

Mr & Mrs P Menon

# Holly House Residential Home

## Inspection report

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## Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

# Summary of findings

## Overall summary

### About the service

Holly House Residential Home is a residential care home providing personal and nursing care to up to 28 people. The service provides support to older people, some of whom are living with dementia. At the time of our inspection there were 22 people using the service.

Holly House Residential Home has accommodation on two floors in one adapted building. There are several communal areas for people to spend time in.

### People's experience of using this service and what we found

Some improvements were needed to ensure a wholly positive mealtime experience for people living with dementia or those who dined in their rooms. Assessments took place before people moved into the service and this process could be strengthened, along with daily recording of people's care and wellbeing.

Since the last inspection improvements were made to people's safe care. People were cared for safely. Health and safety checks were regularly carried out. Risk assessments were in place and reviewed regularly and as people's needs changed. People received their medicines safely, in the way they preferred and from trained staff. Safe recruitment practices were followed to ensure staff were suitable for their roles.

Improvements had been made to staffing levels. There were consistently enough staff to meet people's care needs. Domestic staffing hours had increased to ensure cleaning took place every day including weekends. This supported improved infection prevention and control practices.

We found improvements in documentation aided by an electronic care planning system. People's care records contained clear information covering all aspects of their care and support needs. Staff knew people well and had a good understanding of people's wishes and individual preferences. People's personal histories, preferences and dislikes, diversity needs such as cultural or religious needs and links with family were all considered within the care plans. Staff received comprehensive training to meet people's needs. People were supported to access health and social care services when needed.

People received support from staff who were kind and caring. Staff enjoyed working at the service and there was good communication and teamwork. Staff had positive relationships with people and their relatives. People were treated with respect. Staff maintained people's dignity and promoted their independence.

Since the last inspection the provider had made improvements to embed personalised care which was responsive to people's needs. People were supported to do things they enjoyed and were important to them. People and their relatives knew how to make a complaint and felt they could raise any issues with the provider.

Significant improvements had been made to managerial oversight and quality assurance processes of all

key aspects of the service. A range of audits took place and were clearly recorded and tracked. The provider used an improvement plan and regular engagement with an external consultant to drive continuous improvements of the service for the benefit of people living there.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 2 December 2021) and there were breaches of regulation. We took enforcement action and issued Warning Notices due to concerns about people receiving safe care and treatment (Regulation 12), staffing levels (Regulation 18) and management oversight (Regulation 17) of the service. We also requested an action plan after the last inspection due to a breach of Regulation 9 and concerns people did not always received person-centred care.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

We undertook this unannounced inspection to check whether the Warning Notices we previously served in relation to Regulations 12, 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. We also checked whether the Requirement Notice in relation to Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Holly House Residential Home

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by three inspectors.

#### Service and service type

Holly House Residential Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Holly House Residential Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

## Notice of inspection

This inspection was unannounced.

## What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

## During the inspection

We spoke with eight people living in the service and five relatives about their experience of the care provided. We spoke with the providers, registered manager and deputy manager. We also spoke with and/or received email feedback from eight staff including the team leader, senior carers and care staff. We received feedback from two visiting professionals.

We looked at aspects of seven people's care records and multiple medication records. We reviewed three staff files. We looked at a range of other records including quality assurance checks, meeting minutes and training records.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

At our last inspection the provider had failed to robustly assess the risks relating to the health, safety and welfare of people. Medicines practices were not consistently safe. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

### Assessing risk, safety monitoring and management

- Since the last inspection, improvements were made to people's safety. Health and safety checks were undertaken and recorded regularly. Any issues found were addressed in a timely manner. For example, a radiator cover was broken in a person's bedroom. The deputy manager had identified this the day before our inspection, and it was due to get fixed.
- People had a range of risk assessments in their care records and these were reviewed regularly and updated. These covered known risks such as falls, skin integrity and eating/drinking. Care and risk support plans provided guidance to staff on how to provide care that reduced known risks.
- People used a variety of equipment to help keep them safe. For example, pressure relieving equipment or call bells and sensor mats to summon assistance. We saw call bells were responded to promptly by staff.
- Hospital grab sheets and personal evacuation plans were available on people's care records. This ensured up to date essential information could be shared in the event of a hospital admission or emergency evacuation of the building.

