

Hollybank Trust

Poplars

Inspection report

Far Common Road
Mirfield
West Yorkshire
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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

Poplars is a care home providing personal care to 12 adults aged 18 and over at the time of the inspection.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was registered for the support of up to 12 people. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design and style.

People's experience of using this service and what we found

There were systems in place to reduce the risk of harm to people. Where risks were identified, care records included the actions to be taken to reduce future risk. Staff recruitment was safe and there were sufficient numbers of staff employed to meet people's needs. The management of medicines was safe. The home was clean and odour free.

New staff were supported with a period of induction. There was a programme of on-going training and supervision for all staff. Staff supported people to eat and drink to ensure their individual needs were met. Communication with the staff team was effective and people were enabled to access other health care professionals as required.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service applied the principles and values of Registering the Right Support and other best practice guidance. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and 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 supported by staff who were caring and kind. Staff respected people's right to privacy, maintained their privacy and encouraged them to retain their levels of independence. Staff encouraged people to make choices and respected their decisions.

Each person had a person-centred care record which detailed the care and support they needed. People

were enabled to maintain contact with their families and to participate in a varied programme of activities. Relatives were aware of how to complain in the event they were unhappy with the service their relative received.

Staff felt supported by the registered manager. There were systems in place to continually monitor the quality of the service. Where shortfalls were identified, actions were taken. House meetings had recently been introduced at the home. There were regular staff meetings and steps were being taken by the senior management team to engage with support workers. The staff were clear in their desire to continually improve the lives of the people they supported.

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

Rating at last inspection

The last rating for this service was good (published 7 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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 well-led.

Details are in our well-led findings below.

Good ●

Poplars

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector.

Service and service type

Poplars 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.

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

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority commissioning and safeguarding teams. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with 5 members of staff including the registered manager, deputy manager, senior support worker and two support workers. People who lived at the home were unable to tell about their experience of living

at Poplars. Therefore, after the inspection we spoke on the telephone with five relatives of four people who lived at Poplars. We also spoke on the telephone with a senior manager for the organisation.

We reviewed a range of records. This included two people's care records and random sample of medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We requested further information regarding the management of complaints, from the registered provider to validate the evidence found. This was received, and the information was used 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Relatives we spoke with told us their family members were safe living at the Poplars. One relative said, "Yes, I do feel [person] is safe."
- Staff told us they had received safeguarding training and were aware of their responsibilities in reporting and recording incidents of harm or abuse.
- In the event of a safeguarding concern, the registered manager made appropriate referrals to the local authority safeguarding team.

Assessing risk, safety monitoring and management

- Care records included a range of person-centred risk assessments. Where a risk was identified, plans were in place to mitigate the risk of harm.
- Some people had the potential for an escalation in their behaviour which staff and other people may find challenging. Care records detailed how these behaviours were expressed and the steps staff should take to reduce the risk of an escalation and what to do if the person's behaviour did escalate. Staff received training in management and intervention techniques to help them cope with escalating behaviour in a professional and safe manner.
- Regular checks of the building were carried out to ensure it was safe for people to live in. This included gas, electricity and fire detection.

Staffing and recruitment

- None of the relatives or staff we spoke with raised any concerns regarding staff at the home.
- Staff were visible on the day of the inspection. Where people were assessed as needing one-to-one staff support, this was in place.
- Safe recruitment practices were in place. Recruitment documentation was stored electronically. We saw suitable pre-employment checks were completed on candidates to reduce the risk of employing unsuitable staff.

Using medicines safely

- Medicines were stored and administered safely. Medicine records detailed how and when each medicine should be taken. Where medicines were to be taken 'as required' information was available to ensure they were administered in a safe and consistent way.
- Systems were in place to reduce the risk of errors being made with people's medicines. However, in the event of an error, staff were aware of the action they needed to take.
- Medicines were only administered by staff who had received appropriate training and were assessed as competent to do so.

Preventing and controlling infection

- The home was clean, tidy and odour free.
- Staff had access to personal protective equipment, for example, gloves and aprons.
- The home had recently had an infection prevention and control audit by the local authority. The home had scored 85%. The registered manager told us action was already being taken to address the identified shortfalls.

