

Hollybank Care Home, Living Ambitions Limited

Care Home Service

Wallacestone Brae
Reddingmuirhead
Polmont
Falkirk
FK2 0DQ

Telephone: 01324 719130

Type of inspection: Unannounced
Inspection completed on: 19 February 2018

Service provided by:
Living Ambitions Ltd

Service provider number:
SP2003000276

Care service number:
CS2011300798

About the service we inspected

Hollybank is registered as a care home for 13 people with a learning disability, and includes the provision of one respite place. The provider of the service is a national organisation, Living Ambitions Ltd. There were 12 people living in the service at the time of the inspection.

The home is situated within a quiet residential area in Redding Muirhead, Falkirk. It is close to public transport. Hollybank provides 13 single bedrooms, all with en-suite shower facilities. There is a large lounge, dining room and kitchen, with two communal bathrooms and laundry room. In addition there are other seating areas throughout the home. Externally there is an enclosed garden and the service has access to its own transport. Living Ambitions Ltd is part of the Lifeways Group. Lifeways is a UK provider of support services for people with diverse and complex needs in community settings.

The brochure for the service states:

"We specialise in providing opportunities for people to gain the life skills they require to live in the community, either independently or through supported living.

By offering a full timetable of activities including daily living skills, socialising and outdoor activities, we work with the individual to promote confidence and build self-esteem.

Once people have gained the life skills they require to live in their own homes, they move on whether this be with the aid of supported living or to be totally independent."

How we inspected the service

The focus of this inspection was to gain assurance that the service had progressed the action plan submitted following the last inspection. The action plan detailed how the provider planned to address the requirements and recommendations made. We did this to ensure the service was making the right changes and that improvements could be sustained.

This report should be read along with the last inspection report of 10 October 2017. We visited the service on 19 February 2018. As part of the inspection we spoke with people who were supported in the home, staff members, the manager and one relative.

Since the last inspection there have been three changes of manager in the service. This has delayed the agreed improvements being put in place. Because of this we have not re-graded, however we would expect there to be significant steps towards improvements made by the next inspection.

Taking the views of people using the service into account

We met seven service users at the inspection. Some of the people we met with were unable to verbally express their opinion of their support. However the people, who could, said they were generally happy living at Hollybank. Two people said they would like more independent living however they were unsure when and if this would happen for them. People who were able to give opinions felt the service could be improved if there were more structured activities available. We also agreed with comments made in relation to the lack of structured activities. We will look at this further at the next inspection as this was also highlighted at the inspection in October 2017.

From observations as part of the inspection we saw that the staff clearly had very positive relationships with the people they supported. There was a relaxed atmosphere created by the staff and this helped people feel at ease. As a result we saw that the people supported were confident in staff company.

Taking carers' views into account

We spoke with one relative. Whilst they were generally happy they were frustrated at inconsistencies in staff support. They felt that sometimes agreed plans and strategies were not followed and this could have an impact on the person supported.

What the service has done to meet any requirements we made at or since the last inspection

Previous requirements

Requirement 1

The provider must ensure that all staff follow policy and procedures with regard to the administration of medication and that there are systems in place to support the medication policy. This includes:

- (i) All relevant staff having competency checks in the administration and recording of medication.
- (ii) Accurate audits of medication records and systems to ensure staff competency in administration.
- (iii) All staff receive appropriate training which is updated as per Living Ambitions policy on the administration of medication.

This is in order to comply with Scottish Statutory Instrument 2011 - No 210 Regulation 15(b)(i) a Regulation relating to staff training.

Account should also be taken of National Care Standards, care homes for people with a learning disability, Standard 5 Management and staffing arrangements.

Timescale: to commence on receipt of this report and be fully completed by 1 December 2017.

This requirement was made on 8 November 2017.

Action taken on previous requirement

We discussed with the manager significant concerns over medication. The manager had already recognised the issues discussed and has planned to invite the pharmacist to the service to address the issues and gain knowledge of best practice. Whilst we did see that staff had some training and competency checks, errors were still happening. The requirement will remain in place and will be followed up at the next inspection to ensure that medication is appropriately stored, administered, ordered and returned to pharmacy and that staff continue to receive comprehensive training in this.

Not met

Requirement 2

The provider must evidence how improvements identified will be put in place, sustained and monitored to agreed timescales. A comprehensive improvement plan should be written detailing responsibilities and action to be taken to oversee the improvements.

This is in order to comply with SSI 2011/210 Regulation 4 - Welfare of users and takes account of the National Care Standards, care homes for people with a learning disability, Standard 5 Management and staffing arrangements.

Timescale for implementation: to commence on receipt of this report and be completed within four weeks.

This requirement was made on 8 November 2017.

Action taken on previous requirement

An initial improvement plan was submitted to the Care Inspectorate and updated in February 2018. However a number of the actions were yet to be fully implemented with some dates being April 2018. Because of this, this requirement will remain in place and we are to receive updates on the actions identified in the plan.

Not met

What the service has done to meet any recommendations we made at or since the last inspection

Previous recommendations

Recommendation 1

The content of the personal plan for each person should be reviewed thoroughly to ensure they reflect the actual practice and day to day life of that person.

National Care Standards, Care homes for people with a learning disability – Standard 6 Support arrangements.

This recommendation was made on 8 November 2017.

