

The Hollies Care Services Ltd

The Hollies

Inspection report

The Hollies Care Services Limited
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Tel: 01924364462

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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

The Hollies is a residential care home providing personal and nursing care to 27 people aged 55 and over at the time of the inspection. The service can support up to 29 people in one adapted building.

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

People spoke highly of the care they received at The Hollies. They said staff were kind and caring. They felt included in planning their daily activities and enjoyed a range of different events. People's needs were met promptly, and staff were attentive.

Staff knew how to respond quickly to any safeguarding issues and report appropriately. Risks were managed with the individual at the heart of any assessment. Medication and infection control practice was safe, and the home was clean.

The registered manager understood what makes best practice and was supported by a pro-active provider who ensured any required changes were notified and implemented promptly. Staff were supported with regular meetings and training and felt they could discuss any concerns.

Food and drink were plentiful and offered to people in an appetising manner to promote good nutrition. People's changing needs were responded to quickly and discreetly. Staff were respectful, and all told us they were very aware this was people's home.

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.

Care documentation was detailed and person-centred and amended when needed. People took part in discussions about their care and were happy to raise any issues.

The provider had robust quality assurance practices in place which were comprehensive and showed any actions were quickly met.

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

Rating at last inspection - Good (report published 21 February 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-

inspection programme. If we receive any concerning information we may inspect sooner.

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.

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 Care Act 2014.

Inspection team

The inspection team consisted of one inspector.

Service and service type

The Hollies is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service. We spoke with five members of staff including the provider, registered manager and care staff. We spoke with two health professionals who regularly visit the service.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at three 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 reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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 this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff could recognise and knew how to respond to possible signs of abuse. They were aware of how the smallest of incidents could escalate and knew how to diffuse such tensions.
- Staff knew how to report such concerns and were confident action would be taken if needed. No one had ever seen anything of concern in regard to the conduct of their colleagues.
- The registered manager reported any concerns in accordance with requirements.

Assessing risk, safety monitoring and management

- The registered manager was pro-active in managing risk. The previous night one person had returned from hospital with reduced mobility and they had been moved to a different room, with their agreement, to ensure they could access the home more safely. Their personal emergency evacuation plan (PEEP) had been amended to reflect their changed need. Other people's plans were equally reflective of their individual needs.
- Regular fire checks took place and staff were able to explain evacuation procedures.
- Where people were at risk of falls, sensor mats were in place to alert staff to movements while in their room to enable swift intervention. Equipment was checked regularly to ensure it was safe and fit for purpose and included guidance for staff around correct mattress settings. Care plans showed photographs of equipment and detailed methods for the safe transfer of people.

Staffing and recruitment

- We saw appropriate checks had taken place in relation to recruitment and all staff had received an induction.
- The service did not use agency staff which helped to provide consistent service delivery for people living in the home. Staff said staffing levels were sufficient but they sometimes struggled at times of sickness or annual leave. However, they said this did not impact on people in the service. They said they covered for colleagues if needed but were never under pressure to do so.

Using medicines safely

- We observed medicines were stored, administered and recorded in line with best practice. A recent external pharmacist audit confirmed also this. The electronic system reduced the likelihood of errors as it prompted staff if further doses were required.
- If people were on PRN, or 'as required', medicine staff had person-specific guidelines to follow to advise when it may be necessary. Stock levels were checked on each administration and we saw they matched people's records. The treatment room was organised and the temperature checked to ensure safe storage.

- Staff had clear guidelines to follow in the event of a person refusing their medication. They had their competency checked regularly by the registered manager.

Preventing and controlling infection

- The home and equipment were very clean. A recent internal audit had identified minor issues which were quickly rectified. An external audit for 2018-19 scored 94%.
- Staff observed good infection control practice by wearing personal protective equipment such as gloves or aprons when assisting people.