Learning lessons when things go wrong

- The registered manager and deputy manager demonstrated an open and transparent attitude towards learning lessons when things went wrong. The deputy manager told us, "If we see anything we act straight away, we don't want to blame. If there is an incident we do reflective practice, how things can be done better. Want to learn from any errors."
- In the event of an accident or incident, these were recorded and reviewed to identify actions needed to reduce future risks.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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

- Information regarding current good practice was seen displayed in staff areas. Care records were holistically reviewed at regular intervals or in the event of a person's needs changing.
- Where a new person was to be admitted to the home, this was done following a full assessment of their needs, including information from the person's family and health care professionals. The registered manager told us they would also consider the individual's compatibility with other people already living at the home.

Staff support: induction, training, skills and experience

- New staff were supported with a programme of induction, training and shadowing more experienced staff. A support worker told us, "They [new staff] are allocated a member of staff to show them around, they go through care plans. They are limited what they can do until they have completed their induction."
- All staff received regular training in a range of topics. A support worker told us any training needs were discussed as part of their supervision. A support worker said, "The training is good, it shows us how to do the job."
- There was a programme of regular one to one staff supervision in place. A schedule was in place with key staff having responsibility for the supervision of other members of the team.

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

- Meals were prepared by staff to meet people's preferences. Where people needed textured diets or meals to meet their cultural needs, these were provided.
- Meal times were relaxed. Where people required support, this was provided. We also saw people were provided with adapted crockery to enable them to retain their independence. People were supported to have regular drinks and snacks throughout the day.
- Care records detailed the care and support people needed to enable them to eat and drink. Information about each person's individual needs was also stored in the kitchen to ensure staff had access to this information when preparing and supporting people with their drinks and meals. The deputy manager told us, "People have eating and drinking guidelines. We follow good practice but if there is anything we are not happy with we can refer to the SLT [speech and language] team."

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

- Staff felt communication within the home was good. Information was shared through staff handovers, team meetings and supervisions. Each member of staff also had a work email address where they received communication from the senior management team and from the staff team.

- People had access to other healthcare professionals. This included GP's, district nurses, speech and language therapists and a psychologist. A relative told us, "If [person] is unwell, they let me know. They keep me updated even if it is by email."
- Staff told us, in the event a person needed to attend hospital, they were supported by a member of staff.

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

- Poplars is a purpose-built bungalow. Each person's bedroom is spacious with an en-suite wet room and access to outside space. People's bedrooms were individually decorated and included personal items, photographs, pictures and memorabilia. There were two communal lounges and two communal dining rooms both of which were spacious comfortable.
- Suitable equipment was provided for people. For example, ceiling tacking hoists and large padded mats to keep people safe when they were on the floor.
- One person enjoyed music. A specially adapted button enabled them to be able to choose the music they wanted to listen to without the aid of staff.

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 when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- We observed staff consistently involve people in decisions about their care and support. Staff demonstrated an awareness of the MCA.
- Where people lacked capacity to consent, we saw evidence of decision specific capacity assessments and best interest decision making in their care records. We noted capacity assessments and best interest decisions had not been completed for some aspects of people's care. We saw evidence this shortfall had been identified by the registered manager and deputy manager and plans were in place to rectify this. Through our discussion with the registered manager we were assured these would be completed in the coming weeks.
- Where required appropriate applications had been made to the local authority to seek authorisation to deprive people of their liberty.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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

- Relatives told us staff were caring. Relatives told us, "Yes, the staff are very nice", "The staff know [person] very well" and "[Person] is always well dressed, [person] looks really smart when I go to take [person] out."
- From our observations and discussions with staff, they clearly knew people well and respected their individual personalities and preferences. The registered manager told us, "We treat people how you would want to be treated." A support worker said, "Everyone is different, we care for each individual differently. We meet their needs according to their individual needs."
- During the inspection we saw and heard staff speaking to people in a caring way. Staff spoke with people as they came into communal areas. One person came into the lounge during an activity, staff invited them to 'join the circle'.