Action taken on previous recommendation

The manager told us that Living Ambitions were introducing a revised personal planning tool. At the point of inspection this had not been introduced, therefore the personal plans were as seen at the inspection in October. This recommendation will remain in place.

Recommendation 2

The Keeping Safe risk assessment format and content should be reviewed to ensure it reflect the ethos of individual and value based support.

National Care Standards, Care homes for people with a learning disability – Standard 6 Support arrangements.

This recommendation was made on 8 November 2017.

Action taken on previous recommendation

We saw that some risk assessments had been revised to ensure they accurately reflected the support. Living Ambitions were introducing a new personal planning tool which included a new format for risk assessment. We did see that the Keeping Safe risk assessment had been revised as discussed. We will follow up on the content of the revised risk assessments at the next inspection. Although there was still some work to be completed this recommendation has been met.

Recommendation 3

Where a goal is identified by the service user to achieve there should be written evidence to show progress in completing this. Goals should be able to be tracked and audited to ensure service users are being supported as agreed.

National Care Standards, Care homes for people with a learning disability – Standard 6 Support arrangements.

This recommendation was made on 8 November 2017.

Action taken on previous recommendation

There had been no improvements made since the last inspection in this area. We saw that goals were part of the monthly diaries but these had not been completed as expected. We saw at the last inspection that some positive work had been done on goals in May 2017. However from this time there had been no follow up or progress recorded. It was disappointing that these again had not been followed through in a meaningful way. This recommendation will remain in place.

Recommendation 4

Further thought should be given on how to promote meaningful engagement with the people supported. This may include use of computers, DVD and photos.

National Care Standards, Care homes for people with a learning disability – Standard 6 Support arrangements.

This recommendation was made on 8 November 2017.

Action taken on previous recommendation

We saw that some work had been done in the service to involve people in decisions and promote group living. This included people telling each other what they expect from their housemates and staff. This was then put on the wall in the hall for everyone to see. One person was attending the Living Ambitions/Lifeways group conference in Manchester on the day of the inspection. We also saw that Wi-Fi connections were now available in the home to promote the use of I.T. However this recommendation will remain in place to follow up at the next inspection the continuation of meaningful engagement.

Recommendation 5

Further work needs to be undertaken on nutrition, healthy eating and menu planning. It may be of benefit for an allocated staff member to take on this role.

National Care Standards, Care homes for people with a learning disability – Standard 6 Support arrangements.

This recommendation was made on 8 November 2017.

Action taken on previous recommendation

The manager told us that some work had been done to look at menu planning and healthy eating. The manager has spoken with the community dietician and they are looking at beneficial training for staff in this area. Whilst some work has been completed, we will follow up further progress at the next inspection. This recommendation will therefore remain in place.

Recommendation 6

The full refurbishment plan should be forwarded to the Care Inspectorate. The plan should include timeframes for completion and details of the specific work to be carried out.

National Care Standards, Care homes for people with a learning disability – Standard 4 your environment.

This recommendation was made on 8 November 2017.

Action taken on previous recommendation

We saw that a plan was in place and that work has started in the service. New carpets were in the hall area and living area. Bedrooms had been redecorated. Although there was still some work to be completed this recommendation has been met.

Recommendation 7

Further development of access to relevant training should be considered, this may include mental health, self harm and personal outcomes. Training should be reflective of the people supported National Care Standards, care homes for people with a learning disability, Standard 5 Management and staffing arrangements.

This recommendation was made on 8 November 2017.

Action taken on previous recommendation

We saw that all staff were up to date with mandatory training, We saw that Living Ambitions had a planned training calendar for all staff, including access to Scottish Vocational Qualifications. However at the last inspection we found that some staff practice could be further developed, especially in relation to topics reflecting the needs of the people supported. As a comprehensive training plan had not been agreed at the point of inspection, this recommendation will remain in place.

Recommendation 8

To support improvement and consistency staff team building and developments days should be held. This would enable the vision of the service to move forward in a consistent manager, with all staff being part of this.. National Care Standards, care homes for people with a learning disability, Standard 5 Management and staffing arrangements.

This recommendation was made on 8 November 2017.

Action taken on previous recommendation

At the last inspection we said that given the level of improvement needed in the service to reflect the expected aims, thought should be given to team building to enable staff discuss future plans for the service as a team and how to put the agreed plans in place. The manager was considering how to best enable this to happen. However at the point of inspection this had not been planned therefore this recommendation will remain in place.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Enforcement

No enforcement action has been taken against this care service since the last inspection.

Inspection and grading history

Date	Type	Gradings	
10 Oct 2017	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
28 Mar 2017	Unannounced	Care and support	Not assessed
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	Not assessed
21 Apr 2017	Re-grade	Care and support	3 - Adequate
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	3 - Adequate
24 Nov 2016	Unannounced	Care and support	2 - Weak
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	2 - Weak
25 Nov 2015	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good
16 Mar 2015	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
30 Oct 2014	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
25 Mar 2014	Unannounced	Care and support	4 - Good
		Environment	3 - Adequate
		Staffing	3 - Adequate

Date	Type	Gradings	
		Management and leadership	3 - Adequate
31 Jul 2013	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
10 Dec 2012	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	4 - Good
		Management and leadership	2 - Weak
16 Mar 2012	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate

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