

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

## Hollyrood

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2QY

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Date of Inspections: 23 March 2013  
22 March 2013

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2013

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

<b>Respecting and involving people who use services</b>	✓	Met this standard
<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Management of medicines</b>	✗	Action needed
<b>Supporting workers</b>	✗	Action needed
<b>Complaints</b>	✓	Met this standard

## Details about this location

Registered Provider	Disabilities Trust
Registered Managers	Ms. Ruth Davies Mrs. Susan Stopa
Overview of the service	Hollyrood provides residential care for adults with autism, supporting people with complex behavioural communication and social needs. On the site there are 4 units which provide support for up to 24 service users.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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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

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 22 March 2013 and 23 March 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, talked with carers and / or family members and talked with staff.

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### What people told us and what we found

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We spoke with two people that used the service. They were both happy with the care that they received and they felt safe.

We spoke with five staff members that all enjoyed working at the service. One staff member told us "We promote people to be individuals and everything that we do is for the people living here". Another staff member told us "We give people the best quality of life that we can for themselves and for their families".

We spoke with the relative of a person that used the service. They told us that they were more than happy to raise any concerns that they had about the service and that they felt that the staff had a large impact on the standard of the service and well being of people that used the service.

We found that people's needs and behaviours were assessed and support plans had been put in place to ensure that people's needs were met and that staff knew how to consistently support people with their behaviours. We observed staff following people's support guidelines and we found that people had an activities plan that was specific to their interests.

We found that the provider had a detailed complaints policy and medication policy in place. However we had concerns about the recording of stock medication. We also had concerns as not all staff members had received adequate training and not all staff had not received an annual appraisal.

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

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## **What we have told the provider to do**

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We have asked the provider to send us a report by 30 April 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.

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## **More information about the provider**

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Please see our website [www.cqc.org.uk](http://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

**Respecting and involving people who use services** ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

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### Our judgement

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The provider was meeting this standard.

People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

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### Reasons for our judgement

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People expressed their views and were involved in making decisions about their care and treatment. We looked at the care and support plans of three people that used the service. We saw that they contained information about people's likes, dislikes and preferences along with information about their usual daily routines. We found that care records contained information about things that people were good at, things that they were proud of and things that they had achieved.

People were supported in promoting their independence and community involvement. We saw that people had goals to work towards to promote their independence. We saw how one person was being supported to work towards carrying out their own laundry. We saw how another person was being supported to work towards getting their own breakfast. On the second day of our inspection we saw that some people that used the service were being supported to attend a social event at a local restaurant.

People's diversity, values and human rights were respected. We observed staff members interacting with people that used the service. We saw that staff respected people's privacy and dignity and that they always knocked before entering a room. We saw that people's bedrooms were decorated with things that were important to them.

We saw that regular meetings were held with people that used the service to obtain their feedback and views on things relating to the service. We saw how the colour of paint had been decided by people that used the service through meetings and adapting communication methods to meet people's needs.

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

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**Reasons for our judgement**

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People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We saw that people's needs were assessed and care plans were put in place to ensure that people's needs were met. We saw that there were detailed guidelines available to staff to ensure that they were providing consistent information to people that used the service and being consistent in their approach. This meant that people who used the service were not receiving mixed measures from staff and things that were known to trigger behaviours were avoided.

We observed a staff member supporting a person that used the service. We looked at the person's care plan and saw that their communication and responses were consistent with the staff members approach. This meant that people's care and support was carried out in line with their care plans and assessed needs.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. We looked at the care records of three people that used the service. We saw that risks had been assessed and control measures put in place to reduce the risks. We saw these were regularly reviewed to ensure that they were up to date.

**People should be given the medicines they need when they need them, and in a safe way**

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## **Our judgement**

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The provider was not meeting this standard.

People were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines.

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

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## **Reasons for our judgement**

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We found that the provider had a detailed policy in place to cover all aspects of the management of medication within the service. We discussed the process of when medication is received by the service through to if it needed to be returned to the pharmacy with a staff member.

