



Inspection Report on

Holland House and Villas

**Holland House and Villas
11-15 Lenten Pool
Denbigh
LL16 3LG**

Date Inspection Completed

16/11/2023

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About Holland House and Villas

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Mental Health Care (Clwyd) Limited
Registered places	11
Language of the service	English
Previous Care Inspectorate Wales inspection	8 June 2019
Does this service promote Welsh language and culture?	The service provides an 'Active Offer' of the Welsh language. It anticipates, identifies and meets the Welsh language and cultural needs of people who use, or may use, the service.

Summary

People feel settled, safe and they receive the care and support they need. People are encouraged to increase their independence; pursue the things they are interested in and are working towards achieving their own goals. People's plans are person centred with more detailed information being added to these. Newsletters are sent out so people can see what is going on and get involved, including any news, events, success stories and birthdays.

Staff support people well and feedback from professionals confirms this. They build positive and trusting relationships with people and offer stability and continuity. Feedback from staff is positive and they feel valued, supported and trained in their roles. They work well as a team and are complimentary about the manager.

There is good leadership and management of the service. The Responsible Individual (RI) visits Holland House and Holland Villas to support the manager, check to see how everyone is and identifies any issues and takes action to address this.

Investment has been made in the environment to make it more homely and functional. Work has been completed with more planned to continue to enhance the home.

Well-being

People have control and choice over their day to day lives. They answer the door to welcome visitors into their home and offer to make drinks for them. They make choices and decisions about what they want to do each day and in their future. Personal goals are being achieved and people have things to look forward to. People are listened to; their opinions and rights are respected by the manager and staff who advocate for them to make sure things happen, reducing any barriers. People are encouraged to be able to self-medicate where possible, look after their own finances and increase their everyday skills ready for moving on to more independent living. People told us they get the support they need, some things they told us are, *"I do feel safe here, get on fine, I am free"* and *"Can do what I want to do"*. Professional comments include the *"Service does what it is supposed to do, living independently."*

Physical, emotional and mental wellbeing needs are being met. Health action plans and hospital passports are in place and more detailed information is being added to these. Health and social care professionals are involved as needed and feedback we received from them about the service is very positive. The manager and staff promote healthier lifestyles and support, reassure, praise and encourage people. People are able to maintain and form new friendships and relationships with other people.

People are protected from harm. A safeguarding policy is in place for staff to follow and they receive training. There are posters about how to speak up and raise any concerns. Resident's meetings provide an opportunity for people to talk and raise any issues. People have access to an advocate who was visiting on the day of the inspection. They attended a resident meeting as well as the local police so people know who they are and what they do. Risk assessments are completed and positive risk taking is promoted in a safe way.

People live in a home that suits their needs. People's own rooms reflect their tastes and preferences with attention paid to detail. They have their own belongings with items and furnishings reflecting their specific hobbies and interests. Investment has been made with decorating the lounges which are warm and welcoming. Improvements have been made and are still ongoing. There is a pleasant outdoor area which people can use and enjoy.

Care and Support

Personal plans are being updated to more accurately reflect what staff and the manager know about people. Plans contain some very detailed information about the care and support people need, their preferences, likes and dislikes. A new member of staff is being recruited to ensure documentation is kept updated, enabling staff to spend more quality time directly supporting people. Reviews are completed with people and others involved in their care and support. Professionals commented about progress reviews which are *“balanced really well with celebrating positive outcomes”*, focusing on achievements and how people can move forward.

People are provided with good quality care and support, they are involved in what happens and consideration is given to their personal wishes, aspirations and risks. People have positive relationships with staff they trust and feel safe with. They told us staff are *“worth their weight in gold”*, *“dependable”* and *“always here when I need them”*. They are supported to understand benefits and consequences of their actions so they can make informed choices and have access to an independent advocate. People are achieving their goals and are moving forward in life. They are supported to be as independent as possible, look for job opportunities, have driving lessons, make new friends/ relationships and try different experiences. New documentation is being introduced to more accurately capture and reflect what people have been doing and any progress they have made with reaching their goals.

