

Hollybank Trust

Oak House

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

About the service:

Oak House is a care home registered to care for six people who have a learning disability. At the time of the inspection six people were using the service.

People's experience of using this service:

The service reflected the principals of Registering the Right Support guidance, providing person-centred care and support. The service had a homely feel with care and attention to ensuring each person had a bespoke living environment taking into consideration their likes, preferences and sensory needs. There was space for people to spend time alone, and to socialise with others. The service promoted people's choice, control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People were safe and protected from avoidable harm and relevant risk assessments were in place. People who used the service communicated to us that they felt safe living in the home. Their relatives we spoke with spoke positively about the standard of care and support their family members received. People's medicines were managed well, and the home was seen to be clean and tidy throughout.

There were enough staff and they had been recruited in a way that helped to keep people safe. There were enough staff on duty to ensure people's needs were met. New staff received support to help them learn their role. All staff received appropriate training, support and supervision.

People were supported to eat and drink. Where people had specific dietary needs, these were provided for. Communication was effective within the staff team and people were supported to access other healthcare professionals as needed.

People were supported to make day to day choices and decisions about their lives and were able to participate in their hobbies and interests. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff were kind and caring towards people and had developed very strong relationships with them, knowing them well, including their histories, likes and dislikes. People were treated with dignity and respect, they were involved in making daily decisions and encouraged to develop and maintain their independence.

Care plans were personalised and detailed. They included information about people's preferences and abilities. Staff supported people to participate in a range of activities. There was a focus on treating people with equality. Bespoke techniques were used to involve and empower those with communication difficulties to ensure their voices were heard and valued. There was a system in place to manage complaints.

Leadership and management were of good quality and people who used the service, their relatives and representatives were fully involved in how the service was run and operated. Systems of governance were in place to continually monitor the quality of the service provided and staff felt supported and spoke positively about the registered provider and the registered manager.

Rating at last inspection:

The service was rated good at the last inspection in 2016 (published 17 November 2016).

Why we inspected:

This was a planned inspection based on the rating awarded at the last inspection.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 remained Good.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service remained Good.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service remained Good.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service remained Good.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service remained Good.

Details are in our Well Led findings below.

Good ●

Oak House

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

The inspection was undertaken by one adult social care inspector.

Service and service type:

Oak House is a 'care home.' People in homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and care provided, and both were looked at during this inspection.

The service specialises in providing care and support to people with learning disabilities and other complex needs such as sensory impairments and physical disabilities. The home consists of two, adapted, wheelchair accessible bungalows; Oak House which can accommodate up to four people, and the Acorns, which is an annexe accommodating two people.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We visited Oak House on 7 May 2019. We gave the registered manager short notice that we were going to visit. This was because this is a small service and we wanted to be sure people would be there when we visited. Additionally, people who use the service have complex communication needs and we wanted to provide time for people to be told about our visit in ways that were accessible to them, such as 'life stories.'

What we did:

The provider had completed a Provider Information Return (PIR) in April 2019. This 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. This information was used to help inform our inspection.

Prior to the inspection we reviewed information we had received about the service. This included reviewing any notifications of accidents and incidents and information we had received from external agencies. We also received feedback about the service from one social care professional.

This inspection included spending time with three people who lived at the home, the registered manager, the registered manager from a sister home run by the provider, two senior care workers, two care workers, the nominated individual and the provider's quality lead. We reviewed three people's care records, two staff personnel files, audits and other records about the management of the service. We spent time observing interactions between staff and people in the home and following the inspection, we spoke with two relatives of people who lived at the home. After the inspection we requested further information from the registered manager. This was received, and the information was considered as part of our inspection.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- Systems in place to safeguard people from abuse were effective.
- We observed that people were comfortable in the presence of the staff, indicating they felt safe.
- Both relatives we spoke with also felt their family member was safe.
- Staff had received safeguarding training and were clear about what may constitute abuse and their responsibility to report any concerns.
- Staff were aware of the guidance about whistleblowing. Whistleblowing is one way a worker can report concerns, by telling someone they trust.

