

Review of compliance

Wycar Leys Limited Wycar Leys - Hollybrook House	
Region:	Yorkshire & Humberside
Location address:	Hollybrook House 3 Avenue Road, Wheatley Doncaster South Yorkshire DN2 4AH
Type of service:	Care home service without nursing
Date of Publication:	January 2012
Overview of the service:	Hollybrook House is registered with the Care Quality Commission to provide care and support for six adults who have a learning disability. It is a three storey property with ensuite bedrooms.

Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Wycar Leys - Hollybrook House was meeting all the essential standards of quality and safety.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider and carried out a visit on 9 November 2011.

What people told us

People we spoke with confirmed to us that the service respected their dignity and upheld confidentiality in handling their care.

A person we spoke with told us, "It's a nice place, I like living here." People we spoke with were positive about their involvement in activities. One person told us, "You have opportunity to do what you want. You can go out on your own and that; it's very nice. You can be more independent." Another person said, "I do a lot more things here which we didn't do at my previous home."

People we spoke with told us they felt safe in the home. One person said, "I feel safe in here." Another person told us, "I feel safe here. I don't like arguing and fighting – I've not done that lately."

People spoke positively about the staff who worked with them. One person told us, "All the staff are all right. I get on with them all." Another person said to us, "We've got good staff. Everyone has a good key worker; I like my key worker." People told us that staff were supportive.

People confirmed to us that they attended resident meetings once per month. People also confirmed to us that they knew about the complaints procedure.

What we found about the standards we reviewed and how well Wycar Leys - Hollybrook House was meeting them

Outcome 01: People should be treated with respect, involved in discussions about

their care and treatment and able to influence how the service is run

People were treated with respect, involved in discussions about their care and treatment and able to influence how the service was run.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

People received safe and appropriate care that met their needs and supported their rights.

Outcome 07: People should be protected from abuse and staff should respect their human rights

People were protected from abuse and staff respected their human rights.

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Staff were properly trained and supervised, and had the opportunity to develop their skills in providing care and support for people.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

The service had quality checking systems to manage risks and assure the health, welfare and safety of people who received care.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- * Understand the care, treatment and support choices available to them.
- * Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- * Have their privacy, dignity and independence respected.
- * Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

A person we spoke with told us, "You do a lot of stuff. You've got good activities: walking, going to town, library. You have opportunity to do what you want. You can go out on your own and that; it's very nice. You can be more independent."

Another person said, "I do a lot more things here which we didn't do at my previous home. We are off to Blackpool on Friday for a long weekend."

Another person who used the service told us, "I go out on my own. I go to the pub on my own and I go to town on my own." The person explained that, with some other people from the home, he was going on holiday on Friday. They were going to a cottage. He was packing his things to go on holiday, and later on we observed him doing his ironing.

People we spoke with confirmed to us that the service respected their dignity and upheld confidentiality in handling their care.

Other evidence

We observed staff interacting with people. We saw that people's privacy was respected and their dignity was upheld. Staff knocked and waited before entering a person's

bedroom. People could choose whether they preferred a male or female carer. Each bedroom was en suite, with a choice of bath or shower. People could choose the time they got up each day. Dignity was supported by encouraging people to act independently, with the support they needed. Each person had their own bedroom key and the en suite was also lockable. People could choose to spend time alone and this was documented in the communication section of the person centred plan.

Confidentiality was respected. A confidentiality and disclosure of information policy was in place which we found was reflected in care planning. Personal information was kept locked in the staff office.

Activities were varied, interesting and tailored to people's needs. The current schedule of activities was displayed on the team leader office wall. People also had a copy of their individual activity plan with them, with entries corresponding to morning, afternoon and evening for each day of the week. Meetings were held for people to discuss activities. The weekly activities schedule was refreshed regularly to reflect people's preferences. Activities people enjoyed included bowling, snooker, cinema, swimming and visiting the library. People also went to the disco and the pub in the evenings. Support plans were in place to reflect people's hobbies and interests. The person centred plan recording sheet "Hobbies, interests, employment and education" section was completed each day by staff who had been with the person for the day.

