

Hollywood Rest Home

Hollyrose House

Inspection report

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Essex
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Ratings

Overall rating for this service	Good	
Is the service safe?	Good	
Is the service effective?	Good	
Is the service caring?	Good	
Is the service responsive?	Good	
Is the service well-led?	Good	

Overall summary

The inspection was completed on 22 October 2015 and there were 11 people living in the service when we inspected.

Hollyrose House provides accommodation and personal care for up to 12 people who have mental healthcare needs.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff had a good understanding and knowledge of safeguarding procedures and were clear about the actions they would take to protect people.

Summary of findings

There were sufficient numbers of staff available. Appropriate recruitment checks were in place which helped to protect people and ensure staff were suitable to work at the service. Staff told us that they felt well supported in their role and received regular supervision.

Risks to people's health and wellbeing were appropriately assessed, managed and reviewed. Care plans were sufficiently detailed and provided an accurate description of people's care and support needs. The management of medicines within the service was safe.

Appropriate assessments had been carried out where people living at the service were not able to make decisions for themselves and to help ensure their rights were protected. People had good healthcare support and accessed healthcare services when required.

People were supported to be able to eat and drink satisfactory amounts to meet their nutritional needs. The mealtime experience for people was positive.

People were treated with kindness and respect by staff. Staff understood people's needs and provided care and support accordingly. Staff had a good relationship with the people they supported.

An effective system was in place to respond to complaints and concerns. The provider's quality assurance arrangements were appropriate to ensure that where improvements to the quality of the service was identified, these were addressed.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

There were enough staff available to meet people's needs.

The provider had systems in place to manage safeguarding concerns and to ensure that risks to people's health and wellbeing were well managed.

The provider had arrangements in place to manage people's medicines safely.

Good



Is the service effective?

The service was effective.

People were well cared for by staff that were well trained and had the right knowledge and skills to carry out their roles.

Staff had a good knowledge and understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Where people lacked capacity, decisions had been made in their best interests.

People were supported to access appropriate services for their on-going healthcare needs.

The provider had arrangements in place for people to have their nutritional needs met.

Good



Is the service caring?

The service was caring.

People were provided with care and support that was personalised to their individual needs.

Staff understood people's care needs and responded appropriately.

The provider had arrangements in place to promote people's dignity and to treat them with respect.

Good



Is the service responsive?

The service was responsive.

Staff were responsive to people's care and support needs.

People were supported to enjoy and participate in activities of their choice or abilities.

People's care plans were detailed to enable staff to deliver care that met people's individual needs.

Good



Is the service well-led?

The service was well-led.

The manager was clear about their roles, responsibility and accountability and staff felt supported by the manager.

There was a positive culture that was open and inclusive.

People are regularly involved with the service and people's feedback about the way the service is led was positive.

Good



Hollyrose House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 22 October 2015 and was unannounced. The inspection team consisted of one inspector.

We reviewed the information we held about the service including safeguarding alerts and other notifications. This refers specifically to incidents, events and changes the provider and manager are required to notify us about by law.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with five people who used the service, three members of care staff, the manager and the deputy manager.

We reviewed four people's care plans and care records. We looked at the service's staff support records for six members of staff. We also looked at the service's arrangements for the management of medicines, complaints and compliments information and quality monitoring and audit information.

Is the service safe?

Our findings

People were safe living at the service. We saw that people looked relaxed and happy in the company of others and with staff. One person told us, “I feel safe living here.” Another person told us, “I like it here. I’m safe, the staff are here to look after me.”

People were protected from the risk of abuse. Staff had received safeguarding training. Staff were able to demonstrate a good understanding and awareness of the different types of abuse, how to respond appropriately where abuse was suspected and how to escalate any concerns about a person’s safety to a senior member of staff, the deputy manager or manager. One member of staff told us, “If I had any concerns about any of the people who live here I would tell the senior, deputy manager or manager.” Staff were confident that the deputy manager or manager would act appropriately on people’s behalf. Staff also confirmed they would report any concerns to external agencies such as the Local Authority or the Care Quality Commission if required.

Staff undertook risk assessments to keep people safe. These identified how people could be supported to maintain their independence and how to mitigate potential risks to their health and wellbeing. Staff knew the people they supported, for example, staff were able to tell us who was at risk of poor mobility, who could access the local community independently and who required staff support and the arrangements in place to help them to manage this safely. In addition, risk assessments had been completed to guide staff on the measures in place to reduce and monitor these during the delivery of people’s care. Staff’s practice reflected that risks to people were managed well so as to ensure their wellbeing and to help keep people safe.

People told us that there was always enough staff available to support them during the week and at weekends. They told us that they were able to go out and for those who did

not want to go out there was always sufficient staff available to assist them. Staff told us that staffing levels were appropriate for the numbers and needs of the people currently being supported. Staff rosters viewed confirmed this. Our observations during the inspection indicated that the deployment of staff was suitable to meet people’s needs and where assistance was required this was provided promptly and in a timely manner.

