

Hollybank Trust

# The Conkers

## 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?	Requires Improvement ●

# Summary of findings

## Overall summary

About the service: The Conkers is registered to provide accommodation and personal care for up to seven people with learning disabilities and other complex health needs. The home is a one storey, purpose-built building with a separate garden. At the time of inspection 7 people lived in the service.

People's experience of using this service: People were supported to take their medicines in a safe way however medicines were not always safely managed. We have made a recommendation about the management of medicines.

Formal feedback from people who use the service, their relatives and staff was not routinely sought by the provider to evaluate and improve the service.

Everyone we spoke with told us The Conkers was a friendly and lovely place to visit, that staff were kind and caring and people were treated with respect.

People were involved in their day to day lives through being empowered to make their own choices about where they spent their time, who with and how. People had access to a wide range of activities including access to the local community. Independence was promoted and staff actively ensured people maintained links with families.

Recruitment processes were robust and thorough checks were completed before staff started working in the home. We saw there were sufficient numbers of staff on duty on make sure people's care needs were met. Staff had received training, supervision and appraisal to ensure people received appropriate care.

The manager and staff knew what to do to keep people safe. Individual risks had been assessment and identified as part of the support and care planning process. We saw nice interactions between staff and people who used the service. We saw staff respected people's privacy and dignity.

People's nutritional needs were met and the menus we saw offered variety and choice. Records showed people had regular access to healthcare professionals to make sure their health care needs were met.

A complaints procedure was in place. Relatives told us they would have no hesitation in raising concerns and knew how to do this.

The home had good management. The manager was visible working with the team, monitoring and supporting staff to ensure people received the care and support they needed.

More information is in Detailed Findings below.

Rating at last inspection: Requires improvement (report published 23 December 2017)

Why we inspected: This was a planned inspection based on the rating at the last inspection. We saw improvements have been made since our last inspection and the provider was no longer in breach of the regulation relating to medicine management. The service has improved and is now rated good overall.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may 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?

The service was safe

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

# The Conkers

## Detailed findings

### Background to this inspection

The inspection: We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: Two inspectors visited on the day of inspection.

Service and service type: The Conkers is a residential care home. People in residential care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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 can live as ordinary a life as any citizen.

At the time of our inspection the home did not have a registered manager. The home was currently being run by a manager who had applied to become a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means 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: This inspection was unannounced.

What we did when preparing and carrying out the inspection: We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority and professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

We used a number of different methods to help us understand the experiences of people who lived in the home. The people who lived at the home were not able to communicate verbally, and as we were not familiar with everyone's way of communicating we were unable to gain their views; therefore, we spoke with three relatives of people who lived at the home by telephone.

We used the Short Observational Framework for Inspection (SOFI) to observe the lunch time meal experience in the communal dining area. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

During the inspection, we spoke with four members of staff, the manager and a supporting manager.

We reviewed a range of records. This included two people's care records and multiple medication records. We also looked at two staff files in relation to recruitment and supervision records, records relating to the management of the home and variety of policies and procedures developed and implemented by the provider.

# Is the service safe?

## Our findings

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

### Using medicines safely

- At the last inspection we found the management of medicines was not always safe and the provider was found to be in breach of the regulations. At this inspection we found sufficient improvement had been made to remove the breach although we found further improvement was required in a different area.
- We identified concerns relating to record keeping for controlled drugs as it was difficult to understand the stock balance because of the way records were maintained. We found no evidence anyone was harmed because of this. Poor records do however increase the likelihood that errors will occur. We saw an audit carried out in October 2018 had identified the same issue as found during our inspection but remedial action had not yet been implemented by the provider.

We recommend the provider reviews current guidance on management of medicines and take action to update their practice accordingly.

- Medicines were administered by senior support workers who had received specific training. The staff member we observed administering medicines clearly knew people well. People were spoken to in a friendly manner and given the time they needed to take their medicines. A relative told us, "I have never had any concerns regarding medicines and feel confident if something wasn't right I'd be informed straight away." A second relative said, "Seniors (referring to senior support workers) would tell me if there was a mistake. I have no concerns."
- Where people were prescribed medicines to take 'as and when required' detailed information was available to guide staff on when to administer them.

