

Tamaris Healthcare (England) Limited

Hollie Hill 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 

Overall summary

This inspection took place on 18 and 20 November 2014 and was unannounced. This meant the staff and provider did not know we would be visiting.

Hollie Hill Care Home provides care and accommodation for up to 61 people, including people living with dementia and people with nursing care needs. On the day of our inspection there were 58 people using the service.

The home had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like

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

Hollie Hill Care Home was last inspected by CQC on 01 July 2013 and was compliant.

There were sufficient numbers of staff on duty in order to meet the needs of people using the service. The provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff.

Summary of findings

We saw evidence that thorough investigations had been carried out in response to safeguarding incidents or allegations and comprehensive medication audits were carried out regularly by the registered manager.

Training records were up to date and staff received regular supervisions and appraisals, which meant that staff were properly supported to provide care to people who used the service.

We saw staff supporting people in the dining room at lunch time and choices of food being offered.

All of the care records we looked at contained care plan agreement forms, which had been signed by the person who used the service or a family member. However, some of the photography consent forms had not been signed.

The home was clean, spacious and suitable for the people who used the service.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. We discussed DoLS with the registered manager and looked at records. We found the provider was following the requirements in the DoLS.

People who used the service, and family members, were complimentary about the standard of care at Hollie Hill Care Home. They told us, “The girls are lovely”, “they’re very nice” and “I think they do very well”.

We saw staff supporting and helping to maintain people’s independence. We saw staff treated people with dignity and respect and people were encouraged to care for themselves where possible.

We saw that the home had a full programme of activities in place for people who used the service.

All the care records we looked at showed people’s needs were assessed before they moved into Hollie Hill Care Home and we saw care plans were written in a person centred way.

We saw a copy of the provider’s complaints policy and procedure and saw that complaints were fully investigated.

The provider had a robust quality assurance system in place and gathered information about the quality of their service from a variety of sources.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

There were sufficient numbers of staff on duty in order to meet the needs of people using the service and the provider had an effective recruitment and selection procedure in place.

Thorough investigations had been carried out in response to safeguarding incidents or allegations.

Comprehensive medication audits were carried out regularly by the registered manager.

Good



Is the service effective?

The service was effective.

Training records were up to date and staff received regular supervisions and appraisals.

Staff supported people in the dining room at lunch time and choices of food were being offered.

All of the care records we looked at contained care plan agreement forms, which had been signed by the person who used the service or a family member. However, some of the photography consent forms had not been signed.

The provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS).

Good



Is the service caring?

The service was caring.

Staff treated people with dignity and respect.

People were encouraged to be independent and care for themselves where possible.

People we saw were well presented and well groomed and we saw staff talking with people in a polite and respectful manner.

People had been involved in writing their care plans and their wishes were taken into consideration.

Good



Is the service responsive?

The service was responsive.

Risk assessments were in place where required however we did find that not all risks were referred to in care plans.

The home had a full programme of activities in place for people who used the service.

The provider had a complaints policy and procedure and we saw that complaints were fully investigated. People we spoke with knew how to make a complaint.

Good



Is the service well-led?

The service was well led.

The provider had a robust quality assurance system in place and gathered information about the quality of their service from a variety of sources.

Good



Summary of findings

People who used the service, and their family members, told us the home was well led. They told us, “Yes”, “definitely” and “[the registered manager] is great”.

Staff we spoke with told us the registered manager was approachable and they felt supported in their role. They told us, “She’s great” and “no problems”.

Hollie Hill Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 18 and 20 November 2014 and was unannounced. This meant the staff and provider did not know we would be visiting. Two Adult Social Care inspectors carried out this inspection.

Before we visited the home we checked the information we held about this location and the service provider, for example, inspection history, safeguarding notifications and complaints. No concerns had been raised and the service met the regulations we inspected against at their last

inspection, which took place on 01 July 2013. We also contacted professionals involved in caring for people who used the service, including commissioners and safeguarding staff and district nurses. No concerns were raised by any of these professionals.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spoke with eight people who used the service and four family members. We also spoke with the registered manager, one member of the nursing staff, three care workers and one domestic staff member.

