

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

The Hollies

20 Alferton Road, Sutton-in-Ashfield, NG17 1FW

Tel: 01623512850

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We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Safety and suitability of premises	✓ Met this standard
Supporting workers	✓ Met this standard
Records	✗ Action needed

Details about this location

Registered Provider	Quality Care (EM) Limited
Registered Managers	Mr. Russell Currie Mrs. Edwina Davies Mrs. Carol Paterson
Overview of the service	The Hollies provides accommodation and care for up to 18 people with learning disabilities in six purpose built bungalows.
Type of service	Care home service without nursing
Regulated activities	Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury

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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 22 April 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with staff.

What people told us and what we found

We spoke with four people who used the service and observed the care of others. We spoke with support staff within each bungalow.

Support staff told us how they continually checked if people consented to their care. Where people did not have the capacity to consent, we found that support staff acted in people's best interests.

People told us they felt safe and comments included, "Happy here." And "They help me".

We performed a partial tour of each of the bungalows and saw a sample of individual bedrooms. We found the premises were mainly well maintained. Action was taken to replace a missing bedroom door during this inspection.

We found that all support staff received planned training and were supported to care for people safely.

The records kept at the service were useful, but we we had minor concerns that some records were not up to date or had not been maintained accurately.

The name of the registered manager was Russell Currie. In this report the names of two registered managers appear who were not in post and not managing regulatory activities at this location at the time of the inspection. Their names appear because they were still on our register at the time.

You can see our judgements on the front page of this report.

What we have told the provider to do

We have asked the provider to send us a report by 24 May 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

We looked at a sample of support plans and found copies of signed agreements and consent forms on some of the files. Some people using the service were not able to sign their name, but support staff told us how they continually checked if people consented to their care. One of the staff told us, "With some people we always discuss their care with them in detail and they contribute to the support plan." Another staff member told us about ways of obtaining consent and agreements with specific people that used the service. One person responded to things written down and the staff used two boxes for "yes" or "no". The person then ticked one of the boxes. Another person used their own sign system to indicate "yes" and "no". On some files we saw that relatives had signed consents on behalf of people.

Where people did not have the capacity to consent we found that systems were in place to meet legal requirements. There was a section in their support plans to record decisions made in the person's best interest by staff and other people who knew them well such as their relatives. On some files we saw that relatives had signed consents on behalf of people.

We found that in some cases there had been appropriate applications for depriving people of their liberty to ensure they were maintained in a safe environment and to promote their wellbeing. At times some people were restrained by staff in order to protect themselves, other people that used the service and staff from harm. We asked one person about their experience of this and they said, "I don't like it, but the staff are only doing their job - keeping all people safe." Where restraint holds were needed there were directions to staff in the support plans and staff told us they had received training in managing behaviour. We saw evidence that full incident reports were carefully scrutinised by specialist behavioural management staff to ensure support staff had acted in people's best interests.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

We asked four people who used the service if they felt safe in their home and they each answered "Yes". Other comments included, "Happy here." and "They help me".

Staff told us they had attended safeguarding training and we saw that systems were in place to monitor when refresher training was due.

Staff we spoke with said they would never hesitate to take appropriate action to protect people from harm. They knew the registered manager was the designated safeguarding officer for the service and they told us that they felt confident in reporting any concerns to management team. They told us about the whistle blowing policy and procedure in place. This meant staff could raise concerns about poor practice or any allegations of abuse involving other staff without fear of repercussions. The registered manager told us that each bungalow manager had the contact numbers of the local authority if needed should the registered manager not be available.

The information we hold about the service showed that previous allegations and concerns raised about the service had been taken seriously. Investigations had taken place and appropriate action had been taken.

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

The premises were comprised of six purpose built bungalows and a separate administration building. We toured each of the bungalows and saw a sample of individual bedrooms, all of which had ensuite shower and toilet facilities.

Most of the people we saw told us they liked their own bedrooms. One person was unsure and had selected new bedding to improve the room. Another person used a wheelchair and we saw that the furniture was arranged to provide ample space for manoeuvre.

We saw that the premises were mainly well maintained. However, the provider may find it useful to note that one person had been without a bedroom door for nearly seven weeks. Due to damage to the hinges, the door had been removed. We saw from the records that the person concerned had requested the door be refitted. Staff told us they did not have a date for this as they were waiting for new hinges to arrive. Staff had fitted a curtain in the doorway to provide some privacy. The registered manager told us the hinges had not been ordered. During our visit the registered manager placed the order and arranged the delivery for the following day.