### Staffing levels

- Recruitment practices were of good quality and suitable people were employed.
- We asked a relative if they thought there were enough staff, they said, "Yes. There is always plenty of staff around." All staff spoken with said there were sufficient staff to keep people safe.

### Assessing risk, safety monitoring and management

- People were protected from avoidable risks. Risk assessments were undertaken by the manager for a range of risks, such as those associated with diet and nutrition and skin integrity. Recognised risk assessment tools were used to help determine risks.
- In the care plans we looked at we saw examples of good moving and handling plans, which provided staff with information to safely help people to move.
- Equipment was used to help keep people safe, such as bed rails. The associated risks were assessed and consideration was given as to whether the equipment was necessary to keep the person safe.
- The environment and equipment was safe and routinely maintained. People's bedrooms were individually decorated. Emergency evacuation plans were in place to ensure people were supported appropriately in the event of a fire.

- A safeguarding policy and procedure were in place to keep people safe. Staff demonstrated a good understanding of their role and actions required to keep people safe.

#### Preventing and controlling infection

- People were protected from the spread of infection. Staff had received training in infection control and followed good infection control practices to help prevent the spread of healthcare related infections. All staff we asked told us they had access to adequate supplies personal protective equipment such as gloves and aprons when providing personal care.

#### Learning lessons when things go wrong

- The provider was keen to develop and learn from events. Accidents and incidents were recorded on an on-line system and reviewed by the manager who would email senior support workers if there were any issues identified for action. A quality committee and quality team had oversight and analysed any themes in accidents, incidents, safeguarding issues and complaints to take preventative action.
- The manager shared lessons learnt with staff at monthly staff meetings, via email or where appropriate, at handover.

# Is the service effective?

## Our findings

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

Supporting people to eat and drink enough with choice in a balanced diet

- We observed one staff member use supportive actions and encouraging words during a meal time and ensured the person retained their independence by enabling them to use an item of cutlery. A second member of staff observed provided little interaction with the person they were supporting during a meal time. We discussed this observation with the manager who assured us they would address our concern.
- People had choice and access to sufficient food and drink throughout the day. Food was well presented and looked appetising. A relative told us, "[Name] has a very varied diet with plenty fresh vegetables." Another relative said, "[Name] has a healthy balanced diet. It's always cooked from scratch and if [Name] doesn't like what has been cooked, alternatives are always offered."
- Where people required their food to be prepared differently because of medical need or problems swallowing this was catered for.

Staff skills, knowledge and experience

- Staff were competent, knowledgeable and skilled and generally carried out their roles effectively.
- Staff completed an induction programme which included mandatory training. Staff who were new to a caring role were required to complete the care certificate. The care certificate is a standardised programme of knowledge that aims to provide care staff with the skills they need to provide safe and compassionate care.
- Regular supervision was carried out by the manager and senior support workers to support staff to develop in their roles. Staff received annual appraisals.

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

- People's care and support needs were assessed and regularly reviewed by the manager. Expected outcomes for people were identified, recorded and reviewed.
- Physical, mental health and social needs had been addressed and care plans included information to provide direction for staff to ensure care was provided in line with current good practice guidance.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life.

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

- The design and layout of the buildings was appropriate for the needs of the people who lived there and there was a homely feel. All areas of the home were accessible for people who used wheelchairs. The large communal lounge was simply decorated and designed to provide low levels of stimulation to support people's sensory needs. The sensory room provided a smaller intimate space designed to help people develop and engage their senses using sound, lights and colours.

Supporting people to live healthier lives, access healthcare services and support

- Records showed people had access to external health professionals and we saw this had included GPs,

physiotherapists, dentists and speech and language therapists.