We looked at the personal care or treatment records of five people who used the service and observed how people were being cared for. We also looked at the personnel files for three members of staff.

Is the service safe?

Our findings

People at Hollie Hill Care Home were safe. Family members we spoke with told us they thought their relatives were safe at Hollie Hill Care Home. They told us, “Yes, safe and well” and “yes, very safe.”

We looked at the recruitment records for three members of staff and saw that appropriate checks had been undertaken before staff began working at the home. We saw that Disclosure and Barring Service (DBS) checks were carried out and at least two written references were obtained, including one from the staff member's previous employer. Proof of identity was obtained from each member of staff, including copies of passports, driving licences, professional registration certificates, birth certificates and utility bills. We also saw copies of application forms and these were checked to ensure that personal details were correct and that any gaps in employment history had been suitably explained. This meant that the provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff.

Staffing provision was reviewed both routinely and in response to the changing needs of people using the service. The registered manager advised that staffing levels were regularly assessed and monitored to meet people's needs and keep them safe. The registered manager demonstrated how the provider used the Care Home Equation for Safe Staffing (CHESS) which reflects the relationship between people's dependency needs and staffing levels, including the right mix of skills, competencies, qualifications and experience.

The provider addressed gaps in staff numbers and skills when needed, including at short notice. The rotas demonstrated how the service managed staffing levels for sickness and holidays. Call bells were heard during the visit and attended to promptly by staff. This meant there were sufficient numbers of staff on duty in order to meet the needs of people using the service.

Where required, we saw that staff had an up-to-date registration with the relevant professional body.

We observed plenty of staff on duty, regularly going into people's bedrooms asking if they needed anything. We asked staff, including domestic staff, whether there were plenty of staff on duty. They told us, “Oh yes”, “there's enough staff” and “yes, but busy sometimes”.

The home is a two storey, detached building set in its own grounds. We saw that entry to the premises was via a locked door and all visitors were required to sign in. The home was clean, spacious and suitable for the people who used the service. People we spoke with were complimentary about the home. They told us, “Very nice”, “I can't fault it”, “it's nice, spot on” and “I went to look at a lot before I came here with my mam. This was the best”.

The ground floor of the home comprised of a nursing unit and a unit for people with advanced dementia. The first floor comprised of a residential unit and a unit for people with less advanced dementia. The layout of the building provided adequate space for people with walking aids or wheelchairs to mobilise safely around the home. We saw domestic style radiators had guards, wardrobes were secured to walls in people's bedrooms and window restrictors, which looked to be in good condition, were fitted in the rooms we looked in.

During our tour of the building we noticed an odour coming from the carpet in the ground floor dementia unit corridor. We saw that half of the corridor carpet had been replaced with vinyl flooring, which meant it was easier to clean. The registered manager was aware of the odour and described the remedial action to be taken to address this in the near future. We also noticed a slight odour on the first floor landing. Staff told us they had never noticed the smell before and believed someone may have had “an accident”. The area was cleaned and the smell did not return that day or during the second day of our inspection visit.

We saw hot water temperature checks had been carried out for all rooms and bathrooms however some of the records demonstrated readings in excess of the 44 degrees recommended in the Health and Safety Executive (HSE) Guidance Health and Safety in Care Homes 2014. We discussed this with the maintenance member of staff who believed the reading had been written down incorrectly and agreed to check the reading again.

Portable Appliance Testing (PAT), gas servicing and lift and equipment servicing records were all up to date. Risks to people's safety in the event of a fire had been identified and

Is the service safe?

managed, for example, fire risk assessments were in place, fire drills took place regularly, fire doors were closed and not propped open and fire extinguisher checks were up to date. The service had an emergency and a contingency plan and Personal Emergency Evacuation Plans (PEEPs) were in place for people who used the service. This meant that checks were carried out to ensure that people who used the service were in a safe environment.