### Using medicines safely

- Improvements were found in the administration and recording of medicines. People received their medicines safely and in the way they preferred. Medicines were administered by staff who were trained to do so.
- Systems were followed for ordering, receiving and storing medicines. An electronic medicine system had been introduced and the deputy manager confirmed this had reduced the risk of errors due to the cross checks and safeguards in place. Audits were undertaken regularly to identify any errors or emerging issues.
- People's medicines were reviewed regularly. For example, this led to a change in one person's medicine from taking three lower dose tablets to one higher dose tablet daily. Their care plan said, "Change was made to make medication administration more easy for [person] to swallow. This has so far been successful."

### Preventing and controlling infection

- We found improvements had been made since the last inspection. Housekeeping hours had increased so cleaning tasks took place every day including weekends.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

Visiting was taking place in line with government guidance. One relative told us they visited when they wanted and were always made to feel welcome. The said, "I don't even have to ask for a cup of tea, they know what I like and have it on the table when I arrive."

#### Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to safeguard people from abuse and knew how to follow local safeguarding protocols if required.
- People were cared for safely and felt safe living in the service. This was confirmed in feedback from people and their relatives. One relative said, "When [relative] is here, we don't worry. I'd recommend the home to people."
- Staff received training to recognise abuse and protect people from the risk of abuse. Information about where to report any concerns was on display for staff to refer to. Safeguarding was regularly discussed with the staff team.

#### Staffing and recruitment

- At the last inspection there were not enough staff to support people which meant people were placed at heightened risk of harm. At this inspection we found there were consistently enough staff to ensure people received safe care. Feedback from people and relatives confirmed this.
- Since the last inspection the provider recruited some staff from overseas via the government sponsorship scheme in addition to local employees. This was successful in achieving a reliable and stable staff team. The provider seldom used agency staff who may not know people or their needs well.
- Safe recruitment practices were followed. This meant checks were carried out to make sure staff were suitable and had the right character and experience for their roles. For example, references with previous employers and identity checks.

#### Learning lessons when things go wrong

- Lessons were learned when something went wrong or an area for improvement was identified. Improvements were made since the last inspection in this area, which improved people's safety. These were recorded in a specific 'Lessons Learned' document and shared with staff.
- Processes were followed for accidents and incidents to be recorded and followed up. Regular analyses of falls, accidents and incidents took place. This meant the management team could identify if there were any themes or patterns emerging and take action to reduce the risk of the same thing happening again.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. At this inspection the rating has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

At our last inspection the provider had failed to ensure people's care records and assessments were accurate, up to date and that people's needs, including nutrition and hydration needs, were consistently met. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

Supporting people to eat and drink enough to maintain a balanced diet

- People did not see their food being served and were not shown what choices were available at lunchtime. Mealtimes could be enhanced, particularly for those living with dementia. Improvements to showing people options and being involved in food being served could aid appetite and enjoyment of the dining experience.
- People who dined in their bedrooms did not always receive a responsive mealtime service. For example, one person's hot porridge for breakfast had gone cold and staff were asked if they could prepare a fresh bowl. We observed this didn't happen and after a short time the person opened a packet of crisps they had in their room instead.
- The provider was the main cook and knew people's dietary preferences and requirements. Information was available in the kitchen for other staff involved in preparing meals. Although there wasn't a selection of different choices on the daily menu, people had alternatives if they wished. One person told us, "The variety is nice, it's not the same meal twice in a week."
- We observed lunchtime to be a relaxed and sociable experience for people. Staff offered support where needed. This included people being offered second servings and a selection of drinks including alcohol.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments of people's needs were undertaken before they moved to live in the service. On occasion people's needs differed when they arrived in the service to their pre-assessed needs. This raised the risk of staff not being fully aware or prepared, particularly if the person required specialist care or equipment. Strengthening the pre-assessment process would reduce the risk of people's care needs upon admission being different to their assessed needs.
- Daily notes to record and monitor people's care and wellbeing were written by staff but could be improved. For example, when a person was given medicine to help ease their distress on several occasions, there was no record of what had happened or how staff tried to support the person before deciding to give medicine.