- Care plans contained a traffic light health document which contained important healthcare information for hospital staff should the person be admitted to hospital or visit another healthcare professional. A traffic light document is based on the traffic light signals, red details 'things you must know about me', amber indicates 'things that are important to me' and green 'my likes and dislikes'. It helps health professionals understand a person's needs who may not be able to communicate directly at the time of admission.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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, and whether any conditions on authorisations to deprive a person of their liberty were being met.

- All staff we spoke with understood the MCA and could explain what it meant.
- People were encouraged to make all decisions for themselves. Where people did not have capacity to make decisions, they were supported to have the maximum choice and control of their lives and staff supported them in the least restrictive way possible.
- Care plans we looked at contained appropriate and person specific mental capacity assessments which would ensure the rights of people who lack the mental capacity to make decisions were respected.
- Where people were deprived of their liberty, the manager worked with the local authority to seek authorisation for this to ensure it was lawful.

# Is the service caring?

## Our findings

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

### Ensuring people are well treated and supported

- We were not able to communicate verbally with people who used the service but were able to observe interactions between people and staff members. We observed people appeared comfortable, happy and interested in what was happening at the home. We saw staff engage with people whilst providing support and staff chatted in a relaxed and positive manner. A relative told us, "I have got a brilliant relationship with staff." A second relative said, "The care and consideration shown in doing their (referring to staff) jobs is unbelievable." A third relative told us, "[Name] has never been short of any attention or care."
- All staff we spoke with were knowledgeable of people's likes and dislikes and it was clear staff knew people well. There was a lot of laughing and friendliness observed between staff and people throughout the inspection. A relative told us, "I can't praise them (referring to staff) enough. Staff are brilliant."
- Staff we spoke with clearly enjoyed working at The Conkers. They were motivated to provide good quality care and support. We saw staff had good relationships with people they supported. A member of staff said, "I love working here." A second member of staff said, "It's one big family."

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

- People's care was tailored to meet their individual needs and preferences. People looked well cared for. A member of staff described how they would support people to choose their clothes and this meant people were supported to make choices. People's clothes were nicely presented and hair and nails were brushed and clean.
- All the relatives we spoke with confirmed they were given the opportunity to be involved in the development and review of their relative's care plan.

### Respecting and promoting people's privacy, dignity and independence

- Staff we spoke with understood the importance of maintaining people's privacy and dignity and gave examples of how they would implement this. For example, one member of staff told us they would always knock before entering a bedroom, ensure curtains were drawn and a person was covered at all times whilst providing personal care.
- People were supported to develop and retain their independence. Personalised electronic communication technology was used to help staff understand a person's wishes. A member of staff described how this supported one person to talk about their emotions which in turn enabled staff to support the person appropriately. A second member of staff described how occupational therapists had been involved and used assistive technology to enable a person to try a new hobby.

## Is the service responsive?

### Our findings

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

#### Personalised care

- People's care was tailored to meet their individual needs and preferences. Assessments and care plan documentation prompted assessors to consider people's communication needs, preferences and characteristics protected under the Equality act such as gender, religion, sexual orientation and disability. All of the people we met during our visit had sensory or communication impairments and we saw staff knew people's individual communication styles.
- People's care plans were detailed and contained information about their needs. For example, information relating to personal preferences, routines and how the person preferred to spend their time. People's daily routines included a 'Gateway to sleep' care plan detailing each person's bedtime routine and how to enable them to get the best nights rest.
- We asked support workers whether they routinely looked in the care plans to familiarise themselves with a person's requirements and support needs. A member of staff said, "I have been given the time to read people's care plans to get to know what they need and how to best support them."
- People were enabled to follow a variety of interests and activities. In the care plans we looked at we saw people accessed activities daily, for example, music, messy art and a visit to an IT café. A relative told us, "It's one of the home's strengths. They offer a wide variety of activities and opportunities for [Name] to get out into the community."
- Daily records were kept, detailing what activities the person had undertaken, support provided, choices given, meals eaten, the person's mood and any incidents or concerns.
- People were able to maintain contact with those important to them. We saw one person was supported to maintain contact with family members using electronic communication technology. A relative told us, "Anytime I turn up they (referring to staff) greet me and ask me if I need anything."
- All organisations that provide NHS or adult social care must follow the Accessible Information Standard (AIS). The aim of the AIS is to make sure people who have a disability, impairment or sensory loss receive information they can access and understand, and any communication support they need. We found very detailed information regarding people's communication needs and the communication needs of their relatives, where appropriate, was recorded in care plans.

