

# Southside Specialist Dementia Care Ltd

## Holly House Care Home

### Inspection report

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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 ●

# Summary of findings

## Overall summary

### About the service

Holly House is a residential care home providing personal care to up to 9 people. The service specialises in working age dementia providing care to younger adults living with dementia and mental health conditions. At the time of our inspection there were 9 people using the service.

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

Care plan review records lacked involvement from people, their relatives and representatives. In addition, for people who lacked capacity it was not always clear how they or their representative had been involved.

The provider had safeguarding systems and processes to keep people safe. Staff knew about the risks to people and followed the assessments to ensure they met people's needs. People felt safe and were supported by staff who knew how to protect them from avoidable harm.

People received their medicines safely and as prescribed and were supported by sufficient numbers of staff to ensure risk of harm was minimised.

Staff sought people's consent before providing care and support. People's individual communication needs were considered to support them to be involved in their care.

Staff spoke positively about working for the provider. They felt well supported and that they could talk to the management team at any time, feeling confident any concerns would be acted on promptly. They felt valued and happy in their role.

Staff had been recruited appropriately and had received relevant training, so they were able to support people with their individual care and support needs.

The home was clean with effective infection prevention control measures in place to mitigate the risk of cross contamination.

There were processes in place to monitor incidents and accidents to identify potential trends and put in place action plans to reduce risk of reoccurrence.

People's needs were assessed before joining the service. Staff completed a 12 week training induction when they first started with ongoing training to maintain their skills.

People's nutritional needs were being met. The service worked effectively with health and social care professionals and services to maintain the health and wellbeing of people.

The home environment was bright and spacious with a number of different areas around the home for people to relax in.

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.

People and relatives told us they found the staff to be kind and caring. People's independence was encouraged, and they were treated with dignity and respect by the staff.

There had been few complaints made about the service. However, there was a complaints process in place that monitored for themes to reduce risk of reoccurrences. The provider had processes in place to support people who were approaching their end of life.

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

The last rating for this service was good (published 25 October 2017).

#### Why we inspected

The inspection was prompted due to concerns about the number of people living at the home. A decision was made for us to inspect and examine those risks.

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Southside on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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?

Good ●

The service was 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 Care 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 1 inspector.

#### Service and service type

Holly House 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 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 the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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.

We reviewed public information available on the Healthwatch website. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

### During the inspection

We spoke with 2 people who used the service and 3 relatives. We spoke with the registered manager, who is also the provider, the deputy manager and 4 staff that included catering, training and care staff. We also spoke with the nominated individual, who is responsible for supervising the management of the service on behalf of the provider.

We reviewed the care records for 6 people who used the service and a selection of medicines administration records for people. We observed the care and support provided by staff and the home environment was assessed for safety and suitability. We also looked at 3 staff recruitment records, the provider's policies, quality assurance audits and action plans.

# Is the service safe?

## Our findings

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

At the last inspection we rated this key question good. At this inspection the rating for this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives explained how staff kept people safe. A relative told us, "The staff know how to support [name of person's] complex needs."
- People were protected from potential abuse by staff who had regular safeguarding training and knew about the different types of abuse. One staff member told us, "There are many different types of abuse such as physical, verbal, emotional and financial."
- The provider had systems in place to safeguard people from abuse and the registered manager understood their responsibility to follow local safeguarding protocols when required. Staff had a good understanding of what to do to make sure people were protected from avoidable harm or abuse. One staff member told us, "If I witnessed or became aware of any type of abuse, I would report it to the manager or deputy. If I was unhappy with how it was dealt with, I would contact the safeguarding local authority team and CQC."

Assessing risk, safety monitoring and management

- Risk to people had been appropriately managed. There were robust risk assessments in place to guide staff on how they should support people safely.
- The provider assessed people's individual risks and risks within the environment. Risk management plans contained information to keep people safe. For example, people who had a visual impairment had risk assessments with detailed instructions for staff to keep them safe.
- People had individual personal evacuation plans (PEEPS) to ensure they were supported safely in the case of an emergency.

Staffing and recruitment

- Staff had been recruited safely. All pre-employment checks had been carried out including reference checks from previous employers and Disclosure and Barring Service (DBS) checks. A DBS check enables a potential employer to assess a staff member's criminal history to ensure they are suitable for employment.
- Our observations during the day, indicated there were enough staff on duty to support people with their care needs. People and their relatives told us there was enough staff to meet people's needs.

Using medicines safely

- People received their medicines safely and as prescribed. People told us they received their medicines when they needed them.
- People's care plans detailed how they preferred to take their medicines including clear protocols for medicines given 'as and when' required.

