



Inspection Report on

Holland House and Villas

**11-15 Lenten Pool
Denbigh
LL16 3LG**

Date Inspection Completed

09/07/2019

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Description of the service

Holland House and Villas is a care home service located in a residential area of Denbigh. The service consists of two adjoining terrace houses, which provide care and support for up to 11 people who have mental health (functional) needs. The service is owned by Mental Health Care (Clwyd) Limited. There is a Responsible Individual overseeing the service and the manager is registered with Social Care Wales.

Summary of our findings

1. Overall assessment

Overall, we found that people living at Holland House and Villas receive a good quality of care. People's needs and expectations are carefully considered prior to their admission to make sure they receive the right care and support, in the right place at the right time. The accommodation promotes people's independence, skills and prepares them for moving on to more independent living in the future. A committed staff team offer continuity of care and support, positive relationships and ensure people feel valued.

2. Improvements

The home was recently re-registered under the new Registration and Inspection of Social Care Wales Act 2016 (RISCA) and this was their first inspection under the new legislation. Any improvements will be considered as part of the next inspection.

3. Requirements and recommendations

Section five of this report sets out our recommendations to improve the service. These include the following:

Documentation: ensure hospital passports contain information regarding epilepsy. Information should record dates and signatures to evidence the involvement of people, staff and other representatives in their care and support.

Policy and procedure: the admission policy must be reviewed to include all the necessary information and ensure it is specific to Holland House and Villas.

Statement of Purpose: this needs to be amended as the Villas does not have a garden area to the rear of the property that people can access.

Fire: review the assembly point in the event of a fire to ensure this is a safe place for people and staff to gather.

1. Well-being

Our findings

People have control over their day-to-day lives. Individuals felt listened to, their views were taken into account and they had the opportunity to meet and get to know new people who wanted to move in. During our visits, people were seen to be making their own everyday choices and decisions and also spoke to us about their plans for the future. People had started or were being encouraged to start writing their own daily notes and take ownership of this task. Residents and key worker meetings ensured peoples voices were heard so that any changes and improvements could be made to the service to further enhance their quality of life. One person said, about key worker meetings, we “*say what we want, when we want it*”. People speak for themselves and are able to contribute to decisions affecting their lives.

People are supported with their physical, mental health, emotional and social wellbeing. Detailed information about people’s health and wellbeing was recorded in their personal plans. Staff shared with us different examples of how they try to encourage health promotion with individuals in a sensitive way. One person attended diabetic meetings once a week and the staff member supporting them said they both liked to make ‘*slimming world*’ recipes together. We saw the manager providing comfort and reassurance to a person who said they were “*stressed out*”. They wanted a cuddle, held the managers hand and the manager suggested they went to a more private place for a chat. People are healthy and get the right care and support.

People are protected from abuse and neglect. We saw that people were relaxed and comfortable in the presence of staff. They told us they could tell the staff or manager if they were unhappy about anything. Information about how to raise concerns was also available including posters and “*speak up, if you see it, report it, stop it*” cards. Staff received training in safeguarding and were clear about their roles and responsibilities regarding this. Risk assessments had been completed to help people stay safe. People are supported to raise any concerns and protect themselves and others.

People live in accommodation, which is suitable to meet their needs. When we arrived, one person answered the door, we signed in the visitor’s book and they told us where to find the manager. People were able to increase their independence and skills around the home by doing their own laundry, cleaning, shopping, making snacks and meals. People told us they were involved in how they wanted Holland House and the Villas to be decorated and said they liked living there. People live in a home which best supports them to achieve their well-being.

2. Care and Support

Our findings

People living in Holland House and Villas follow an assessment process to ensure their needs are appropriately met. The Statement of Purpose and Residents Guide sets out a summary of the admissions procedure including assessments, trial visits, moving into the home and reviews. We spoke with the manager and a team leader who told us all about the assessment process. Although we found there were systems in place for the admission and commencement of service the admission, discharge and transfer policy was dated 2015. This needs to be reviewed and updated to include more information, to ensure it is specific to Holland House and Villas and in line with the Statement of Purpose and Resident Guide. Information contained in personal plans showed that people, relatives, health/ social care professionals and advocates had been involved in reviewing people's placements to ensure individuals were appropriately placed.

People are able to visit the service to make sure it is the right place for them. The manager, team leader and a member of staff spoke about a new person who had been identified as being suitable to move into the home. We were told that trial visits were arranged and included both daytime and overnight stays to see how people and staff got on with one another. Observations and interactions during this time were feedback by people and staff to the manager. We spoke to a person who liked to show new people around, make them feel welcome and told them what it was like there. We saw reference to a new person moving in recorded in the minutes of residents meetings, showing people were kept informed about what was happening. The manager confirmed that letters were written to commissioners stating whether individual's needs could or could not be met at the service.