Assessing risk, safety monitoring and management

- Risks to people's health, welfare and safety were well managed.
- Person centred risk assessments were in place ensuring risks to people's well-being were assessed, clearly documented and updated when people's needs changed. We discussed with the registered manager that where people were supported to move round with the use of hoists and slings, including more information in their care plans about the loops to be used.
- People were safely supported by equipment that was serviced and checked on a regular basis. Photographs were included in people's care plans to show staff how specialist equipment should be applied and fitted.
- The management of risk was proportionate, as it did not negatively impact on people's activities and freedom.

Staffing and recruitment

- There were enough staff deployed to ensure people received prompt care, support and regular interaction.
- Staff were visible and attentive to people's needs.
- People's relatives shared no concerns about staffing levels.
- Staff felt there were enough staff working with them to support people effectively.
- The provider followed safe recruitment practices, to help make sure people were protected against the employment of unsuitable staff. This included seeking up to four references and DBS checks for applicants.

Using medicines safely

- People were provided with safe and appropriate support with their medicines, which were stored and managed safely.
- Staff completed training and had been assessed as competent before administering people's medicines.
- People's plans included information about the medicines they were prescribed and clear guidance about the support they required from staff.
- Regular medicines audits were completed. Medicines records were checked by the management team to

make sure people received their medicines as prescribed. Appropriate action had been taken when any errors were found.

Preventing and controlling infection

- Effective measures were in place to prevent and control the spread of infection.
- The home was clean and odour free and people's relatives confirmed this was always the case.
- Staff were trained in infection control.
- Gloves and aprons were readily available for staff, who used them when needed. This helped prevent the spread of infection.

Learning lessons when things go wrong

- The service learned from past incidents and accidents to enable them to support people better.
- The management team were keen to develop and learn from events and used this as an opportunity to improve the service for people and for staff.
- Accidents and incidents were recorded and analysed. This enabled possible trends to be identified and, where needed, action to be taken to reduce future risk.
- There was a clear culture of learning lessons when things went wrong, and staff were encouraged to reflect on where things could have been done differently and where improvements could be made.
- Monthly staff meetings also included discussion about any incidents, and lessons learned.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

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

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

- People's needs were assessed and care and support was delivered in line with people's choices and preferences.
- People and those important to them such as their close relatives, were involved in the assessment process.
- Everyone's feedback was very positive. One person's relative told us, "On the whole, [the service is] absolutely amazing."
- Care records and risk assessments showed people's support was provided in line with current good practice guidance.

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills and knowledge to support them effectively.
- New staff received an in-depth induction to the service, which included training in all core knowledge needed to care for people effectively. New starters also worked alongside other more experienced staff until they were confident to work unsupervised.
- The service had introduced a mentoring scheme to provide extra support and advice to new starters from their colleagues.
- There was an effective, ongoing programme of training for all staff. This included core training such as fire safety, first aid, food safety and moving and handling. Staff also received training in other areas important to the specialist needs of the people who used the service.
- Staff who were interested in progressing their career had access to the, 'Leaders of the future' training programme, which covered areas such as coaching and mentoring, time and budget management and report writing.
- Staff received regular supervision and appraisal to monitor their performance and support them in their roles.

Supporting people to eat and drink enough to maintain a balanced diet

- People received a balanced diet which took in to consideration their preferences and dietary requirements.
- People were offered a choice of drinks and food and staff knew people's likes and dislikes.
- One relative said, "[Family member] has a good appetite and staff meet their specific needs around eating and drinking."
- Where people's culture included specific dietary needs, people's wishes were facilitated and respected.
- Where people were at risk of not maintaining a balanced diet, there was information in their care plans guiding staff how this should be addressed.