- The provider had procedures to ensure medicines were stored and managed safely.
- Staff who administered medicines had been specifically trained to do so and the management team completed regular competency checks to ensure procedures were followed.
- Medicine Administration Records (MAR) noted all medicines were administered correctly and medicine count records accurately recorded the total of each medicine in stock.

#### Preventing and controlling infection

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

#### Visiting in care homes

- The provider was facilitating visits for people living in the home in accordance with the current guidance. The registered manager confirmed if the home experienced an infection outbreak, relatives could still visit via a telephone booking system and have temperature checks undertaken upon arrival.

#### Learning lessons when things go wrong

- Accident and incident records were completed and monitored by the registered manager to reduce the likelihood of reoccurrence.
- Management oversight of accidents and incidents involved identify any emerging patterns or trends, which required further investigation.
- Staff told us any learning from accidents, safeguarding incidents and complaints was shared via handovers and supervision meetings.



# 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 good. At this inspection the rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 meeting the MCA and records we reviewed demonstrated this.
- Where people's capacity was in doubt, a mental capacity assessment had been completed, where appropriate, for specific decisions. This process involved the person and where appropriate, family members. This included people who held legal authority to make decisions on people's behalf.
- Appropriate DoLS applications had been made and a robust process was in place to monitor when DoLS expired and needed new applications to be submitted.
- Staff had received training about the MCA and understood the importance of ensuring people's rights were protected.
- People were asked for their consent before they received any care and treatment. For example, before assisting people with personal care. Staff involved people in decisions about their care and acted in accordance with their wishes.

Staff support: induction, training, skills and experience.

- Relatives were confident staff had the skills and knowledge to meet people's needs. One relative told us, "The staff have helped [name of person] so much since they arrived, now [name of person] can do more things". Another relative told us, "When [name of person] first went to the home they wouldn't get out of bed. Now they do and [name of person] gets involved in things. The staff seem very good, there's nothing the staff won't do to help."
- Staff were positive about the provider's training programme. A member of staff told us, "The training is

good, and they manager ensures you understand what you have learnt."

- New staff who had completed a comprehensive induction, were well supported and either had health care qualifications or were completing training that covered all the areas considered mandatory for care staff. A member of staff told us, "Experienced staff members work alongside any new staff until they are comfortable on their own."

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

- People were assessed before they used the service to ensure their needs and preferences could be met.
- Assessments of people's diverse needs were discussed prior to admission to the service. These included religion and sexuality.
- Assessments were used to formulate a plan of care. This provided staff with the information they needed to meet the person's needs and preferences.

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

- People were supported by staff to maintain nutrition and hydration.
- People had choice and access to sufficient food and drink throughout the day. Food was well presented, and people told us they enjoyed it.
- People's feedback about the food was sought regularly by staff asking people and making observations. One person told us, "The food is good, I've got an idea for a meal I want cooked next week. The staff are looking up the ingredients and how to cook it, we will make it together."

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

- People and their relatives told us managers and staff worked very closely with other agencies and health professionals in order to meet people's specific needs. One relative told us, "They [staff] are very proactive, in the past they noticed [name of person] being unwell and quickly took them to hospital to get it checked out. They kept me updated throughout"
- Care plans were reviewed and updated to reflect any changes or recommendations from healthcare professionals. Staff told us they were confident changes to people's health and well-being were communicated effectively.

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

- The home was clean and tidy and adapted to meet the needs of people using the service.
- The premises provided people with choices about where they spent their time.
- People's bedrooms were decorated and furnished to meet their personal tastes and preferences, for example having family photographs and artwork.
- There were multiple areas for people to use both inside and outside of the home. This meant people could spend time alone, with other people who used the service or to take part in activities.

# 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 the last inspection we rated this key question good. At this inspection the rating for this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were supported by staff who treated them with kindness and respect. One person told us, "The staff are caring, they talk to you and take the time to get to know you." We observed kind and caring interactions between staff and people.
- People's care plans contained information about their wishes and preferences and there was consideration of people's diverse needs.
- Staff enjoyed their role in supporting people. One staff member told us, "We are one big family, everyone is treated with dignity and respect."

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

- People, relatives and staff told us how people were supported to make choices regarding their daily life, this included clothing, meals, personal belongings and how people wanted their support to be delivered. One relative told us, "Staff are kind and polite. [Name of person] feels comfortable with the staff."
- We observed people being offered choices about their day-to-day care. One person told us, "They [staff] listen to what I have to say, I'm offered choices."

Respecting and promoting people's privacy, dignity and independence

- Staff showed genuine concern for people and ensured people's rights were upheld.
- Staff and the management told us how they ensured people received the support they needed whilst maintaining their dignity and privacy. For example, making sure doors and curtains were closed; respecting when a person needed space. One staff member told us, "I make sure doors and curtains are closed, and when giving personal care the person is covered with a towel."
- People's confidentiality was respected, and people's care records were kept securely.