We saw a copy of the provider's safeguarding policy, which defined what abuse is and provided a guide for staff on how to record and report incidents of suspected abuse. We looked at the safeguarding file and saw records of safeguarding incidents, including those reported to the police, and saw that CQC had been notified of all the incidents. We saw copies of investigation reports, which included the outcome of the investigation, who had been involved, who was carrying out the investigation and a summary of the issues and allegations investigated. We saw that all the incidents had been dealt with appropriately. We also saw copies of safeguarding strategy meeting minutes, including agreed actions.

The provider had a written disciplinary policy and followed procedures when it identified staff responsible for unsafe practice. Responsive action was taken as a result of a recent safeguarding alert involving a member of staff. We saw that action was taken by the manager, resulting in the member of staff carrying out a competency assessment and completing two supervision sessions.

We saw a copy of the latest medication audit, carried out by the registered manager in October 2014. This checked that medication care plans were up to date and evaluated monthly, charts were clear and aligned with care plans and mental capacity assessments were in place when required. We saw copies of the medication care plans, which identified the medication type, dose, route, for example oral, and frequency and saw they were reviewed monthly and were up to date. People and their family members we spoke with told us they knew what their drugs were for.

We observed the nurse on the drugs round and saw she spoke to people clearly, explaining what she was doing, and asked people if they were in any pain. We looked in the treatment/drugs room and saw that the controlled drugs cabinet was locked and securely fastened to the wall and the medication trolley was also bolted to the wall. We checked the controlled drug recording book and saw that it was checked every night by the nurse on duty and was up to date. We saw the medication fridge daily temperature record and saw that all temperatures recorded were within the 2-6 degrees guidelines. However, we saw some of the dates in November were missing which indicated that the temperature hadn't been checked on some of the days. We discussed this with the registered manager who told us it was an agency nurse who was responsible for not recording the temperature.

Is the service effective?

Our findings

People who lived at Hollie Hill Care Home received effective care and support from well trained and well supported staff. Family members told us, “The staff are quite good” and “I think they do very well”.

Staff were competent to deliver care and treatment to people in the service because their learning and development needs were being met.

We saw a copy of the provider’s annual training plan for 2014. The training provided to staff was provided in the form of e-learning, face to face and competency assessment. Training the provider classed as mandatory included the following; basic life support, medication, conflict resolution, control of substances hazardous to health (COSHH), deprivation of liberty, equality and diversity, fire safety, first aid, food hygiene, health and safety, infection control, information governance, mental capacity, moving and handling and safeguarding.

We looked at the training records for three members of staff and saw certificates which showed that most training which the provider classed as mandatory was up to date however some staff’s training in information governance and moving and handling was overdue.

We saw a copy of the specialist training provided to staff. The provider had links with organisations that provide best practice, sector specific guidance and training. The registered manager also provided evidence of the training planned for 2015 which included catheter care, venepuncture, end of life and verification of death. Staff we spoke with told us they had enough training and it was up to date.

The registered manager showed us a copy of the staff supervision plan for 2014. Staff received regular supervisions until June 2014 however the sessions were less frequent from July 2014. The registered manager had informed us at the beginning of the inspection visit that some supervisions had not occurred as often as she would like in the last few months. The registered manager also showed us a copy of the appraisal plan for 2014. For those members of staff who hadn’t had an appraisal in 2014, we saw records of appraisals from 2013.

We saw staff supporting people in the dining room at lunch time and choices of food being offered. People who used the service, and family members, told us they were happy with the food provided at Hollie Hill Care Home. They told us, “She loves the food”, “the food is very good”.