People are supported to access healthcare and other services to maintain their ongoing health, development and well-being. Plans include information about professionals involved, how to monitor health conditions and actions to be taken by staff. Professionals are contacted when needed and discussions on the day with people and the manager confirmed that health appointments are being successfully attended, increasing people's health and wellbeing. More detail is being added to health information and hospital passports. Resident's meetings have included sessions on healthy eating and oral hygiene. Professionals told us about how staff accompany people during appointments, commenting it has been *“some of the best I have seen”*.

The service promotes hygienic practices and manages risk of infection. There is an infection control policy in place and staff receive training. Audits are completed to identify and address any issues. Personal protective equipment (PPE) is available for staff if needed.

Environment

People live in a home which provides accommodation in a location which promotes achievement of their personal outcomes. Rooms are personalised with attention to detail paid to ensure they are exactly how people want them to be. Some people showed us their rooms and told us they are happy with them. These reflect their own personal tastes and interests. People are kept involved and asked what they want rooms to be used for including an activity area and a smaller scale kitchen to prepare their own meals in. Investment has been made to make Holland House and Holland Villas homely as well as practical. Work has already been completed including new bathrooms and windows. On the day of the inspection, work was being completed on a new laundry room. There is a maintenance plan in place and we discussed with the manager other work that has been planned. People told us their home is *“becoming very nice”*. Staff referred to a lovely, homely and clean environment. Professionals commented that it feels much more homely and *“more lived in more comfortable, long may it continue”*.

There is a very pleasant outdoor area which staff have helped to create. This provides lots of different areas and seating options available so that people can have a place of their own to spend time outside as well as sitting with other people and having chats with them and staff. People told us the *“Garden is lovely”*.

The service provider identifies and mitigates risks to health and safety. Policies and procedures are in place for staff to follow. Health and safety audits are completed as well as risk assessments regarding the environment. People have personal emergency evacuation plans (PEEPs) in place to evacuate them safely from the home in an emergency. Staff receive training to keep themselves and others safe.

Leadership and Management

People are supported by a more skilled and stable staff group who receive support and training. Staff files have been audited to ensure the correct information is obtained. The manager told us their focus has been to ensure people are supported by the right staff team. Staff feel valued and supported and consider their learning and development as mostly 'excellent' or 'good'. Training records and discussion with the manager showed some gaps. Staff have been booked on to face-to-face training and are provided with online learning while they are waiting. Professional's comments about staff include "*absolutely delighted with the care received at Holland house, all the staff are very thorough and excellent*" and "*I have been very impressed with the staff I have met to date*". They also referred to senior staff and their "*excellent care ideas and flexible ways of working*" to meet people's complex needs.

The service is consistently well-managed and led. Staff are complimentary about the manager, comments include "*I think that our manager is fantastic*" and has all people and staff's welfare at heart, "*Our manager has a very positive and proactive attitude to work and encourages us all to do the same and be creative*" and "*The Manager and deputy manager are so supportive in every part of the role I do*". Professionals told us the manager is "*one of the most passionate managers I have worked with*". During our visit people came to see the manager who provided reassurance, encouragement and suggested positive ways for them to move forward. People told us they can raise any issues with the manager who is very approachable.

Governance arrangements are in place to support the smooth operation of the service and ensure good quality care and support for people. The RI and manager are open and honest about areas that they are continuing to work on to improve the service. We received lots of positive feedback from people, staff and professionals about the service. People told us it has "*improved massively*". Professionals commented there have been lots of good changes, there is a much better culture and it is a more holistic service. The RI visits three monthly and completes a detailed quality-of-care review six monthly highlighting what is working well and what needs to be improved. The manager attends meetings with other managers to have discussions, share information, good practice and lessons are learnt.

Summary of Non-Compliance

Status	What each means
New	This non-compliance was identified at this inspection.
Reviewed	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
Not Achieved	Compliance was tested at this inspection and was not achieved.
Achieved	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people’s well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

Priority Action Notice(s)

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

Area(s) for Improvement

Regulation	Summary	Status
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N/A	No non-compliance of this type was identified at this inspection	N/A
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