

Belz Care Limited

# Holly Court Care Home

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Holly Court Care Home is a residential care home providing accommodation and personal care to up to 25 older people and those living with dementia. At the time of our inspection there were 25 people using the service.

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

Medicines were managed safely and risks to people and the environment had been assessed. People told us they felt safe and considered there were enough staff to offer support; staff felt there were times when another member of staff was needed. A dependency tool was not in use, and we have made a recommendation about this. A dependency tool helps providers determine staffing levels are appropriate based on the number of people living at the home and their individual care needs.

Recruitment practices were robust, and people and relatives spoke positively about staff approach. There were systems and processes in place to safeguard people from the risk of abuse. The home was clean and free from odours.

Staff received a mixture of on-line and face-to-face training covering mandatory elements. Staff new to care completed the Care Certificate. People's rights were respected, and the service was working in accordance with the Mental Capacity Act.

People had mixed views about the food and drinks offered to them. The provider and registered manager needed to make improvements to the environment and to staff practice to ensure mealtimes were a more positive experience for people.

People were supported to maintain relationships which were important to them and were involved in a range of activities. People's communication needs were met and there was a process for managing complaints and concerns.

Quality monitoring and audits at the service were not effective or robust. These systems had not identified the shortfalls we found in the dining experience, care planning and electronic systems. These needed to accurately reflect the care provided.

People and relatives spoke positively about the management team and staff commented on the positive teamwork approach in the home.

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

### Rating at last inspection and update

The last rating for this service was requires improvement (published 29 November 2022) and there were

breaches of regulation in relation to the administration of medicines, staff training and good governance. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found some improvements had been made, however the provider remained in breach of regulations.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service. 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.

We carried out an unannounced comprehensive inspection of this service on 12 and 13 October 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report covers our findings in relation to the Key Questions of safe, effective, responsive and well-led.

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 remained requires improvement based on the findings at this inspection.

At this inspection we found the provider had made improvements in relation to the administration of medicines, staff training and the provision of activities, but they remained in breach of good governance. We have made a recommendation in relation to staffing.

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

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Holly Court 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 undertaken by 1 inspector and 1 Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Holly Court Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Holly Court 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. They were absent at the time of this inspection, and we spoke with the deputy manager.

#### Notice of inspection

This inspection was unannounced.

Inspection activity started on 18 June 2023 and ended on 10 July 2023. We visited the location's service on 20 and 23 June 2023.

#### What we did before the inspection

We reviewed information we had received about the service since the last 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 sought feedback from the local authority and other professionals involved with the service. We used all this information to plan our inspection.

#### During the inspection

We spoke with 5 people about the care they received, and 3 relatives about their experience of the service provided. We spoke to 8 members of staff including the deputy manager, 3 care staff, 1 team leader, the activity co-ordinator, maintenance staff and the cook.

We reviewed 3 staff files in relation to recruitment. We looked at 4 people's care plans and risk assessments. We reviewed records relating to medicines management and a variety of records relating the management and quality monitoring of the service. We spoke with a visiting health professional and a social worker undertaking a review of care.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating remains requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

- Two staff were allocated per floor on the days of our inspection, a senior carer and a care worker. There was no dependency tool in place when we asked. This is a system which determines how many staff are needed to meet people's assessed needs.
- The home was fully occupied on the days of our inspection, with at least 5 people needing support from 2 carers. During our observations of care, we noticed communal areas did not always have oversight from a member of staff, as they were busy helping others. One senior carer had to leave a meeting briefly to help provide pressure relief for a person. The deputy manager told us other staff helped maintain oversight, for example the activity co-ordinator.

We recommend a dependency tool is used to help determine appropriate staffing levels, based on the number of people living in the home and their changing needs.

- People we spoke with told us they felt safe. People knew how to call for help and staff 'came quickly' when call bells were used. People told us they were checked on regularly during the night. One person said, "I do feel safe; I have everything I need. I like it here."
- Staff were recruited to the service safely. Application and interview forms were completed in full, and the provider had sought references and completed pre-employment checks such as Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

At our last inspection the provider's systems, processes and record keeping relating to the management of medicines were not robust. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

### Using medicines safely

- Medicines were managed safely. People told us they were appropriately supported to receive prescribed medicines.
- Staff had received training in medicines administration and a subsequent competency assessment of their ability to administer medicines safely.
- Management had identified that the electronic medication administration system was not effective for

people. Additional checks and audits were being made to ensure people remained safe whilst the service reverted back to paper-based records.

- PRN protocols were available to guide staff on when to administer 'as and when required' medicines to people.