We saw copies of nutrition care plans, which were all up to date and included weight, body mass index and malnutrition universal screening tool (MUST) charts. The nutrition care plans showed that people were involved in writing the plans. For example, people were asked whether they were able to eat independently, what consistency of food was required and whether they had any special dietary requirements. We also saw copies of referral letters to nutrition and diet specialists.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. We discussed DoLS with the registered manager, who told us she had considered the impact of the recent Supreme Court decision about how to judge whether a person might be deprived of their liberty and had attended training arranged by the local authority.

The registered manager told us she had prioritised which people to apply for DoLS based on risk. She showed us the DoLS file and we saw that 12 applications had been assessed by the local authority and agreed. We also saw copies of relevant mental capacity assessments and best interests decision forms in people’s care records as well as copies of letters from the local authority and letters to relatives notifying them that they are appointed representatives. We also saw that notifications of the applications had been submitted to CQC. This meant the provider was following the requirements in the DoLS.

We saw a copy of the provider’s assessing capacity and establishing consent policy. We saw that people had ‘Rights, consent and capacity’ care plans, which included details of whether mental capacity assessments had been carried out, DoLS applied for and what involvement there had been from relevant professionals, for example, GP, community mental health team and psychiatrists. We saw these care plans were reviewed monthly and clearly stated whether there had been any changes in the person’s ability to make decisions regarding their care needs.

Is the service effective?

The care records we looked at included 'do not attempt cardiopulmonary resuscitation' (DNACPR) forms. All of these were up to date and showed who had been involved in the decision making process, for example, the person who used the service, family members, GP and staff.

All of the care records we looked at contained care plan agreement forms, which had been signed by the person who used the service or a family member. However, some of the photography consent forms had not been signed. We brought this to the attention of the registered manager, who agreed to look into it.

We asked people and family members whether they had been asked to provide consent to care and treatment. They told us, "Yes, I've signed forms" and "they filled the forms in, went through it and asked me to sign it", "yes, I've filled forms in", "I was shown it [care plan] to make sure I was happy with it" and "they let me know if anything changes".

We saw people who used the service had access to healthcare services and received ongoing healthcare support. Care records contained evidence of visits from external specialists including GPs, continence nurse, community psychiatric nurse, district nurses and chiropodists.

The layout of the building provided adequate space for people with walking aids or wheelchairs to mobilise safely around the home. We looked at the design of the ground floor dementia unit and saw that people's bedroom doors had large name signs and numbers on them. We also saw information about, and photographs of, the person who's room it was on the wall next to the bedroom doors. We saw that bathroom and toilet doors were painted a different colour and were appropriately signed, and walls were decorated to provide people with visual stimulation. Corridors were clear from obstructions and well lit, which helped to aid people's orientation around the home.

Is the service caring?

Our findings

People who used the service, and family members, were complimentary about the standard of care at Hollie Hill Care Home. They told us, “The girls are lovely”, “they’re very nice” and “I think they do very well”.

People we saw were clean and appropriately dressed. We saw staff talking to people in a polite and respectful manner and were attentive to people’s needs. For example, we regularly saw staff knocking on people’s bedroom doors and asking if they needed anything, such as a drink. We saw staff assisting people to mobilise around the home and they provided clear instructions and information to people about what they were doing in a way they could understand.

We saw that a small kitchen was available on the first floor to residents so they could make their own drinks if they wished. Staff told us that people were encouraged to use this facility. This meant that staff supported people to be independent and people were encouraged to care for themselves where possible.

As we walked around the home we saw the majority of bedroom doors were closed. Staff told us if bedroom doors were open, it was at the person’s request. We checked this with two people who used the service and they confirmed what the member of staff had told us. One person told us, “I like to have my door open.” We commented to one of the domestic staff that it was warm upstairs and asked whether she opened the windows. She told us, “Oh no, it’s their home. You wouldn’t walk into someone’s home and open their windows.”

We asked staff how they helped maintain people’s dignity. They told us that personal care was carried out in people’s own rooms and help was offered if people required it. One member of staff told us, “We shut the door.” We asked people and family members whether staff respected the dignity and privacy of people who used the service. They told us, “Oh yes” and “they know what they are doing”. This meant that staff treated people with dignity and respect.