# Is the service responsive?

## Our findings

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

At the last inspection we rated this key question outstanding. At this inspection the rating for this key question has changed to good. This meant people's needs were met through good organisation and delivery.

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

- Care plans were personalised to the individual and recorded details about each person's specific needs and how they liked to be supported. However, care plan reviews lacked involvement from people, their relatives and representatives. The registered manager stated they would improve care plans reviews to record how people and their relatives had been included in the review process.
- Daily notes were completed which gave an overview of the care people had received and captured any changes in people's health and well-being.

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.

- Care plans contained information about people's communication needs. This meant staff could support people to express their needs and views where the person experienced difficulties.
- Documentation could be produced in accessible formats, such as pictorial and large print for people who required this.

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 had opportunities to engage in meaningful activities. We saw some people chose to participate in gardening activities. People and their relatives told us they enjoyed the activities within the home. One relative told us, "They have games and activities; They have a lady who comes in and visits everyone. [name of person] likes Word Searches." Another relative told us, "The staff have taken [name of relative] to a gardening club, they learned to grow plants and made friends with other members".
- We observed, and relatives told us they were supported to maintain important relationships.

Improving care quality in response to complaints or concerns

- Relatives knew how to make complaints; and felt confident that these would be listened to and acted upon in an open way.
- People and relatives told us they felt able to raise any concerns and could approach the registered manager directly. We saw complaints had been received and responded to in a timely manner.

#### End of life care and support

- No one was receiving end of life care when we inspected. The provider had policies and procedures in place to support this need.

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was also providing managerial support to one of the provider's other homes. The provider's other home currently did not have a registered manager. The registered manager and staff told us there were no significant issues resulting from the manager sometimes not being onsite however some staff members felt it could have an impact on staffing levels. One staff member told us, "The manager is always a backup for us, if a staff member rings in sick, the manager we will get involved in caring tasks, when they are over at the other home, we don't have that back up". We raised this with the registered manager, they informed us they were currently looking to recruit another deputy to support with managerial responsibilities.
- Staff were happy with the training available, and even though they received epilepsy training they felt due to the complex nature of some people's conditions more training should be provided. "We all receive epilepsy training, and it is good however we have some people here who have complex epilepsy needs. I believe we need more specialist training." We raised this with the registered manager who confirmed they would arrange more specialist training around epilepsy support.
- Care plan reviews lacked involvement from people, their relatives and representatives. People and their relatives told us they were involved in the development of their care. However, for people who lacked capacity it was not always clear how they or their representative had been involved. The registered manager stated they would improve care plans reviews to record how people and their relatives had been included in the review process.
- People were supported by staff who were motivated to carry out their role.
- Staff received regular supervisions where they had the opportunity to discuss their role and performance.
- Staff were aware how to raise a concern and told us what they would do if the need arose.
- In accordance with their legal responsibilities, the provider had informed us about significant events which occurred at the service within required timescales.

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

- People and their relatives spoke positively about the care they received and of the way the service was run.
- One relative said, "The manager and deputy are both easy to see and talk to and they're both lovely."
- All staff were committed to providing people with a high standard of care which was tailored to their needs and preferences.

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 registered manager understood the duty of candour and was open and honest about where the service needed to improve.
- The provider promoted an ethos of openness and transparency which had been adopted by all staff.

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

- The provider issued an satisfaction surveys to provide people, relatives and staff members with the opportunity to express their views about the quality of the service provided. We reviewed the results from the last survey and the feedback received was positive however it was not always clear how the feedback had been acted upon. For example, staff requested more training on epilepsy however it was not clear how this had been acted upon.
- People's views were sought daily when receiving support. The provider had systems in place to gain feedback from people, their relatives, staff and professionals. Responses were reviewed by the management team and acted on to make improvements to the service.
- There were regular meetings for staff and their views were encouraged. Staff told us they felt valued, and their views were respected. One staff member told us, "The team meetings are productive, it gives us opportunities to raise any ideas for improvement."
- People and their relatives knew how to provide feedback about their experiences of care and the service provided a range of accessible ways to do this such as regular phone calls with the management.

Continuous learning and improving care

- The management team spent time working with staff to identify areas that may need improvement.
- The registered manager ensured they always kept up to date with changing guidance. The management team ensured staff were adhering to current guidance and best practice by carrying out spot checks. They also ensured policies had been updated to reflect these changes.
- Staff had completed training and they have access to continued learning so they had the skills to meet people's needs.

Working in partnership with others

- The provider was working in partnership with people's relatives, health professionals, local authority departments and various groups and services within the community to ensure people were supported appropriately.