

Mrs Maryel Dye

The Hollies

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

The Hollies is a care home without nursing registered to provide accommodation and care for up to 20 people. People living at the service are older people, some of whom may be living with dementia. At the time of our inspection there were 16 people using the service.

The home is currently providing support to some people living with a learning disability, however, people's primary need for admission was their dementia and personal care. We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

This service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support:

The model of care and setting maximised people's choice, control and independence. Staff supported people to make choices about their daily lives and engage in activities, that were tailored to their individual needs and promoted their independence. People were supported to maintain and develop relationships. People were supported by enough staff on duty who had been trained to do their jobs properly. People received their medicines in a safe way.

People were protected from abuse and neglect.

People's care plans and risk assessments were clear and up to date.

Right care:

People received good quality person-centred care that promoted their dignity, privacy and human rights. Staff knew people well and demonstrated an understanding of people's individual care and communication needs. This helped ensure people's views were heard and their diverse needs met.

People were treated in a dignified manner and staff were aware of people's support needs. Staff were observed talking to people in dignified and respectful way. Staff delivered personal care needed and gained consent prior to providing any support. Care plans informed staff of any specific ways to best communicate with the person.

Right culture:

People led their life that reflected their personalities and preferences because of the ethos, values, and attitudes of management and care staff ensured people led confident, inclusive and empowered lives. Staff created an environment that inspired people to understand and achieve their goals and ambitions.

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

We last inspected the service in September 2021. At that time, we had concerns regarding the management of the service and The Hollies was rated Requires Improvement. We identified checks and monitoring had not always been completed. At this inspection we found that whilst improvements had been made, we have made 2 recommendations in this report.

At the previous inspection we found the management of medicines was not always safe. We found improvements had been made and that medicines administration records (MAR) were now stored securely, records were now maintained and no gaps were found in MAR. However, we have made recommendations over the use of 'as required' protocols and staff competency check and handwritten entries on MAR.

At the last inspection we found issues over the level of detail in peoples care plan was limited and that individual risks were not always presented in care records in enough detail to support staff. We also found the registered manager had not always notified CQC of incidents in line with regulation. At this inspection we found these issues had been resolved.

The environment was safe and there was equipment available to support staff in providing safe care and support. We did find 2 windows without restrictors in place. The maintenance person fitted these immediately. Health and safety checks of the environment and equipment were in place. However, we had been informed by the fire department that the service was required to replace all the internal fire doors. This work had already started.

Medicines were ordered, stored and disposed of safely. However as mentioned above in the previous inspection staff competency checks and 'as required' medicines still did not have a protocol in place. We have made recommendations about the management of medicines. The report highlights the actions the provider had taken at the inspection.

People told us they were happy with the care they received, and people said they felt safe living there. Comment from one person was, "Very safe here!" People looked relaxed, happy and comfortable with staff supporting them. Staff were caring and spent time chatting with people as they moved around the service. A relative told us, "My relative is safe here and well looked after."

Records were accessible and up to date. The management and staff knew people well and worked together to help ensure people received a good service.

Staff were recruited safely in sufficient numbers to ensure people's needs were met. There was time for people to have social interaction and there was a designated activities staff member to assist people. Staff knew how to keep people safe from harm.

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 were supported to access healthcare services, staff recognised changes in people's health, and sought professional advice appropriately. One visiting professional said, "The staff are very quick to ask for advice and support."

Records of people's care were individualised and reflected each person's needs and preferences. Risks were identified, and staff had guidance to help them support people to reduce the risk of avoidable harm. People's communication needs were identified, and where they wanted, people had end of life wishes

explored and recorded.

Staff told us the registered manager and provider were available and assisted them. They went onto say how they were approachable and listened when any concerns or ideas were raised. A staff member said, "We are like one big family."

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement overall (published 2 November 2021).

Why we inspected

We carried out this inspection to follow up on the breaches of regulation from the previous report.

As a result, we undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from requires improvement to good.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Hollies on our website at www.cqc.org.uk

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 well-led?

Good ●

The service well-led.

Details are in our well-led findings below.

The Hollies

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

One inspector carried out this inspection.