Medicines were handled appropriately. We observed a member of staff administering medication to a person that used the service. We saw that they carried out all of the relevant checks and that they recorded the medication that had been administered on the medication administration record (MAR) sheet. We also saw that a second member of staff signed a record to show that they had observed the process.

Medicines were kept safely. We saw that medication was kept inside a locked cupboard in a locked office. We saw that in areas of the service where people were on controlled drugs that there were separate appropriate storage cupboards for the controlled drugs. We saw that daily temperature checks were carried out of medication storage areas.

However, there were not appropriate arrangements in place in relation to the recording of medication. We carried out a stock check of a total 17 medications. We were concerned as we found that three of the medications were not recorded. We found that for eight of the medications the recorded amounts differed from the amounts that were actually in stock. We found that for six of the medications records did match with what was in stock. This meant that there was unaccounted for medication at the service and that people were at risk of not having their medication accurately recorded.

Medicines were not disposed of appropriately. We looked at the medication book that was completed when medication needed to be disposed of. We found that names of medication and amounts of medication were recorded but there was no clear record of the actual date that medication was removed from the service. This meant that there was a risk that medication could have been taken from the service without an audit trail.

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

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## **Our judgement**

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The provider was not meeting this standard.

People were cared for by staff who were not supported to deliver care and treatment safely and to an appropriate standard.

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

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## **Reasons for our judgement**

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Staff were able, from time to time, to obtain further relevant qualifications. We found that one staff member was currently being supported to complete a level five qualification in Health and Social Care and 21 staff members were currently completing a level three qualification in Health and Social Care. We also found that eight staff were being supported to obtain a level two qualification in Team Leading.

We spoke with five staff members who told us that they felt well supported in their roles and that they received regular supervisions. They also told us that they felt that they had received adequate training to enable them to carry out their roles.

However we found that staff were not receiving appropriate professional development. We looked at the training records that were kept for the service. We found that not all staff had received updates for courses that were identified as being required annually. We found that 17 out of 48 of the staff records that we looked at had not received any specific training for the Mental Capacity Act or Deprivation of Liberty Safeguards. We saw that that the provider had planned training sessions throughout the year to try and ensure that people's training was up to date.

We looked at the staff records of 11 staff. We saw that staff had received supervision sessions but we were unable to evidence that all staff were receiving regular supervisions and we only found evidence that one of the staff members had received an annual appraisal. This meant that staff members were not being supported appropriately.

**People should have their complaints listened to and acted on properly**

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**Our judgement**

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The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

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**Reasons for our judgement**

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People were made aware of the complaints system. This was provided in a format that met their needs. We saw that the complaints policy was available in a format with pictorial aids to enable people that used the service to understand. We saw that complaints were discussed in meetings that were held with people that used the service.

We found that the provider had a complaints policy in place that provided information about how complaints would be investigated and provided timescales by which they would be investigated within. This meant that there was a policy in place for staff to follow and that provided people with details of what they could expect if they made a complaint.

We asked for and received a summary of complaints people had made and the provider's response. We saw that the provider had investigated complaints that had been raised. We saw that on some occasions the provider had met with the complainant to discuss their findings and also responded with a formal letter detailing the conclusion.

However, the provider might like to note that they did not provide the complainant with details of what they could do if they were not happy with the response to the complaint. We spoke with a family member who told us that they did not feel satisfied with the response to a complaint that they had made but they did tell us that they had met with the provider to discuss their concerns. They told us that they would use the complaints procedure again if they wanted to address a concern.

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	<b>Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010</b> <b>Management of medicines</b>
	<b>How the regulation was not being met:</b> The registered person did not have appropriate arrangements in place to protect people against the risks associated with the unsafe management of medication. There were not clear records in place relating to stock medication kept in the service and no clear records of when medication left the service. Regulation 13.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<b>Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010</b> <b>Supporting workers</b>
	<b>How the regulation was not being met:</b> The registered person did not have suitable arrangements in place to ensure that staff received appropriate training, supervision and appraisals. Regulation 23 (1) (a).

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 30 April 2013.

CQC should be informed when compliance actions are complete.

**This section is primarily information for the provider**

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.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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