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

- Staff were able to describe the individual support people needed to enable them to be involved in making choices about their care and support. We saw and heard staff offer people a choice of drinks and involve them in choosing which DVD they wanted to watch.
- Relatives were involved in people's care. One relative said, "They keep me in the loop." Another relative told us staff had involved them in their family members care plan.
- We saw information on how to access an advocacy service was on display.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity. One of the care plans we reviewed included information about staff respecting their need to have time in private. The deputy manager said, "We are big on privacy and dignity, we always knock on doors [before we enter]."
- We observed one support worker discreetly ask a person if they needed the toilet before they went to their afternoon activity, the person declined, and their decision was respected.
- Staff encouraged people to retain their independence. A support worker told us, "We encourage adults to do what they can themselves." They went on to explain how they enabled one person to eat with minimal staff support.
- Confidential information was stored securely.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager was aware of the requirements of the AIS.
- People had communication passports in their care files. These provided personalised information about how they communicated and the support they needed from staff.
- Care records were person centred. They provided detail about each person's individual care and support needs as well as their personal preferences, likes and dislikes.
- Care records were reviewed and updated to ensure they were reflective of people's current care and support needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to access a range of activities. This included activities accessed through the registered provider, for example, hydrotherapy. People also went to the cinema, shopping and out for meals. A support worker told us activities were sometimes seasonal, for example bowling and ice skating in winter. On the day of the inspection staff were sat with people watching a DVD and later we saw staff engaging people with a karaoke session. It was clear from people's faces and behaviour, they were happy and enjoying the activity.
- A relative said, "[Person] has a timetable, with plenty of activities... [Person] goes out once or twice a week and goes for a walk every day. There is the music and dancing." One of the relatives we spoke with was concerned their relative no longer had access to a particular activity they enjoyed. Following the inspection, we spoke on the telephone with a senior manager within the organisation. They assured us they would follow this concern up with the relative.
- The service encouraged and enabled people to maintain contact with their families. A relative told us, "I visit weekly, I am always made to feel welcome."

Improving care quality in response to complaints or concerns

- Relatives were aware of how to complain. One relative told us, "If there is an issue, we sort it out with them." Another relative said, "I know what channels to go down, I have complained a couple of time, only trivial, but they have never let me down." Information about how to complain was available in alternative formats.

- The registered manager told us there were no current complaints being investigated although there had been a previous complaint from a relative. Following the inspection, we spoke with a senior manager from the organisation. We were satisfied the complainants concerns were being listened to, investigated and where possible, resolved.

End of life care and support

- There was no one needing end of life support at the time of the inspection.
- The registered manager was aware of the importance in planning for people's care when they neared the end of their lives.
- In the event a person's health deteriorated and they entered the final stage of their life, the registered manager was aware of how to access support and guidance from other health care professionals.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- A relative told us, "[Name of registered manager] seems to be implementing new things. There are staff photos in the entrance now, so you know who staff are." Another relative told us, "[Name of member of senior management team] is trying to work with us... we haven't lost faith in "[Name of member of senior management team], they seem very open and want to hear what we have to say."
- Staff were positive about the organisation and the registered manager. One of the staff told us, "The management are nice, they look after you, help you. They are like friends. They support me and respect my culture." The deputy manager said, "[Name of registered manager] we have known each other a long time, we have been pulling things up. She is very approachable, supportive and she will help us... I think the senior team feel better supported and confident."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager understood their responsibility in ensuring people received safe and effective care. Staff were aware of the values of the organisation. The deputy manager told us, "Our values are care, safety, welfare and security. Residents getting quality of life for life, that is the Holly Bank Trust logo." Each of the staff we spoke with were clear in their desire to continually improve the quality of the care people received through reflective practice and learning.
- A range of audits were completed by the senior management team and staff at Poplars. Findings from audits were recorded on a quality improvement plan. This was updated regularly, and evidenced steps being taken to continually improve the service.
- The registered manager and deputy manager told us scenario-based discussions were held with staff at meetings and supervision, providing opportunity for staff to identify possible shortfalls and how these could be avoided. Risk management and safeguarding were discussed as part of staff meetings and supervision.

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

- The registered manager was clear in their desire to empower people to make their own decisions about their care and support. They told us they had recently implemented a monthly adults meeting to engage people in the running of the home.
- Action was being taken by the senior management team to engage with staff. The deputy manager told us the organisation had implemented a staff forum which included staff representative from each home. Staff

were also encouraged to raise 'bright ideas', which the forum could then take to the senior management team for discussion. They also said a coffee morning had recently been held with members of the senior management team hosting it. They said the rationale was to try to break down barriers between the management and support workers. Regular staff meetings were held, covering a range of topics.

- The registered manager was clear in their desire for people to be supported to access the local community.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their requirements to notify CQC of all incidents of concern, including serious injuries, deaths and safeguarding alerts.
- The previous inspection rating was clearly displayed in the reception area.

Working in partnership with others

- Staff at the Poplars worked in partnership with families and other healthcare professionals internal and external to the organisation.