We contacted the service two days after our visit and the manager of the bungalow concerned informed us that the bedroom door had been replaced. On this occasion, action was taken once we highlighted the situation during our visit. This enabled the provider to maintain compliance with regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Staff told us they were supported with all the training they needed to do their jobs. Training was taking place on the day of the inspection for staff not on duty. We saw a matrix form that was used to keep track of the training for each member of staff. In addition to specific areas of training, all staff were supported to achieve national vocational awards.

Staff also told us there was a system for one to one supervision meetings with a senior member of staff. Some staff had not had one of these meetings for over four months, but others had them more recently. Staff told us they felt they could request a meeting at any time should they have a need to discuss a particular issue. There were regular staff team meetings and staff told us these were very supportive.

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was not meeting this standard.

People were not fully protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were not all maintained and up to date.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

We looked at a sample of records in each of the bungalows and in the administration block. We found the records were kept securely in locked offices.

Most records could be located promptly when needed and we saw records of several incidents, but when we asked for a specific incident report it could not be located. There were records of care and support given and these were handwritten by staff on "handover sheets" so that all staff would know what support had been given. One of these for the day we visited indicated an incident had occurred, but did not give any further information apart from referring to a specific incident report number. This incident report could not be found. This meant that the senior staff on duty did not know what had happened. We asked for more information and another member of staff gave a verbal account of the incident. The written incident report was not found during our visit.

We looked at a sample of records and information in the files for people that used the service. We saw a great deal of useful information, but there was also some that was out of date and some not relevant at all. For example, in one person's file there was plan for staff to follow that referred to a deprivation of liberty safeguard, but other information showed that the order had expired four months before our visit. This showed that records were not all up to date.

Staff told us that several support plans were in need of updating. We also saw a document titled "Liverpool Pathway" that contained a person's name. The Liverpool care pathway is a model of care which enables healthcare professionals to focus on care in the last hours or days of life when a death is expected. The bungalow manager told us there was one of these documents in the records for each person that used the service to direct staff about what action to take. However, these could be misleading, as no one at the service was currently in need of end of life care and none had made any advance decision about their treatment that related to end of life care.

We looked at samples of medication administration record sheets and found they had

mostly, but not always, been fully completed. A duplicate record of administration was made by a witness each time medicines were given. For one person, the main record was not completed for the previous day and the witness record was not completed for another day. Staff told us that bungalow managers checked the records to make sure they were fully completed, but there was no record to show this monitoring had taken place.

We saw that systems were in place to ensure the food was stored and served at appropriate temperatures. There were records of temperatures in the bungalow kitchens. These were for the refrigerator, freezer and cooked foods and showed that staff were monitoring temperatures, so that people received their food safely.

There were some records of checks made in relation to fire fighting equipment in each bungalow. Staff told us they made a visual check on fire extinguishers through the window of the cupboard that housed them, but did not open the cupboard. We saw that on some occasions "automatic door" was ticked as in working order, but there were no automatic doors. A separate item was for checking automatic magnetic releases on some doors when the fire alarm was in operation.

We checked the dates on fire extinguishers and found that the last full maintenance check was recorded as October 2011. There was no other record of fire extinguisher maintenance and the main fire log did not clarify what action had been taken about annual checks on fire fighting equipment. The registered manager thought the fire extinguishers had been checked at the same time as work carried out on water sprinklers as there was an invoice from the engineers. The quality manager contacted us the following day to tell us that arrangements had been made for an engineer to visit the premises that day and check that all fire extinguishers were ready for use if needed.

During our visit, we saw that the last full evacuation drill was recorded as 16 May 2012. The weekly alarm test had not been recorded since 2 April 2013, though the registered manager thought another one had taken place since that date. The fire plan room allocation was not up to date as some people listed had left the service. The registered manager updated this during our visit.

There were no labels on most electrical equipment to show when the last portable appliance test was carried out, but we saw a master copy of the last tests carried out on 21 May 2012. The registered manager confirmed that the next testing was planned for May 2013.

This section is primarily information for the provider

✕ Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010
	Records How the regulation was not being met: Some information and documents were either not available or not up to date in respect of some people that used the service and in respect to the management of the service. This means that parts (1) (a) and (b)(ii) of regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 were not fully met.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 24 May 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

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