- When needed, staff closely monitored and recorded people's food and fluid intake. and advice was sought from relevant community healthcare professionals.
- Senior staff had undertaken advanced training in supporting people with eating and drinking, and this helped to make sure the care team could meet people's particular individual needs

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

- Staff worked well with external professionals to ensure people were supported to access health services and had their health care needs met.
- Care plans included information about people's health so that staff could provide appropriate support.
- People's weight was regularly checked as part of monitoring people's health.
- The relatives we spoke with told us communication between them and the home was good.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- The service was working within the principles of the Mental Capacity Act 2005.
- Where people had been deprived of their liberty the home had requested DoLS authorisations from the local authority to ensure this to be lawful and people's rights were protected.
- People were supported by staff who were appropriately trained and knew the principles of the MCA.
- People's mental capacity to make decisions was assumed unless there was evidence to suggest otherwise and there was a strong emphasis on involving people and enabling them to make choices wherever possible.

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

- Both Oak House and the Acorns annex were adapted to suit the individual needs of the people who used the service.
- Each person's bedroom was decorated and furnished in a way that reflected their individual preferences and interests.
- Corridors and doorways were wide enough to enable people to move freely within the home and communal areas were homely while providing enough space for people to participate in activities.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

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

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

- There was a strong and visible person-centred culture, with staff ensuring people were treated equally and fairly.
- We saw warm interactions between people and the staff supporting them. The staff members' approach was consistently supportive, caring and inclusive.
- People's diversity and individuality were respected, and their rights were considered when their care was being planned.
- Staff received training in equality and diversity and spoke to people with warmth and respect,
- Staff we spoke with had a very good understanding of people's individual communication, care and support needs.
- We asked relatives if the staff were caring and kind. One relative said, "The staff are kind and caring and nothing is too much trouble."

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

- Care records showed that people's views were central to how their care was planned and delivered, and we saw staff consistently involving people, asking their opinions, and offering people choices.
- The service helped people with communication difficulties explore their goals and preferences, through various means, including observing and analysing their body language. This helped to ensure people had a voice and staff had a clear understanding of people's likes and preferences.
- People's relatives told us staff knew people well and people were encouraged to make choices in all areas of their lives. One relative said, "Staff know [family member] very well. Some staff have been there as long as [family member] has. This is 10 years plus. They have definitely built good relationships with [family member] and know what they like."
- When people could not speak for themselves, those who were important to them, such as close relatives or independent advocates were also involved in making sure their care was planned as they preferred. An advocate is someone who can help people say what they want and make sure their rights are protected. Information was displayed in the home about local advocacy services.
- The relatives we spoke with confirmed they were involved in regular reviews of their family member's care.

Respecting and promoting people's privacy, dignity and independence

- Observation, discussion and records showed us staff upheld people's dignity and privacy.
- People were supported to maintain their independence where possible. People had access to mobility aids and provided with equipment to enable them to eat independently. Several people had benefitted from learning environmental switch skills so they could be as independent as possible, using adapted switches to turn on sensory equipment and use a touchscreen tablet computer.

- There was very good use of assisted technology, with touch button communication aids helping people to communicate their needs and preferences.
- The service maintained their responsibilities in line with the General Data Protection Regulation (GDPR). The GDPR sets out guidelines for the collection and processing of personal information. People's confidentiality was respected, and their care records kept securely.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

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

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

- People benefitted from a service that provided personalised care.
- People's care records were person-centred and detailed. The service had further improved people's person-centred care plans, which included information about people's daily routines, including the tasks they could do independently and where they needed support.
- The service understood people's information and communication needs, which were clearly identified in people's plans.
- People were enabled to participate in a very diverse range of activities. This included messy art, trampolining, hydrotherapy, music therapy, wheelchair dancing, curling, archery, walking group, book reading sessions and sensory gardening. People took part in activities in the local community, including sailing, horse riding, shopping and eating out, visits to the seaside and ice skating.
- A staff member told us with pride that they had accompanied one person on 'adventure' holiday, which included them both overcoming their fear of heights enough to try abseiling. Several staff told us that this, and the other activities the person was involved in during the holiday had resulted in a real increase in the person's confidence.
- One person's relative told us, "[Family member] is happy when out and about and goes out a lot." They added, "[The service] does lots of things well. [Family member] has the best possible quality of life they can have. A really nice life."
- A social worker told us, "The staff have all been extremely friendly, professional and caring. They have made [person] feel very welcome and have attended to all their physical, emotional, social and health needs very well. They work in a holistic way. I always feel that they try to do what is best for the service users and they look for opportunities for the adults who live there to have different experiences and to do things in the community. They are very inclusive in the way they work."