Learning lessons when things go wrong

- Staff said nothing significant had occurred in the home but even the slightest of changes to a person's needs were shared so the likelihood of mistakes was low. Staff said the registered manager and deputy knew everything going on in the home and would take action if needed.
- There were monthly reviews of all accidents and incidents to ensure appropriate action had been taken at the time, and whether any changes needed to occur in care delivery or the use of different equipment. Any patterns in terms of type or person affected were considered to ensure all risks had been minimised as far as possible.
- A recent medication error had been investigated thoroughly and staff had been retrained and assessed.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were thoroughly assessed at the point of admission to the home and regularly reviewed to ensure the care documentation remained accurate.
- The registered manager understood and could reference all current best practice guidance, and ensured staff received any updates as required.

Staff support: induction, training, skills and experience

- Staff received regular supervision which was usually around a particular topic such as PEEPs or confidentiality. They had the opportunity to raise any issue or concerns, and felt they were supported well in their role by the registered manager. Scrutiny of their performance was robust and any further developmental needs were noted and actioned with support if needed. Appraisals were conducted annually and reflected staff's achievements.
- Staff said they had regular training updates and it was always relevant to their role.

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

- People accessed a fully pictorial menu with the day's options, which included details for those with specific dietary needs as specified by the International Dysphagia Diet Standardisation Initiative (IDDSI). Food was nicely presented in whatever form it was required so it looked appetising.
- Where people were nutritionally at risk, food and fluid intake charts were kept to ensure people had sufficient to eat and drink. People were advised what the food was at the time they were served to check they were still happy with their choice and alternatives were offered. People were asked if they had had sufficient to eat.
- People who needed extra support were offered this, including the use of specialist crockery and staff were attentive to people deemed to be at risk of choking. Staff could describe people's differing needs and knew what action was required.

Staff working with other agencies to provide consistent, effective, timely care

- We spoke with a visiting health professional who said, "Staff are very helpful. They know people well and always know the latest about them. Nothing could be done differently or better." They explained all requests for support were appropriate and timely ensuring people had their needs met as required.

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

- There were a number of displays of historical pictures and memorabilia to prompt discussion and interest.

- Signage around the home was clear and easy to follow. There were prompts in communal areas to remind people to call for staff assistance to lessen the likelihood of falls. If people did fall a detailed review of their mobility and other needs took place.
- People's rooms were very personalised with photographs and individual styles. Room temperatures were kept in each communal area to check the ambient temperature.

Supporting people to live healthier lives, access healthcare services and support

- Staff handover notes provided sufficient detail for all staff to be aware of appointments and other changed needs. We saw visits from health services were requested when needed.
- People were supported to ensure well woman and well man checks were undertaken when due. The home had no incidents of pressure damage which showed care was delivered in line with best practice.
- The registered manager had recently appointed an oral health champion to ensure good practice and we saw care documentation was detailed and showed people's specific needs.

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 Act 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where people lacked capacity to make specific decisions, consent had been sought from appropriate representatives such as Lasting Powers of Attorney or a person's advocate.
- All staff were aware to seek consent at every opportunity and that capacity was always to be assumed.
- The registered manager had requested DoLS for people who would otherwise be unsafe if they left the home. These were current and any conditions were adhered to. Staff understood the significance of a DoLS and what action they were authorised to take.

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 this key question was rated as good. At this inspection 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

- We observed many examples of positive interaction between people. One staff member said, "You scrub up well", complimenting a person on their smart appearance. The person was very pleased.
- People described staff as kind, willing and good. One person said, "I'm very happy here. They can't do enough for you." We read in the provider's visit report, one person had stated, "I'm really happy here. Staff are fantastic. They're all lovely with me."
- We observed one person become upset so a staff member went to them and gently said, "Let's find a seat and we can have a chat," which provided the necessary reassurance.
- Staff knew people well and in their role as keyworker were able to describe people's needs and preferences in depth. Staff told us about people who enjoyed taking part in services held in the home.

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

- People had been supported to complete a life story book which helped staff understand their background, wishes and interests.
- People were supported to maintain relationships with partners and care documentation showed how people had contributed to these discussions.