#### Assessing risk, safety monitoring and management

- Where people were at risk of pressure sores, falls or malnutrition, risk assessments were completed, and control measures put in place to reduce the risk. People had appropriate equipment where necessary, such as profile beds, walking frames and pressure-relieving cushions.
- Formal records however, in relation to pressure relief care were not in place. We discussed this with the deputy manager and pressure relief recording commenced immediately for 2 people who were receiving this. Alerts were placed on the electronic system so that staff received timely reminders.
- People had personal emergency evacuation plans (PEEPs) in place to guide staff on how to evacuate them safely. The plans included the staff support required and any use of aids. A person had been admitted to the service 3 days before our inspection and a PEEPs was in place.
- Service checks in relation to utilities, moving and handling equipment and portable firefighting appliances had been undertaken by contractors to ensure these remained safe. A review of records and certificates confirmed these checks had taken place within required timescales.

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

- There were systems and processes in place to safeguard people from the risk of abuse. There were accessible safeguarding and whistleblowing policies to guide staff in keeping people safe.
- Staff had received safeguarding training and understood the importance of keeping people safe.
- Staff were able to identify the potential signs and indicators of abuse and knew how to escalate concerns should they need to.

#### Preventing and controlling infection

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

#### Visiting in care homes

- The service was supporting people with visitation in line with government guidance.

#### Learning lessons when things go wrong

- The service had identified that the electronic medicines systems were not working effectively for people. Plans were in place to revert back to paper-based records and change to a local pharmacy.



# Is the service effective?

## Our findings

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

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

At our last inspection staff training and supervision had not been completed consistently. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

Staff support: induction, training, skills and experience

- Staff training was documented on a matrix. Staff completed elements of mandatory training via a mixture of on-line courses and face to face training sessions.
- Mandatory training was up to date at the time of this inspection. One care worker employed since February 2023 had not yet completed all mandatory e-learning elements, but there was a valid reason for this. Staff were reminded when required training was due.
- Staff completed an induction before joining the service as well as The Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Records indicated staff received appropriate training and supervision to enable them to carry out their roles safely and effectively.

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

- People's care records included nutritional assessments outlining people's preferences and choices, as well as the support they required. Staff understood the importance of providing modified food and fluids to people who required them.
- People's dietary needs were communicated to the cook on admission into Holly Court.
- People had mixed views on the food. One person told us, "Some if it's alright – could be better." The kitchen was situated in the sister home, next door to Holly Court. Food was plated up, transferred into a hot trolley, and wheeled to the home via a covered walkway to the back of the home.
- We saw some people had complained about food not being very hot in feedback surveys. As only one hot trolley was in use for both floors of the home, this meant a delay in people receiving their meals. We discussed meal service with the chef and deputy manager, who both agreed a second hot trolley was necessary and would be ordered.
- People's electronic care records evidenced the regular consumption of food and fluids, and this was recorded in detail. People's weights were recorded.
- As people's needs changed, referrals were made to relevant professionals for assessment and advice to

ensure they could eat and drink safely.

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

- The provider needed to improve the environment so that people had a better dining experience. We were not assured that there were enough dining seats for people should everyone choose to eat in the dining room. Daily menus were not on display or not in a format people could understand. We discussed the use of picture cards and photos of meals with the deputy manager.
- The heating was on constantly during the inspection and we received feedback from people about this. We relayed this back to the deputy manager and the nominated individual. Work was in hand to address the fault.
- People had access to a secure outside area, and this was used when the weather permitted.

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

- The registered manager or deputy manager completed pre-admission assessments of people's needs and choices before they joined the service. This information was used to construct care plans and risk assessments to ensure people's needs were met.
- Support plans contained details of their life history and people who were important to them. People's needs were assessed in the areas of communication, falls, mobility nutrition, moving and handling, oral care, and physical and mental health.
- Care plans outlined what support people needed from staff. Risk assessments had been appropriately completed, for example in relation to falls, pressure wounds, malnutrition and choking. Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
- People's health conditions and needs were outlined clearly in their support plans and risk assessments.
- Staff worked alongside various health professionals in meeting people's needs. The service had good working relationships with GP's, community nurses and other health professionals.
- Staff were proactive in raising concerns around people's health and senior staff took timely action. On the first day of our inspection one person appeared unwell, with a potential infection. We raised this with the deputy manager. The GP had been consulted and antibiotics had been prescribed. The person received the first dose the same day.

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.

- People were supported in accordance with the mental capacity act and their rights were respected.
- Where people didn't have capacity to make a particular decision, mental capacity assessments had been

completed.

- Where required, applications to deprive people of their liberty had been made appropriately. Conditions were attached to some authorisations. The deputy manager was aware of any conditions and ensured these were met.
- Staff understood the importance of obtaining consent before providing care and we observed this during the inspection.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has improved to good. This meant people's needs were met through good organisation and delivery.