Each person had a key worker and a co-key worker and spent one-to-one time with them to talk about what they would like to do and to develop their goal planning. People's objective was, typically, to move to supported living. We observed that, with support, people did their own laundry and ironing. People's involvement in menu planning was linked to shopping activity and budgeting. Each person had the opportunity to be involved in shopping if they wished. People contributed to the menu, which included healthy eating options and allowed for diabetes or other special diets.

People were involved in choosing aspects of their care, as far as each person was able, or with the support of their family or of advocacy services. Visits by families and relatives were encouraged, for example by offering flexibility in visiting times. Relatives' involvement was documented in the "Families and friends contact" section of the care plan. An equality and diversity policy for Hollybrook House was implemented in August 2011 and was reflected in care planning. The person centred plan included a section which documented cultural and spiritual expression. Some people's preference to attend church services was documented.

A meeting for residents was held each month and minuted. Ideas and suggestions by people for resident meetings were submitted with the support of their key worker, to be included on the agenda.

Information for people about the home and the service was available. The "Service user guide to living at Hollybrook House" was dated February 2011 and presented in picture and symbol format. This was shared with people at their initial meeting with the service. Each person had a copy of the statement of purpose and the complaint procedure in symbol and picture format.

Our judgement

People were treated with respect, involved in discussions about their care and

treatment and able to influence how the service was run.

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

A person we spoke with told us, "It's a nice place, I like living here." Another person who used the service told us, "It's all right, but I want to move on from here."

People we spoke with said they went through their care plan with their key worker and signed their care plan. A person we spoke with described to us how risk assessments were done, "I have risk assessments; they trust me a bit more."

Other evidence

We reviewed care plans for people and discussed these with staff. Plans of care were person centred. People were involved with their care plan and this was documented. People's preferences and choices were documented within their key worker booklet. For example, the "my personal health file" and the "health action plan" were completed by the person with support from their key worker. Each area of the person centred plan had evidence of input from the person, with their signature.

Daily recording was up-to-date and included detailed documentation of the person's choices. Person centred planning meetings were held regularly and involved the person, the registered manager, the person's key worker, and others if appropriate. People signed and dated the care plan to show their agreement to each section of the person centred plan review.

Initial assessments of people were completed before the person arrived at the home and we saw they were documented and accessible in the care plan. Risk assessments

were individually based and personalised to people's needs, for example travelling in a vehicle with one-to-one support. Risk assessments were checked and updated every two to three months, unless a change or an incident occurred before the review was due. Risk assessment reviews were documented and dated and signed by the registered manager.

Assessments of people's capacity and documentation of deprivation of liberty safeguards and best interest meetings were filed in the person centred plan. The contribution to peoples' care of other health and social care professionals was recorded in the care plan. Nutrition screening took place, and identified issues that could trigger an appointment with the dietician. Staff had been commended internally for their handling of nutritional screening. However, although the weight record chart was completed, we found that the process for recording nutritional screening and of monitoring people's weight was not consistently documented in the care plan.

Care plans were reviewed monthly by the person's key worker, and audited by the registered manager. The reviews and checks were clearly recorded in the care plan.

Our judgement

People received safe and appropriate care that met their needs and supported their rights.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

People we spoke with told us they felt safe in the home. One person said, "I feel safe in here." Another person told us, "I feel safe here. I don't like arguing and fighting – I've not done that lately."

Other evidence

The provider's safeguarding policy in use in the service was based on the Doncaster and South Yorkshire safeguarding procedures. A whistle blowing policy for the provider was in place and staff we spoke with were confident to use it if they found this necessary. There were two previous safeguarding concerns, but no current concerns. The Care Quality Commission was notified appropriately of safeguarding concerns.

Staff we spoke with were clear about recognising suspected abuse, and were also clear what they would do about it. Staff training in safeguarding for vulnerable adults was up to date, which was confirmed from training records. Staff had also received management of actual or potential aggression (MAPA) training in physical restraint and their annual refresher training was up to date. This was evidenced in the training records. Staff demonstrated they were knowledgeable about the appropriate use of restraint techniques.

Our judgement

People were protected from abuse and staff respected their human rights.

Outcome 14: Supporting staff

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement

The provider is compliant with Outcome 14: Supporting staff

Our findings

What people who use the service experienced and told us

People spoke positively about the staff who worked with them. One person told us, "All the staff are all right. I get on with them all." Another person said to us, "We've got good staff. Everyone has a good key worker; I like my key worker."