We found that the arrangements for the management of medicines were safe. People received their medication as they should and at the times they needed them. Medicines were stored safely for the protection of people who used the service. There were arrangements in place to record when medicines were received into the service and given to people. We looked at the records for each person who used the service. These were in good order, provided an account of medicines used and demonstrated that people were given their medicines as prescribed. Specific information relating to how the person preferred to take their medication was recorded and our observations showed that this was followed by staff.

Observation of the medication round showed this was completed with due regard to people’s dignity and personal choice. Staff involved in the administration of medication had received appropriate training and competency checks had been completed. Regular audits had been completed and these highlighted no areas of concern for corrective action.

Suitable arrangements were in place to ensure that the right staff were employed at the service. Staff recruitment records for four members of staff appointed within the last 12 months showed that the provider had operated a thorough recruitment procedure in line with their policy and procedure. This showed that staff employed had the appropriate checks to ensure that they were suitable to work with the people they supported.

Is the service effective?

Our findings

People were cared for by staff that were suitably trained to provide care that met people's needs. Staff told us that both face-to-face and e-learning training was provided at regular intervals. Staff told us they received regular training opportunities in a range of subjects and this provided them with the skills and knowledge to undertake their role and responsibilities and to meet people's needs to an appropriate standard. The training records showed that staff had received appropriate training and this was up-to-date in key topic areas. One staff member told us, "The training provided is good and has enabled me to do my job well."

Newly employed staff had received an induction and staff confirmed this. The induction was completed over a three day period and included 'orientation' of the premises and 'shadow' shifts whereby the newly employed member of staff shadowed a more experienced member of staff.

We spoke with one newly employed member of staff and they confirmed that as part of their induction they had been given the opportunity to 'shadow' and work alongside more experienced members of staff. They told us that they had looked at the provider's policies and procedures and been given an opportunity to look at people's care files. They stated that this had been helpful.

Staff told us that they received good day-to-day support from work colleagues and formal supervision at regular intervals. They told us that supervision was used to help support them to improve their practice. Staff told us that this was a two-way process and that they felt supported and valued by the deputy manager. Staff confirmed that they received positive praise. Records confirmed what staff had told us.

Staff confirmed that they had received Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training. Staff were able to demonstrate that they were knowledgeable and had an understanding of MCA and DoLS, including how people's ability to make informed decisions can change and fluctuate from time to time and when these should be applied. Records showed that the majority of people living at the service had capacity to make day-to-day decisions. Where people had fluctuating

capacity, each person had had their capacity to make decisions assessed. This meant that people's ability to make some decisions, or the decisions that they may need help with and the reason as to why it was in the person's best interests had been captured and recorded.

Where restrictive practices were recorded to keep people safe, for example, the use of an alarm mat to alert staff when a person mobilised and where people had restricted access to their personal lighters and cigarettes because it was deemed a fire hazard, this was clearly recorded to demonstrate that this was in the person's best interests. People were observed being offered choices throughout the day and these included decisions about their day-to-day care needs and participation in leisure activities.

People told us that they liked the meals provided. People were provided with enough to eat and drink and their individual needs, choices and preferences were respected. Our observations of the lunchtime meal showed that the dining experience for people was positive and flexible to meet their individual nutritional needs, for example, people were provided with a lunchtime meal at a time of their choosing and that fitted in with their lifestyle.

Staff had a good understanding of each individual person's nutritional needs and how these were to be met. People's nutritional requirements had been assessed and documented. Where people were at risk of poor nutrition, this had been identified and appropriate actions taken. Where appropriate, referrals had been made to a suitable healthcare professional, for example, where people were identified as having specific dietary needs, advice from the dietician had been sought and discussed with the person so as to ensure their health, safety and wellbeing. One person told us, and staff confirmed this, that they were supported to be independent with the preparation of their food two to three times a week. Throughout the day we saw people help themselves to drinks and snacks.

People's healthcare needs were well managed. People were supported to maintain good healthcare and had access to a range of healthcare services. People's care records showed that their healthcare needs were clearly recorded and this included evidence of staff interventions and the outcomes of healthcare appointments.

Is the service caring?

Our findings

People were very complimentary of the staff and the support they received. One person told us, “They’re [staff] alright, they are good.” Another person told us, “The staff are great, I can’t fault them. They do a fine job and I get all the support I need.”

We observed that staff interactions with individual people were positive and the atmosphere within the service was seen to be kind and friendly. Staff had a good rapport with the people they supported and we observed much free-flowing conversation, laughter and sociable banter which people enjoyed. We saw that staff communicated well with the people living at the service. For example, staff provided clear explanations to people about the support to be provided in a way that the person could easily understand.

Staff demonstrated affection, warmth and care for the people they supported. Staff understood people’s care

needs and the things that were important to them in their lives, for example, members of their family, key events and their personal interests. People were also encouraged to make day-to-day choices and their independence was promoted and encouraged where appropriate according to their abilities, strengths and aspirations. For example, the care plans for two people recorded that in order to enable and empower their independence they accessed the local community independently and chose how they liked to spend their time.

