewed the service's inspection history, current registration status and other notifications the registered person is required to tell us about.

We contacted commissioners of the service, safeguarding and Healthwatch to find whether they held any 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. This information was used to assist the planning of our inspection and inform our judgements about the service.

We used a number of different methods to help us understand the experiences of people who lived in the home. As people were unable to communicate verbally we spent time in the communal areas observing care. We spoke by telephone with three of their relatives to obtain their view on how their relation was cared for. We also spoke with the registered manager, two senior members of staff and two staff members. We reviewed three staff recruitment files, three people's support records and a variety of documents which related to the management and governance of the home. We looked around the building including people's bedrooms and the communal areas.

## Is the service safe?

### Our findings

Relatives we spoke with told us their relatives were safe at Holly Court. One relative said, "They regularly monitor safety and activities." The staff we spoke with demonstrated they understood how to ensure people were safeguarded against abuse and they knew the procedure to follow to report any incidents. They were able to describe the signs to look out for which would indicate a person was being abused.

Risks assessments were well-documented and staff understood how to support people whilst enabling them and encouraging them to keep themselves safe. There were detailed risk assessments for all activities and these included photographs of the person enjoying the activity and using the right support, for example, safety harnesses and helmets so people were clear what to use and how to use them. All risk assessments were cross-reference in people's support plans. A relative commented, "They are risk assessed but not stopped from doing things."

Where people's behaviour may challenge them or others, staff had been trained to use positive strategies to reduce any risks and these strategies had been documented in people's support plans. Support plans documented people's independence and we saw staff promoting this through their understanding of what people could do for themselves.

We reviewed the staff rota which showed sufficient numbers of staff were deployed to support people safely. Each person had been assessed for the number of hours they required one to one support and the registered provider facilitated this, including for those people who were visiting the home for respite.

We looked at three staff files and found safe recruitment practices had been followed. For example, the registered manager ensured references had been obtained, both in writing and by verbally speaking to each person who had provided a reference, and Disclosure and Barring Service (DBS) checks had been carried out. The DBS helps employers make safer recruitment decisions and reduces the risk of unsuitable people from working with vulnerable groups.

Regular safety checks took place throughout the home, to help ensure premises and equipment were safe. During the inspection we saw the fridge temperature in one kitchen was high; we saw this had been discussed with the manager and maintenance and instructions were given to resolve the issue. Staff took and recorded the temperature of the water before assisting people to bathe or shower to ensure people were not at risk of scalding. Showerheads used different colour lights to show the water temperature. Fire safety measures were in place and people had personal emergency evacuation plans; a copy was kept on the back of each bedroom door so they were accessible to everyone .

The registered manager described how following an incident relating to poor practice she had spent time with the staff member jointly completing a 'reflective exercise' after which the staff member felt supported and able to deliver care appropriately.

The registered manager explained how they had identified high medicine temperatures frequently recorded; this was because medicines were kept in people's rooms. The registered manager changed where medicines were kept as a result.

At the time of our inspection there was no one living at Holly Court who was independently mobile, however we made a number of observations where safety could have been compromised, if people had been able to mobilise themselves without assistance. We brought these to the attention of the manager we made immediate arrangements for these to be resolved.

People received their medicines when they needed them and the procedures for managing medicines safely were methodical and robust. Staff were confident to explain their responsibilities in managing medicines safely and staff competence was checked to ensure safe practice.

The service was very clean and there were safe controls in place to minimise the spread of infection, such as thorough cleaning regimes and the use of staff personal protective equipment.

## Is the service effective?

### Our findings

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had appropriately referred to the local authority for authorisations for people living there permanently and on short stays.

We found people had their mental capacity assessed in order to determine their ability to provide lawful consent and these were kept in people's care files. We saw from care files, and relatives told us, they were involved in decisions about their relatives and consulted regularly about their care and support needs.

We found staff received regular support from the registered manager through supervisions and appraisals. Staff had been trained to gain the knowledge and skills to care for people and robust monitoring procedures were in place to make sure this happened.

Staff were able to describe the handover process, to ensure staff were aware of people's changing needs. There were weekly staff meetings to discuss people's needs and progression towards achieving agreed outcomes.

Quick and effective access to on-site therapy services was arranged through the registered provider. We saw regular visits were made by health professionals, such as GPs. This showed people received additional health care support when appropriate.

People's support plans were detailed and made sure that people's needs and choices were met. People were involved in choosing activities and there were outcomes associated with these to support people's independence.

We saw that people were involved in choosing and planning menus and supported to make healthy choices. People's nutritional intake was monitored and people were regularly weighed to make sure their weight remained in a healthy range.

The premises had been purpose built for people with complex physical health needs which meant all areas were accessible to people living at the home. We saw that people's rooms were individually decorated and people had been consulted about the recent refurbishment of one of the lounges.