At our last inspection the provider had failed to ensure care plans accurately reflected people's care and support needs and were person centred. People's social, recreational and leisure needs had not been met, as activities were not consistently provided. This was a breach of regulation 9(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

Supporting people to 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

- Provision of activities and stimulation for people living at the home had improved. Feedback from people, relatives and staff supported this.
- The home employed an activities co-ordinator. They were enthusiastic and tried to encourage people where possible to join in with a range of activities. People spoke positively about the activity co-ordinator, who from observations had developed good relationships with people. We noted occasions when the activities co-ordinator was helping care staff, for example during lunch time service, or providing oversight in communal areas when care staff were busy. We judged that this did not negatively impact on activity provision.
- An old medicines trolley had been upcycled into a mobile shop, and this was proving to be very popular with people. They were able to buy toiletries and sweets from the shop, and any profit went back into residents' funds.
- The service had signed up to the Oomph! programme. This is an on-line subscription service with a wellbeing and activities platform, designed to enhance the mental wellbeing of older adults in care homes. As this was a new feature it was too early to gauge its popularity or effectiveness for people.
- People told us they took part in activities which were relevant to them. Other people had individual interests that the home helped to encourage and promote. One person loved to paint, and we saw examples of their artwork around the home. Another person had a local allotment and were helped by family members to enjoy this pastime.
- People were supported to maintain relationships which were important to them. Visitors were welcomed to the home and some people visited on a regular basis. People told us, "Visitors are always made welcome" and "They can come anytime." During the inspection, we observed people being visited, and visitors talking with staff for any updates on people's health.

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

- An electronic care planning system was in place and had replaced paper records. The system had been further developed and updated to reflect people's care preferences and any risks posed to people.
- We identified some inconsistencies within electronic care plan information and made the deputy manager aware of these. For example, one person was at risk of developing pressure areas due to their health conditions and preferred lifestyle choices. The electronic care plan indicated that repositioning was not required, but staff were doing this to help keep the person safe. Electronic records stated another person was independently mobile but also stated staff assistance was required. We saw staff providing appropriate support to the person.
- People were able to exercise choice and control over their daily life. One person had lots of hobbies and preferred to spend time in their bedroom. Regular checks were made on them throughout the day.

#### Meeting people's communication needs

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

- People's care plans outlined their individual communication needs and methods, and staff understood the importance of effective communication.
- The deputy manager showed us picture cards that had been used to aid communication with someone whose first language was not English. The person no longer lived at the home, but the picture cards were available for use in the future.
- We observed staff interacting with people in a friendly and considerate way. Staff told us they communicated in ways people understood, for example they spoke more slowly and clearly for some people, based on their communication needs.

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

- The service has not received any formal complaints but there was a policy and system in place to support this process.
- People told us they had no complaints or concerns regarding the service they received. People told us they would feel comfortable raising a complaint should they need to.
- Relatives told us they had no complaints or concerns regarding the care their family members received.
- We noted the complaints process was laminated and taped to the wall in a corridor on one of the units. We discussed the effectiveness and appropriateness of this with the deputy manager, who assured us it would be removed.

#### End of life care and support

- At the time of the inspection, 1 person was receiving end of life care and support.
- This was delivered with the support of other health professionals, for example district nurses and the GP.
- Staff understood the importance of providing person-centred care for the person and also extending valuable support to other family members at this time.

# 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 the rating has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Established systems were in place to monitor and assess the service however, these systems had not identified the issues we noted on inspection. The dining experience and environment needed to be improved for people; electronic care plans required review to ensure they accurately reflected people's support needs, and a dependency tool to determine appropriate staffing levels was not in place. People were at risk of potential harm.
- There were references to the previous provider in some notices and signs still on display around the home. We discussed the removal of these with the deputy manager.
- The deputy manager managed the day to day running of the residential care home. They were supported by the registered manager who was based at the sister home, next door to Holly Court however, oversight by the registered manager and the provider appeared minimal.

The providers governance systems failed to identify failings and shortfalls impacting on the quality and safety of service provision and outcomes for people. This is a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider could evidence some audit and governance processes were in place. We saw evidence of audits relating to care plans, equipment, mattress checks, and staff practice regarding infection control.

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

- People were engaged in the running of the service. Resident meetings were taking place, but people we spoke with could not recall when the last one was held.
- People's views were also sought during Resident of the Day chats, along with their care preferences. The manager told us they were committed towards making people feel special. The cook wasn't currently involved in this process, however we discussed this with the deputy manager and the cook, who both agreed this would be beneficial for people.
- Relatives confirmed they had been asked for feedback about the service and quality of care. It wasn't clear what actions, if any, had been taken as a result of the feedback sought.

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

- The deputy manager in conjunction with the registered manager had worked hard since coming into post to improve the service.
- The deputy manager had a good rapport with people and knew them well. People and staff spoke highly of them and regarded them as approachable.
- Staff told us they worked as a team and that morale amongst staff members was good, however some staff did express concerns around low staffing levels.

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 deputy manager understood the concept of the duty of candour. This is a set of requirements that providers of services must follow when things go wrong with care and treatment.
- The registered manager had submitted statutory notifications to the CQC for notifiable events at the service.

Continuous learning and improving care; Working in partnership with others

- The deputy manager understood the need for continuous learning and improving care.
- People's care records evidenced the involvement of a range of professionals in meeting people's changing needs, including doctors, community nurses, speech and language therapists and social workers.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Governance systems failed to identify failings and shortfalls, impacting on the quality and safety of service provision and outcomes for people.