Respecting and promoting people's privacy, dignity and independence

- People said staff respected their privacy and always knocked before entering their rooms.
- Staff understood the importance of promoting dignity and encouraging people to do as much for themselves as possible to maintain independence. As the staff team were stable they said they got to know people's 'ways' and routines.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 records were person-centred and identified people's abilities and preferences. Key information and needs were summarised at the start of each person's file. Records were well organised enabling staff to access information easily.
- Daily notes showed staff were responsive to the slightest changes of need and took action if needed. Monitoring of daily activities was clear and enabled staff to identify concerns quickly.
- Care plans provided staff with clear guidance as to how best meet people's needs in line with their wishes. They were regularly reviewed to ensure they were accurate.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- One person required communication in written format and we saw people had access to large print or other language care plans if requested.
- The registered manager explained they had had a person whose first language was not English and so they had used a translating application to ensure staff could communicate effectively with that person.

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 told us they were looking forward to the summer fair to be held at the forthcoming weekend. They had painted a tree to display. We saw a large selection of photographs depicting different activities people had taken part in including some dementia-friendly gardening.
- People enjoyed their choice of activity including watching TV, listening to music or knitting. An afternoon of dominoes and darts took place. One person went out for a short walk with a staff member and we read in another's care plan how much they enjoyed going to the gardening and baking clubs. We also saw regular exercise sessions and shopping trips out were arranged.
- We saw evidence of regular visits by family and friends, and there was a strong sense of local community.

Improving care quality in response to complaints or concerns

- The home had received no complaints in 2018 and only two in 2019 both of which were dealt with promptly and correctly in conjunction with other relevant bodies. People knew how to raise any concerns and were confident they would be considered.

- There were many compliments including statements such as, "We appreciate everything you did for [name];" "Thank you to everyone for the excellent care and attention," and "Knowing [name] was safe in your care eased our burden greatly."

End of life care and support

- No one required end of life care at the time of the inspection but we saw evidence of how responsive staff were to people's changed need. One person's health had deteriorated suddenly and the GP was called. A plan was in place which was being reviewed on a weekly basis. The person's condition had since improved but all staff were aware of this plan and the need for vigilance.
- All people had been asked about their end of life wishes, and where they had been willing to share these, these were duly recorded.
- One staff member told us how they had saw with a person at the end of their life, even though their shift had finished, as they did not wish the person to be alone and family were on their way.

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 this key question was rated as good. At this inspection 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.

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

- One person said, "It's great here. It's really good." Staff echoed this and said, "It's a good place to work."
- The service had held a residents' meeting which showed people's specific views on the environment and activities. We saw people's comments were listened to and actions taken to follow up any issues if needed.

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

- All notifications were completed as required and full investigations completed where issues had arisen.
- The registered manager and provider conducted regular scrutiny visits out of hours to ensure the service was operating as it needed to.

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

- There was an agreed vision which was to provide a 'home from home'. Staff were very aware this was people's home and they were offering support to help them live safely and in comfort.
- The registered manager had a robust quality assurance process in place which showed any actions required received prompt responses. Audits were completed frequently around data protection, care files, medication, dining experience and equipment checks amongst other aspects of service delivery. These were very comprehensive and left nothing to chance.

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

- Staff felt supported and listened to. One staff member said, "The manager is fair and approachable. The director of care is also around to speak to if needed." Another staff member spoke positively of how they had been supported to develop in their role. They felt people were well cared for.
- Staff said they had regular meetings to discuss any changes. One staff member explained how adaptations had been made for them to ensure they worked to their full potential and they knew they were valued as management frequently told them so.

Continuous learning and improving care

- The provider issued a monthly newsletter for all staff summarising points of good practice and changes to legislation or policy. Examples of poor and good care were shared to ensure staff had a discussion point and

to promote their thinking about specific aspects of care.

- Annual surveys were sent out and the latest relatives' survey showed 100% satisfaction levels for the conduct of staff, communication and standard of care. In addition, 100% of respondents would recommend the care home to others.

Working in partnership with others

- The home had positive links with the community including a local nursery where children visited people living in the home to share in activities.
- The provider monthly visit reports included comments from visitors to the home which stated, 'Staff are very informative. We are made to feel welcome and always introduced to people.' The professionals visiting commented how staff worked well together with them in meeting people's needs and following advice offered.