People are supported to live fulfilled lives. On the day we visited, we spoke to one person who was due to move out the following day and was really looking forward to this. They had requested a buffet tea, which was being organised so that people and staff could say their goodbyes. When we visited the next day, the person had left. During both visits, staff were genuinely emotional about the person leaving, wanting the best for them and saying how much they would be missed. We saw photos in the dining room of a person celebrating their 70th Birthday. The person told us they had a party and their family and friends had attended. During one of our visits, a person was waving to us from the bus stop. They told us their friend had been to visit them and they had waited with them to get the bus back home. A staff member and team leader spoke about helping people to further develop their skills, find employment and move on in the future, however this could be difficult at times due to lack of motivation from people themselves. One person had returned from work and told a member of staff what they had been doing that day. We were told by staff that one person liked to go to town and knew *"all the people in the shops and says hi and speaks to them"*. The service considers a wide range of views and information to confirm it is able to meet each individuals needs and supports them to achieve their own personal outcomes.

People are responsible for looking after their own health and wellbeing. We saw plans had been put in place to assist people to take care of themselves more independently. Staff told us about how they encouraged people to make informed choices about smoking, eating, drinking and provided other healthier alternatives for them to consider. We were told by a member of staff that people attended health appointments with and without staff support depending on what they wanted. Through discussions and paperwork, we found health

referrals and review meetings were requested as and when people's needs had changed. Minutes of meetings and reviews showed health and social professionals were involved in these meetings as well as advocates. We looked at a hospital passport for one person and this did not include epilepsy, which was recorded in their personal plan. This was discussed with the manager who explained seizures had occurred in the past but not at present. This information still needs to be included for other health professionals to be aware of. People are accessing healthcare and other services independently or with staff support.

3. Environment

Our findings

People live in accommodation which is homely and personalised. Holland House and Villas were seen to be nicely decorated, with pictures on the walls, photo frames, ornaments and colour schemes appropriate for the people living there. One person offered to show us their bedroom and said they were happy with it. It reflected their interests and hobbies including a dartboard, fish tanks and a variety of football team scarves. The person had also been decorating their room themselves with paints and paper. The manager told us they used to be a painter and still liked to do this. The manager also spoke about how they involved people in choosing the décor for different rooms. When we visited the Villas and asked people who had picked the butterfly wallpaper in the lounge, they said, “*we did*”. One person wanted a “*better*” kitchen and dining room tables and chairs. Recommendations for further improving the environment were listed in the Responsible Individuals last report including tables for the dining area, bathrooms and furniture. We were told about plans for a new bathroom and a kitchen which the manager said would be designed so that people could paint it different colours in the future. New flooring, carpets and curtains had been purchased and enhanced the look of Holland House.

The outside areas to the front of both Holland House and Villas were low maintenance, decorated with slate chippings, wood and looked attractive on approach. Holland House has a pleasant garden area at the back of the home. There was an aviary and we met the person who looked after the birds each day making sure they were fed and watered. We saw sheds, a greenhouse and flower boxes in the garden and throughout our visits we observed different people use the garden. There were plenty of places for people to sit and socialise with one another as well as private areas if people chose to be alone. The manager told us there were plans to develop an area at the very top of the garden to provide an even quieter seating area and we saw that this was already in the process of being cleared. The Villas do not have an outside garden area for people to enjoy. This was discussed with the manager who told us the Responsible Individual was already looking into it and this was confirmed when reading their last visit report. According to the Statement of Purpose and Residents Guide “*Villas has a garden area to the rear of the property, with seating and a lawned area with flower beds and a washing line*”. This needs to be amended as it is misleading. People live in an environment which meets their needs and supports them to achieve their personal outcomes, but the use of outside space is not available for all.

There are systems in place for monitoring the home and identifying any environmental issues. According to the Statement of Purpose Holland House and Villas have a health and safety advisor who oversees any concerns and ensures that the home is safe and compliant. Monthly health and safety audits were completed and we looked at a copy of one which included all areas of the home, descriptions of any problems, risks and referrals needed. We saw evidence of other checks such as emergency lighting, fire extinguishers, and fire alarm tests. We looked at one person’s Personal Emergency Evacuation Plan (PEEP), which referred to the meeting point as being at the top of the garden. We discussed the need to review this meeting place with the manager, as the gate at the top of the garden was no longer accessible. The provider identifies risks to health and safety, further action is needed to review arrangements in the event of a fire.