End of life care and support

- People's care records included information from people and their families' preferences as people neared the end of their life. Work was ongoing to improve the detail in people's end of life plans and it was evident that this was being undertaken in a sensitive way.
- People who used the service and staff were provided with sensitive support following any deaths in the service. People had been involved in the creation of a memory table in the corner of a lounge, with photos and things people had made. Staff told us this helped people to remember the friends who were no longer with them in a very positive way and this in turn, helped people in the grieving process, and in coming to terms with their loss.

Improving care quality in response to complaints or concerns

- People's relatives said they were happy with the care provided but would not hesitate to approach the

registered manager with any concerns. They said any minor issues or problems had been dealt with positively by the service. One relative said, "If you do suggest something, they try their best to make it happen."

- Clear complaints records were in place detailing the actions taken following any complaints. There was evidence of an open culture and clear learning from complaints and adverse events.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

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

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

- People's relatives felt that the provider organisation, Hollybank Trust and Oak House were well led. One relative told us they felt the organisation was transparent when communicating with relatives. They said, "Hollybank Trust is very up front, and I know the staff are encouraged to report any mistakes or concerns. There is a genuine culture of openness."
- Staff told us they felt supported and were positive about the registered manager and the registered manager expressed confidence in the competence and commitment of the staff team.
- The members of the staff team we spoke with was professional and open when speaking with us about their role and the people they supported.

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

- All staff we spoke with were clear about their role and responsibilities and there was a focus on continuous improvement.
- The service had improved upon the system of governance and audits seen at the last inspection in 2016. Three members of the management team told us the registered provider had introduced an improved compliance audit for all services, that better covered all aspects of the service.
- We saw that a range of audits were completed at regular intervals by different members of the staff and senior management team and that these were effective in identifying and addressing area for improvement. One relative also told us they were aware that the management team had been through a series of changes and there was currently an emphasis on improving the policies, procedures and processes. They said, "Better processes are being put in place."
- To enable senior managers to keep an overview and to monitor the service effectively, the registered manager submitted reports about events, and the quality and safety in the service on a weekly basis. A more detailed monthly report was also submitted to the executive team.

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

- Regular meetings were held with people who used the service and their feedback was discussed at staff meetings.
- Staff meetings were held regularly and covered a range of topics. Staff we spoke with said they were able to make meaningful contributions during the meetings.
- The registered provider also facilitated a regular group, when a representative parent from each service

operated by the registered provider met. Feedback from these meetings was used for further learning and making improvements.

- Staff told us the provider had established systems and processes to aid communication between staff in the home and the wider organisation. This include daily hand overs at shift changes, a communication book or email, as well as newsletters. This enabled information to be shared effectively.

Continuous learning and improving care

- The service had maintained and further improved person centred care, activities and independence for people seen at the last inspection in 2016, demonstrating that good management and leadership had been sustained over this time.
- The registered manager and each of the staff we spoke with were clear in their wish to learn and continually improve the quality and safety of the service provided to people.
- The registered manager told us they attended monthly managers meetings where good practice was shared. Regular meetings were also held with members of the senior management team.
- The Director of Operations told us recent changes within the organisation included improvements to the systems of governance and IT. The registered manager told us plans included implementing electronic care records.

Working in partnership with others

- The registered provider and registered manager worked in partnership with other health care professionals and organisations. These included the social care and health care workers.

A social worker told us the team at Oak House had been managing a difficult and sensitive situation, requiring them to liaise with many professionals. The social worker told us, staff had managed the situation, "In an exemplary way." They added, "Their communication has always been reliable and thorough. Their care plans are very detailed, and person centred. They work hard to build positive relationships with families. I have no concerns about any aspect of the care, systems or processes that I have observed at Oak House."