The Hollies 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. The Hollies 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 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 9 people who used the service about their experience of the care provided. We spoke with 5 members of staff including the provider, registered manager, care workers and auxiliary workers and we also spoke to 3 relatives and to 1 professional. We also spent time observing people during lunch time.

We reviewed a range of records. This included 3 people's care records and 4 medicines records. We looked at 2 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

Is the service safe?

Our findings

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

The previous rating for this service had been requires improvement. The rating for this key question has changed to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our inspection in September 2021, we found the provider had failed to ensure medicines were managed and administered as prescribed. This was a breach of regulation 12 (Safe care and treatment).

Improvements had been made at this inspection and the provider was no longer in breach of regulation 12. However, we have made 2 recommendations.

- At the last inspection there were no protocols in place to advise staff about how and when to give people medicines to be taken 'when required'. Although staff recorded why they gave a 'when required' medicine. Protocols forms were in place however, these had not been completed to provide guidance to help staff make consistent decisions. We found there had not been a negative impact on people as a result of this issue.

We recommend the provider completes all protocols for people who are prescribed 'as required' medicines.

- At our last inspection we found medicines administration records (MARs) were not accurate. MARs did not contain enough information about people's medicines, for example the dose or the time of administration. A new system had been introduced and the MAR held additional information. However, we found handwritten entries on MAR that had not been signed or dated by staff. We also found staff did not have competency checks carried out. At this inspection we found all staff had completed medicines training, but no competency checks had been completed.

We recommend the provider ensure all handwritten entries are signed and dated by staff and staff competency checks on staff administering medicines are carried out.

- Systems and processes were in place to make sure that medicines were ordered, stored, disposed of and given to people safely.
- Staff made sure that people's GP and other healthcare professionals were kept informed of any changes to a person's health and sought advice from specialists where needed.
- Staff applied creams and other external preparations during personal care. Records were in place to show staff where and how to apply them.

Staffing and recruitment

- At our last inspection we found that though there was evidence of reference verification. Not all staff

members who worked in multiple roles had appropriate social care references and there was no evidence to identify and determine the staff on duty. We found these issues had been rectified.

- There were sufficient numbers of staff employed and on duty to meet people's assessed needs. People and staff told us there were enough staff on duty to meet their needs.
- Staff said they worked additional hours, so people had staff they knew and trusted. This was to support appointments or during staff absences, for example during a COVID-19 outbreak.
- Staff confirmed staffing levels enabled them to keep people safe and meet their care needs. For example, staff could spend quality time with people.
- Recruitment practices were thorough and included pre-employment checks from the Disclosure and Barring Service before new staff started work.

Assessing risk, safety monitoring and management

- At our last inspection we found that the service had risk assessment procedures in place. At that inspection we found one person required additional support with equipment and one person who required repositioning did not have this documented on what position the person had moved to and how long they had been in this position.

Risk assessments now covered these issues. This meant staff had guidance in how to manage people's care safely.

- Staff knew people well and were aware of people's risks and how to keep them safe. One relative said of the staff, "The staff are always very caring and very good." While a professional said, "The staff will always ask for advice and ask us if they have any concerns."
- Risk assessments were detailed and up to date which meant staff had guidance in how to manage people's care safely. They covered areas such as skin integrity, personal care and people's dementia. Risk assessments for weight management and nutrition and dependency levels had also been undertaken.
- People may sometimes find it difficult to express themselves or manage their emotions the staff knew how to respond effectively. Care plans documented information for staff on people's needs, so they could respond quickly to prevent situations from escalating.
- Contingency plans were in place and showed how the service supported people during an outbreak of COVID-19.
- Equipment and utilities were regularly checked to ensure they were safe to use. We received information from the fire service that all internal doors required replacing. The provider had already started to replace the fire doors. We also found 2 windows on an upper floor without restrictors on. The maintenance person fixed these immediately.

Preventing and controlling infection

- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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.
- The provider was facilitating visits for people living in the home.