4. Leadership and Management

Our findings

Overall the Statement of Purpose accurately reflects the service people receive, it is kept under review and updated. The Statement of Purpose was detailed and included all the necessary information. This was last reviewed on in March 2019. It described the service, which we found was being provided to people and this was also evidenced through discussions, observations and documentation seen during our visit. People are supported in line with the Statement of Purpose.

People are supported by sufficient numbers of staff to provide the level of care and support people need. The Statement of Purpose included information about the recruitment process, how many staff were employed, their qualifications, induction and training. People were supported by the manager, a deputy manager, 3 team leaders and support workers. Staff files viewed contained certificates including understanding self-harm, effective communication, understanding personality disorders, Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS), mental health, learning disabilities and dementia awareness training. On the day we visited three staff had attended training to raise their awareness of bipolar disorder. People are supported by appropriate numbers of staff who have different levels of knowledge, skills and qualifications.

People are protected by robust recruitment checks. We looked at two staff files which contained application forms, identification, references and evidence of Disclosure and Barring Service (DBS) checks completed for staff. The manager talked us through the recruitment process for all new staff. We spoke to a person who lives in the service about their involvement in interviewing new members of staff. A member of staff spoke about their positive experience of the in depth induction which took two weeks to complete. People receive support from staff who are suitably fit to provide care and support for them.

People benefit from a staff team who are supported in their roles. The manager and team leader told us there was a good staff team employed to work at Holland House and Villas. Staff said they worked well as a team; felt supported and valued. Staff referred to the manager as being *“really supportive”*, *“understanding”*, *“trusted”* and *“ace”*. The manager and team leader spoke about different staff and the strengths they brought to the team and specific responsibilities they had taken on such as medication, paperwork and maintenance checks. Three members of staff were dignity champions and one of them told us what the role involved. The team leader talked about seeing younger staff *“flourishing”*, coming out with new ideas, progressing in their roles and commented that staff morale was *“really high”*. Through observations and conversations during our visits, we evidenced that staff ideas and views to improve the service were received positively. New outcome-focused paperwork had been developed by the team leader and they spoke about how this was to be implemented. We looked at supervision and appraisal records for two member of staff which evidenced this was being done. The manager also told us they had recently received supervision with the responsible individual and felt well supported in their role. People can achieve their individual personal outcomes because staff are well supported and trained in their roles.

5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

This was the first inspection of the service following re-registration under The Regulation and Inspection of Social Care (Wales) Act (RISCA) 2016.

5.2 Recommendations for improvement

The following are recommended areas of improvement to promote positive outcomes for people:

- The service should review hospital passports to ensure the correct information is recorded regarding any health conditions. Records should also include dates and signatures to evidence the persons, staff and other representatives involved with their care and support.
- The service should ensure that there is an admission and commencement of service policy which is up to date and includes all the necessary information in line with Regulation 14 and is specific to Holland House and Villas.
- The service should amend the Statement of Purpose to reflect that there is no garden area at the Villas for people to access.
- The service must review the assembly point in the event of a fire for people and staff to meet to ensure it is a safe place.

6. How we undertook this inspection

This was the first inspection of the service following re-registration under The Regulation and Inspection of Social Care (Wales) Act (RISCA) 2016. A full inspection was undertaken as part of our inspection programme. We made an unannounced visit to the service on 8 July 2019 between 10:45 a.m. to 18:00 p.m. We also visited on the 9 July 2019 between 14:15 p.m. and 16:00 p.m.

The following methods were used:

- We met and spoke with four people living in Holland House and three people in the Villas.
- We held discussions with the manager, team leader and two support staff.
- We looked at a wide range of records. We focused on two personal plans and daily records, residents meetings, two staff files, training and supervisions records, quality monitoring records and audits.
- We examined the Statement of Purpose (SoP) which sets out the vision for the service and demonstrates how, particularly through the levels and training of staff, etc., the service will promote the best possible outcomes for the people they care for.
- CIW is committed to promoting and upholding the rights of people who use care and support services. In undertaking this inspection, we actively sought to uphold people's legal human rights.
<https://careinspectorate.wales/sites/default/files/2018-04/180409humanrightsen.pdf>
- At the time of the visit we feedback the findings to the manager and confirmed their understanding.

Further information about what we do can be found on our website:

www.careinspectorate.wales

About the service

Type of care provided	Care Home Service
Service Provider	Mental Health Care (Clwyd) Limited
Registered Person	Ryan Sandick
Registered maximum number of places	11
Date of previous Care Inspectorate Wales inspection	25/09/2018
Dates of this Inspection visit(s)	08/07/2019
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	The provider is working towards meeting this requirement.
Additional Information: The service is working towards the Welsh Language Standards and able to provide some information bilingually.	

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