People told us that staff were supportive.

Other evidence

We spoke with staff and reviewed their files and training records. Staff received induction training and undertook work shadowing before commencing their duties unsupervised. Staff induction included the new staff member working through an induction booklet which, when completed, was reviewed, dated and signed by the registered manager. The staff files contained induction documents. The induction booklets we reviewed were comprehensively completed. Mandatory training for staff, and their refresher training, was up to date, and this was evidenced in training records.

Staff supervision was delegated appropriately and experienced team leaders were involved in undertaking supervision and appraisal interviews. Team leaders received specific training in supervision skills. Supervision for each member of staff took place at least six times per year. Records in staff files confirmed that supervision was up to date.

Staff appraisal included an appraisal interview after six months, and annually. Appraisals were up to date and documented in staff files. Staff told us they thought the appraisal system worked well.

The development of staff was supported by the provider. Staff were supported to undertake the diploma in health and social care to an appropriate level for their role. For example, team leaders undertook the national vocational qualification level four certificate. Additional training for care staff was also provided to support the needs of people using the service, for example training in diabetes and epilepsy awareness to support conditions, and training in signing to support effective communication.

Our judgement

Staff were properly trained and supervised, and had the opportunity to develop their skills in providing care and support for people.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

People confirmed to us that they attended resident meetings once per month. One person told us, "You talk about what activities ...and sometimes you change activities." People also confirmed to us that they knew about the complaints procedure.

Other evidence

The provider had appointed quality monitoring managers who undertook unannounced visits to audit compliance. The quality monitoring managers undertook a bi-monthly visit, as a minimum, and looked at a different area on each visit. The provider's audit was aligned with the outcomes in the essential standards of quality and safety. The "Quality monitoring visit" file showed visits were completed against the Care Quality Commission Outcomes 1-21. For example, a quality monitoring visit in September 2011 looked at Outcome Four (care) and Outcome Five (Nutrition). We were told a quality monitoring manager visited the service unannounced on 8 November 2011 to review infection control. We saw from the reception log that a quality monitoring manager had made an unannounced visit on 8 November 2011.

Audit identified what the service did well, positive outcomes for people who use the service, and what improvements could be made. Audits were followed through with action planning and monitoring. We reviewed the action plan following the quality monitoring visit in September 2011. The action plan had set time limits for actions to be completed. The quality monitoring manager revisited after the time frame had completed to review progress. Audit records confirmed that all action required from the previous quality monitoring visit had been undertaken.

Feedback from quality monitoring audits was shared with staff during supervision. Records of staff supervision showed that follow up of practice improvements identified through audit were discussed with individual members of staff.

Care plans were audited monthly by the registered manager. Medication, environment and infection control were audited. The provider also responded to external audits by preparing an action plan and monitoring progress. The local authority and the pharmacy supplier undertook audits of medication.

Accidents and incidents were recorded in the accident folder for people who used the service, visitors, and staff. A weekly report of accidents was submitted to the directors of the provider organisation. A concerns and complaints policy was in place.

Meetings for residents were held monthly, but relatives did not usually attend these. There were no separate meetings for relatives. Discussion at the resident meetings reflected the shared interests of people who used the service. Ideas from people were submitted through their key worker for inclusion on the agenda for the next meeting. The minutes of the resident meeting held in September 2011 showed there was detailed discussion of people's suggestions and preferences for activities.

Advocacy services were available and people were supported to be referred for advocacy advice.

Surveys of people who used the service, relatives, staff and other professionals was undertaken annually. The survey format was being reviewed at the time of our inspection.

Staff meetings were held monthly and we reviewed the minutes of the most recent meetings. The minutes of the team leader meeting held in September 2011 showed that resident meetings, activities, deprivation of liberty safeguards, and training, supervision, and appraisal were discussed. The minutes of the staff team meeting held in October 2011 showed that positive feedback was given to staff about care practice and the results of quality monitoring audits.

The provider's management arrangements were clearly understood by staff we spoke with. Staff felt supported by the registered manager.

Our judgement

The service had quality checking systems to manage risks and assure the health, welfare and safety of people who received care.

What is a review of compliance?

By law, providers of certain adult social care and health 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 Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

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