- Care plans were detailed, person centred and up to date. There was evidence of regular reviews which included relatives where appropriate. Care plans showed all aspects of a person's needs were considered. Details were included of people's diversity characteristics including religious and cultural needs, and how these were met.

#### Adapting service, design, decoration to meet people's needs

- Additional signage was being commissioned to support orientation around the building for people who may be confused. Existing signage was small and discrete. During the inspection we spoke with one person sitting in the reception area. They explained they wanted to sit with others but were not sure where the lounge was. Extra dementia friendly signage may support people to navigate around the service better.
- The service was well decorated, homely and welcoming. There was a calm and relaxed atmosphere in communal areas which were well used throughout the inspection day. We observed people spending time comfortably with each other and with staff.
- The service had a large accessible garden for people to benefit from. A permanent gazebo enhanced people's enjoyment of the garden.

#### Staff support: induction, training, skills and experience

- Staff received an induction when they started to work in the service. Staff undertook a comprehensive range of competency checks to ensure their skills, knowledge and practical abilities were assessed. Additional support was offered to staff when needed.
- Staff received ongoing training for their roles which included online and in person. There was a comprehensive training matrix used to track and monitor completion of mandatory, specialist and refresher courses.
- Staff received supervision which provided opportunities to reflect on working practices and discuss training and support needs. The provider told us they were keen to support staff develop further and of the ways they were doing this, for example with additional qualifications.

#### Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked in partnership with health and social care professionals to maintain people's health. For example, the GP, district nurses and social workers.
- The GP visited weekly to ensure people's health was monitored and any arising health issues were discussed and followed up effectively.

#### Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal

authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service was working within the principles of the MCA. MCA assessments and best interest decisions were made in consultation with people's relatives or representatives when required.
- DoLS applications were made to the local authority when it was in people's best interests to ensure their safety.
- When people did not have the capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

At our last inspection the provider had failed to design care and treatment with the view to achieving people's preferences and ensuring their needs were met. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

Ensuring people are well treated and supported; respecting equality and diversity

- Improvements had been made to the care and support people received. People, relatives and staff told us that people were well treated and supported. One visiting professional said, "Care staff are friendly and attentive to the residents and visitors too. I never see care staff hanging around talking or playing on their phones. They are always busy [supporting people.]"
- Staff were knowledgeable about the people they cared for and valued people as individuals. They spoke about people warmly and respectfully. Throughout the inspection we saw staff were patient and caring in their interactions with people.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in their care and encouraged to express their views. Throughout the inspection we saw people's opinions being sought on their daily routines and their views were respected.
- Care plans set out how people preferred to receive their care and detailed regular routines. One person's personal care routine provided information on their preferences including showering, hairdressing, chiropody and manicures. Another person told us, "Yes I can have a bath or shower whenever I like. Usually I have a wash down."

Respecting and promoting people's privacy, dignity and independence

- We saw that people's privacy and dignity was respected and their independence promoted. One care plan stated, "Staff to ensure [person's name's] privacy and dignity are maintained at all times, by respecting their wishes not to be disturbed at night and by other residents and ensuring that curtains and doors are closed when assisting with personal care."
- People's dignity was carefully considered. For example, one person had a catheter bag which was sometimes visible depending on their clothing choices. The provider discussed this with them to confirm their preferences. This was recorded in a care plan so staff knew and could follow the person's wishes.
- People were encouraged to retain their independence as much as possible. For example, one relative told

us how staff supported their loved one with their mobility. Care plans set out guidance for staff to support people to do as much of their personal care themselves which promoted independence and self-worth.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good.

This meant people's needs were met through good organisation and delivery.