Systems and processes to safeguard people from the risk of abuse

- The service had effective systems in place to protect people from abuse.
- People told us they felt safe. All relatives agreed their family members were safe and comments included "Very safe here."
- Staff received training and were able to tell us what safeguarding, and whistleblowing was. Staff were able to describe the signs and types of abuse. Staff understood to report any concerns they had to the management team. A staff member said, "They are both (the registered manager and provider) approachable and I would always go to them if I had any concerns."
- The management team were fully aware of their responsibilities to raise safeguarding concerns with the local authority to protect people and had notified CQC appropriately of concerns.

Learning lessons when things go wrong

- At our last inspection we noted that CQC had not been notified of all incidents in line with the regulations. This issue had now been rectified.
- Accidents and incidents were recorded and analysed so any trends or patterns could be highlighted.
- Appropriate action was taken following any accidents and incidents to minimise the risk of adverse events reoccurring.
- Learning and any improvements from accidents, incidents and safeguarding concerns were shared with staff in team meetings.

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 requires improvement. At this inspection this key question 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 the last inspection the provider had failed to ensure governance systems were effective. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

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

- The registered manager and provider had oversight of what was happening in the service and made themselves available daily. They took an active role in the running of the service. They had worked to improve the service. This included the introduction of new systems, however, as documented in the safe section of the report, we have made recommendations over the management of medicines.
- There were clear lines of responsibility across the staff team. Staff understood their roles and responsibilities and received training to deliver the level of care and support to meet people's individual needs.
- The management team understood their roles in terms of regulatory requirements. For example, notifications were sent to CQC when required to report incidents that had occurred and required attention. Regular audits took place, which were completed by the management team.
- Staff felt respected, valued and supported and said they were fairly treated. There was a positive attitude in the staff team with the aim of trying to provide the best care possible for the people living at the service.
- There was good communication between all the staff. Important information about changes in people's care needs was communicated to staff effectively.
- The management and staff worked to drive improvements across the service. They engaged with external agencies to develop effective systems to ensure care was delivered safely.

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

- We received positive feedback in relation to how the service was run, and our own observations supported this. One relative said, "They (the management) always keep me updated as I don't live locally."
- Staff were complimentary of the service, the registered manager and the provider. A professional said, "As a team we do not have any problems with this service." A staff member said, "I wouldn't work anywhere else!"
- There was a warm, friendly and family atmosphere in the service.

- There was a person-centred culture which kept people at the heart of the service.
- The provider's systems ensured people received person-centred care which met their needs and reflected their preferences.
- Staff told us they enjoyed their roles. Comments included "I have worked here for years and very happy here."

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 demonstrated an open and transparent approach to their role. There were processes in place to help ensure that if people came to harm, relevant people would be informed, in line with the duty of candour requirements.
- Staff confirmed they worked in an environment where learning from incidents and feedback took place to make improvements where possible.
- CQC were notified of all significant events.
- Audits were carried out to monitor the quality of the service provided.

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

- Systems were in place to enable people, staff and relatives to give feedback.
- Communication between people, staff and families was good. People confirmed if they needed assistance, it was provided in a timely manner.
- Staff and people told us the service was well managed and they felt valued. Staff told us the registered manager and provider were approachable and always available for advice and support.

Continuous learning and improving care

- The service had a strong emphasis on teamwork and communication sharing. The registered manager and staff said this had been particularly important during the pandemic and the lockdowns. A staff member said, "We supported and covered shifts for each other."
- Organisational audits were in place and used to develop the service by reflecting good practice.
- Policies and procedures were designed to support staff in their practice.
- The service used feedback and analysis of accidents, incidents and safeguarding to promote learning and improve care. They also worked in close association with the local surgery and district nurse team.
- The registered manager kept up to date with developments in practice through working with local health and social care professionals.

Working in partnership with others

- The registered manager told us how they had worked alongside the local GP surgery and the local authority during the pandemic, the lockdowns and during an outbreak. The registered manager worked collaboratively with professionals and commissioners to ensure people's needs were met and people had the relevant support and equipment was made available. One professional confirmed the service and management team contacted them and worked closely with them. They said how the whole team work well with them.
- Where changes in people's needs were identified, prompt and appropriate referrals for external professional support were made. These included GPs and consultants to provide prompt care and support.