## Is the service caring?

### Our findings

We asked a relative whether staff were caring. They told us, "Yes, they are caring and respect the dignity of people," Another said "The staff are amazing; a lovely bunch of people." We asked another relative how staff involved their relation in planning their care. They told us, "Yes, they listen to [name of person]'s views." We observed staff were caring throughout our inspection and involved people in their care by keeping them informed about what they were doing at all times when delivering care. We observed people were treated with dignity and respect. For example, one staff member explained "I'm going to turn your chair round now" before doing so.

One person was new to Holly Court and staff explained the person had first visited for an afternoon with their usual carers, before staying overnight with their usual carers, before staying on their own. Their usual carers assisted them through this to ensure the person received reassurance and gained confidence.

Staff were able to explain how they communicated with people to make sure the person's views were met, and we saw these methods were detailed in people's support plans. Staff understood how to communicate with people, understanding their gestures when these were used instead of words. The manager described how the service used electronic devices which enabled people to communicate their wishes.

We saw in people's care plans what was important to them and how they wanted their needs to be met and we observed staff following these plans. We saw people were encouraged to have independence, for example, by being involved in everyday meaningful activities such as helping with meal preparation. People's care plans detailed the choices they made in how they wanted to be supported and showed how staff support people to maintain contact with their families and be involved in their lives, for example, buying birthday cards and presents.

## Is the service responsive?

### Our findings

We asked relatives of people living at Holly Court whether they were involved in their care. One relative told us, "Yes, invited to reviews and involved in care plans. This helps with consistency." The registered manager also described the relative group meetings and how relatives are involved in decision making through these.

We looked at three people's support records in detail. We found support records contained information to enable staff to provide effective care and support to people and these were reviewed regularly. People's outcomes were detailed in the care plans and the support they required to achieve those outcomes.

Staff told us about how they supported people to have choice and ensure they undertook activities they wanted to do. We observed people were supported to make decisions about their daily life and we observed people were involved in choosing the menu and helping out in the kitchen. People were supported to assist in the kitchen.

People's cultural needs were met and we saw was a separate cupboard in the kitchen designated for a certain type of cultural food for a person who regularly stayed for short breaks. This showed people's spiritual and cultural needs were considered and being met.

People were supported to take part in a range of activities and some of their relatives confirmed this. Although one ne relative commented "We don't think [name of person] goes out enough. Staff planned to take [name of person] shopping but couldn't as there was no minibus."

Relatives told us they were confident to raise any concerns or complaints, although there had been no recent complaints. One relative said "I feel I can approach Holly Court and all the managers."

Staff also told us access to minibus drivers was limited which restricted some activities. On the day of the inspection the planned sailing activity was cancelled because a driver was training. The registered manager told us this was not a usual occurrence and described the fleet of 27 vehicles available to book in advance to support off-site activities.

The manager explained how Holly Court meets the Accessible Information Standard, for example, communicating with people using their preferred method of communication as well as capturing, documenting and meeting the communication needs to relatives. A relative had asked for larger font and newsletters were sent to them as requested.

The manager described how all managers in the organisation had been involved in considering how end of life plans for people would best be achieved and explained how the registered provider was developing these.

## Is the service well-led?

### Our findings

There was a registered manager in post who had been registered since January 2017. 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 very visible in the service and was involved in how the home was run. Staff told us the registered manager was supportive and encouraging saying, "[Name of manager] is always telling us when we're doing a good job, just very supportive." One member of staff told us, "[Name of manager] is always available, if I'm just a bit unsure I always ask." Staff told us they felt able to be open in team meetings saying, "They're a good chance for people to speak up," showing staff were involved in planning and decision making.

Residents had their own quarterly meeting and the registered manager told us they used this meeting to consult on decisions such as the décor of the home, what they wanted to eat and about activities they wanted to undertake. People's rooms were very personalised and recently people had been involved in the refurbishment of one of the lounges.

There was a clear vision for the service which was 'quality of life for life' and staff were able to tell us how they achieved this for the people living there.

Regular quality assurance checks and audits took place with overview from the senior management team and we reviewed these as part of our inspection. These demonstrated the registered manager was monitoring the quality of the service delivered to continuously drive up improvements.

The Head of Residential and Nursing Services described how the organisation monitored and improved the service through regular audits and trend analysis and how plans were developed from these.

The registered manager told us how they kept up to date with good practice through sharing forums with other managers in the service and through training. The registered manager was also supported by the senior management team through the 'Beautiful Book' a diary system of all required checks and best practice.

The manager recorded positive feedback on the noticeboard and produced a seasonal newsletter for relatives. Relatives were also involved in the Residential Services Advisory Group and the manager described how local community groups were also involved in supporting Holly Court through these. The provider also shares the organisations facilities with other providers.