People told us that staff respected their dignity and privacy. People told us that they had their own room and their own key and could choose whether or not to lock the door so as to maintain their own privacy. Staff knocked on people’s doors before entering and staff were observed to use the term of address favoured by the individual.

People were supported to maintain relationships with friends and family. People’s relatives and those acting on their behalf visited at any time.

Is the service responsive?

Our findings

People were involved in planning and reviewing of their care and support needs and where appropriate people had signed their care plan to confirm this.

Appropriate arrangements were in place to assess the needs of people prior to admission. This ensured that the service could meet the person's needs.

People received personalised care that was responsive to their individual needs. Staff were aware of how each person wished their care to be provided. Each person was treated as an individual and received care relevant to their specific needs and in line with their assessment of need.

People's care plans included information relating to their specific care needs and provided guidance on how they were to be supported by staff. The care plans were detailed and reflected people's needs identified from information developed through the Care Programme Approach (CPA) by the person's external community care coordinator. In addition and where appropriate, information relating to individual's specific conditions of discharge from hospital, for example, agreement to fully comply with taking prescribed medication was recorded. Records also included a contingency and emergency plan. This provided information for staff as to the potential early warning signs and relapse indicators to look for and action to be taken in the event of a deterioration in a person's mental healthcare needs.

Staff were made aware of changes in people's needs through handover meetings, discussions with the management team and reading people's care records. This meant that staff had the information required so as to ensure that people who used the service would receive the care and support they needed.

Staff told us that some people could become anxious or distressed. Clear guidance and instructions for staff on the best ways to support the person were recorded and these

were noted to be thorough and comprehensive. Staff were able to demonstrate a good understanding and awareness of the support to be provided so as to ensure the individual's, staffs and others safety and wellbeing at these times. The deputy manager confirmed that external healthcare support was good and was responsive to people's individual needs.

Information about a person's life had been captured and recorded. This included a personal record of important events, experiences, people and places in their life. This provided staff with the opportunity for greater interaction with people, to explore the person's life and memories and to raise the person's self-esteem and improve their wellbeing.

It was evident from our discussions with staff that they encouraged and enabled people the opportunity to be active and take part in social activities of their choice and interest which were meaningful to them. People were encouraged to actively spend time in the local community and on the day of our inspection several people were supported to access the local shops and cafes. One person told us, "I go to Friday Club once a week on my own. I also sometimes go to the pub and go to the local shops to buy a newspaper. I also go to the cinema sometimes and staff support me."

The provider had policies and procedures in place for receiving and dealing with complaints and concerns received. The information described what action the service would take to investigate and respond to complaints and concerns raised. People were confident they could raise any concerns with staff, the deputy manager or manager. One person told us, "I have no concerns or complaints. If I did I would definitely talk to the staff." Another person told us, "I'd tell the staff if I was not happy. I can speak up and say things." No complaints had been raised since our last inspection in September 2014. Staff were aware of the complaints procedure and knew how to respond to people's concerns and complaints.

Is the service well-led?

Our findings

The manager was able to demonstrate to us the arrangements in place to regularly assess and monitor the quality of the service provided. This included the use of questionnaires for people who used the service and those acting on their behalf. In addition to this the manager monitored the quality of the service through the completion of a number of audits.

Internal auditing and monitoring processes were in place to identify shortfalls and to drive improvement. Specific audits, such as, health and safety, infection control and medication were completed at regular intervals. In addition, the provider monitored that the service was operating effectively and that people's needs were safely met through other checks, for example, housekeeping, care plans, safeguarding, accident and incidents, complaints and maintenance.

People knew who the manager was and told us that the manager visited the service two or three times a week. Staff had positive comments about the management of the service. Staff were clear about the manager's and provider's expectations of them and staff told us they were well supported by the deputy manager. Comments from staff included, "They are approachable and if I have any concerns they are dealt with" and, "The deputy manager is great." Staff told us that their views were always respected and they felt able to voice their opinions freely. Staff felt

that the overall culture across the service was open and inclusive and that communication was generally very good. This meant that the management team promoted a positive culture that was person centred, open and inclusive.

The manager and deputy manager confirmed that they had listened to people who used the service and following discussions with them agreed not to hold formal regular meetings. We discussed this with people living at the service and they told us that they could talk to staff at any time and did not require a formal meeting process to be implemented to be able to express their views. This showed that the management team listened to people's views and responded accordingly to improve their experience at the service.

Advocates, relatives of people living at the service and staff had completed satisfaction surveys in February 2015 and these suggested that they were generally satisfied with the overall quality of the service provided and enjoyed working at the service.

The manager and deputy manager were able to demonstrate an awareness and understanding of our new approach to inspecting adult social care services, which was introduced in October 2014. The manager told us it was their intention to disseminate information relating to the 'Fundamental Standards' and how these should be applied to staff's everyday practice to the rest of the staff team.