#### Improving care quality in response to complaints or concerns

- The provider had a complaints policy. We noted there were no formal complaints since the last inspection. Concerns receive verbally were recorded appropriately. The manager told us they had not received any written complaints regarding the service and would address people's and relative's concerns immediately as they arose.
- Relatives we spoke with confirmed they knew how to make complaints should the need arise. A relative told us, "I know how to make a complaint and if I felt it wasn't dealt with properly, I would know how to raise further." A second relative said, "I have no concerns whatsoever."

#### End of life care and support

- We found care plans contained limited information regarding person centred end of life wishes. We raised this with the manager who acknowledged there had been limited discussions regarding end of life wishes due to the average age group of the people they supported. The manager told us the provider was currently formalising an end of life policy and respectful initial discussions with people and their relatives had started to be held so person centred end of life wishes could be known and recorded appropriately within the care plans.

## Is the service well-led?

### Our findings

Service management and leadership was consistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Engaging and involving people using the service, the public and staff. Continuous learning and improving care. Working in partnership with others

- The provider did not routinely ask for formal feedback to evaluate and improve the service from people who used the service or their family members. Although we saw people's views were gained regarding their wellbeing and forthcoming activities through adult forum meetings. We raised this with the manager who told us they felt there was a good working relationship with people's relatives and any concerns raised were dealt with straight away. The supporting manager told us relative's views were gained through a provider wide forum named the residential services advisory group, which included representatives of family members per home and met three times a year.
- We found the provider had not sought formal feedback from staff since 2016 when a staff survey was carried out although we saw staff meetings were regularly held. Topics discussed included individual people's care needs, daily activities, medication and respect for others. After inspection the provider sent us a quality summit action plan dated November 2018 which included initiatives for seeking service feedback during 2019. We will check the progress of these at our next inspection.
- A relative told us families of people who used the service were invited to the home for a Christmas Eve lunch. They said, "I think it is great and gives a chance to get together with other people's families. It's a nice social event and a good idea."
- The manager worked in partnership with community health professionals to meet people's needs and drive up the quality of the service. A member of staff told us six people had recently been away on holiday. They described how the speech and language team had been involved to support people to choose where they wanted to go on holiday and who with.
- The provider had forged good links for the benefit of the service within the local community. The manager described a recent event when people who used the service had expressed a wish to offer support to other people. As a result, a visit to a local hospice to meet people and hand out Christmas presents had been arranged.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- The manager had oversight of what was happening in the service. Staff at all levels understood their roles and responsibilities.
- The quality assurance system included monthly audits including care plans, medicine management, security checks and infection control carried out by the manager and senior support staff. We found remedial action, as identified earlier in the report regarding medicines management, was not always taken by the provider in a timely manner.
- The previous inspection ratings were displayed within the main reception area. The rating, along with a link to the CQC report was also available on the registered provider's website.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- Relatives told us they felt the home was well led. One relative said, "I have plenty of confidence in staff and their abilities and I have got a brilliant relationship with staff." A second relative told us, "I feel confident regarding the care of [Name] with a new manager in place." A third relative said, "[Staff Name] is an absolute star. An angel. What they do for [Name] is faultless. They can't do enough for us. They go above and beyond."
- Staff told us they felt listened to and the manager was approachable. Staff understood the provider's vision for the service and told us they worked together as a team to deliver high standards. We asked staff whether they felt supported by the manager. A member of staff told us, "I am enjoying working here, everyone is really helpful." A second member of staff said, "I just love it. It is so well run."