At our last inspection the provider had failed to ensure a comprehensive assessment of needs and had failed to ensure care and treatment met people's needs and preferences. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Improvements had been made since the last inspection. People had personalised care plans which included information about their personal needs, choices and preferences. These were reviewed regularly and updated if people's needs changed.
- Staff had built positive, professional relationships with people and knew them well. This meant people received care that was tailored to their needs and wishes.
- Staff told us that communication and handovers were effective and spoke positively about good teamwork. These all contributed to people receiving high quality, personalised care that met their needs.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People had a range of communication abilities and needs. Care plans included information about people's individual communication needs and preferences.
- The registered manager understood the Accessible Information Standard. Information and documents could be made available in accessible formats to people using and visiting the service.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to spend time doing things they enjoyed and were important to them. This included visits by the Women's Institute or Royal Legion to spend time with people. Alongside this, the

provider had made links with a local school where letters were being exchanged between people and pupils.

- People's religious needs were supported. For example, there was a weekly church service in person for some people and online for others, depending on their preference.
- The service used technology well to support people to do things they wanted. For example, to select music using Alexa or to watch videos of places important to them on YouTube. An online platform was used to support activities, for example, to access and print off copies of old newspapers to support people reminisce when Her Majesty the Queen passed away.
- People told us about events and upcoming activities. This included a planned celebration for Diwali where one person told us they were looking forward to trying on a traditional Indian costume. Other planned activities included carol singing and a visit from a music group.

#### Improving care quality in response to complaints or concerns

- Policies and procedures were in place to ensure complaints were responded to in an appropriate and timely way. CQC were aware of a complaint which was dealt with via safeguarding processes so this was not recorded in the complaints folder. There were no other complaints in the last twelve months.

#### End of life care and support

- People's care files included information about advance decisions and any end of life care preferences. It was also recorded when people did not wish to discuss this. Documentation was in place where DNACPR (Do Not Attempt Cardiopulmonary Resuscitation) decisions had been made.
- Staff had received training in end of life care and also bereavement support. This meant they had increased skills and awareness to support people and their families during and after end of life care.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection the provider had failed to ensure adequate systems and processes were in place to assess, monitor and improve the quality and safety of the care provided. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People received good quality care which focused on achieving good outcomes for them.
- Significant positive changes had been made and embedded since the last inspection. There was real emphasis on promoting a culture of person-centred care. This was reflected in our observations, feedback, documentation and the responsiveness of the management team throughout the inspection.
- Staff we spoke to and received email feedback from enjoyed working at the service and felt supported in their roles. One staff member stated, "It's a good and lovely place to work. Things are going well at Holly House. Management are very helpful. If they find anything is not right, immediately they will take action." Feedback from other staff was similar.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider worked transparently when incidents occurred at the service in line with their responsibilities under the duty of candour. Records reflected this approach.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Significant improvements had been made to systems to monitor the quality and standards of the service. A comprehensive range of audits had been implemented and embedded. There was effective tracking and oversight of these. This included a management walk around and a range of weekly, monthly and quarterly quality assurance audits.
- Since the last inspection electronic care planning, medicine and management systems had become well embedded in the service. This strengthened management oversight of all aspects of the service.
- An improvement plan was used to drive ongoing and continuous improvements to the service and



people's care. The provider also engaged the services of an external consultant on a regular basis to support with identifying further areas for improvement and how to take these forward.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- At the last inspection there was limited evidence of engagement and involvement by the provider with people, relatives and staff. Improvements had been embedded and sustained. This included good communication with staff on a regular basis. Most people and relatives told us they felt involved and informed.
- Since the last inspection surveys had been circulated to people, relatives and staff. There had been a number of responses back and the feedback was positive. For example, "We are very happy with [family member's] care. They speak highly of staff and are visibly pleased when they see any of them when we are visiting." And, "Holly House is an exceptionally well-run home."

Working in partnership with others

- The provider worked with health and social care professionals involved in monitoring and providing care and treatment for people using the service.
- The provider was supportive of the inspection. They responded promptly when any information was requested or queries raised throughout the process.