We looked at the care records of five people who used the service. We saw that care plans were in place and included mobility, nutrition, continence, personal hygiene, skin integrity, communication and rights, consent and capacity. The care plans identified the potential risks to the person, details of the support to be provided and what the expected outcomes were.

Each care plan contained evidence that people had been involved in writing the plan and their wishes were taken into consideration, for example, we saw the care records included a section where the person could say what name they preferred to be called. Communication and visit records recorded conversations with people who used the service and their family members, and contained notes of visiting professionals such as GP visits.

We saw there were many visitors to the home during our visit. Some of the visitors brought in family pets, which people who used the service clearly enjoyed, and we saw the provider’s policy for animals in the home clearly displayed on the notice board.

Is the service responsive?

Our findings

The service was responsive. We saw that care records were regularly reviewed and evaluated.

Risk assessments were in place where required. For example, one person was identified in their nutrition care plan as being at risk of choking. We saw a risk assessment was in place, which had been reviewed monthly, and saw that the speech and language therapies team (SALT) had been involved and we also saw a copy of a referral letter to nutrition and diet specialists. However, we did find that not all risks were referred to in care plans. For example, another person had a risk assessment in place for choking however it was not clear from the care plan what the specific risk was. It was obvious from the risk assessment that appropriate action had been taken, for example, SALT referrals, monthly monitoring etc had taken place, but there were no details of this in the care plan. We discussed this with the registered manager who agreed to look into it.

Each person's care record included a life story, which included details of the person's childhood, adulthood, employment, family and friends. This was used to assist with the development of the person's plan for social and recreational activity. We saw that this had been written in consultation with the person who used the service and their family members.

The home had a social activities board, which contained photographs of activities and excursions enjoyed by people who used the service and details of forthcoming events. These included a coffee morning, a Christmas fair and daily activities such as knitting, bingo, games and film shows.

The home had an organ and we saw and heard people and staff singing and enjoying a musical session. We asked people if there was much to do at the home. They told us, "Oh yes, lots", "I like bingo" and "we get lots of visitors". Family members told us, "They go out on trips" and "they have plenty of staff to take them out".

We saw the complaints file, which included a copy of the provider's complaints policy and procedure. This provided information of the procedure to be followed when a complaint was received, for example, people to be made aware of the complaints policy on admission to the home, a copy of the complaints procedure to be included in people's service user packs and the complaints procedure to be displayed in the reception area. We checked and saw that the complaints procedure was included in service user packs and was on display in the reception area. People, and their family members, we spoke with were aware of the complaints policy.

We saw copies of complaints forms, which included details of the nature of the complaint, who was making the complaint, who received the complaint and who was investigating it. We saw copies of complaint follow up forms, which included details of the outcome, action plans and any lessons learnt. We also saw copies of letters sent to the complainant. For example, we saw that a complaint received in June 2014 was in relation to the attitude of a member of staff and a call bell not being answered. We saw that it had been appropriately investigated, the complainant had been informed and was happy with the action taken, and the findings had been shared with staff. This meant that comments and complaints were listened to and acted on effectively.

Is the service well-led?

Our findings

At the time of our inspection visit, the home had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service.

People who used the service, and their family members, told us the home was well led. They told us, “Yes”, “definitely” and “[the registered manager] is great”.

We looked at what the provider did to check the quality of the service, and to seek people's views about it. We saw the quality audit file, which included an annual timetable for key audits of the home. These included, care documentation, medication, safeguarding, training, falls and mobility and infection control. We checked documentation to see whether these audits were up to date. We looked at copies of a safeguarding audit, care documentation audit, medication audit and end of life audit. All of these were up to date and had been completed in line with the timetable. We saw that where issues had been identified from the audits, action plans had been put in place. For example, an audit of care documentation had identified that one ‘my choices and my journal’ record needed completing.

We saw a copy of the regional manager’s monthly visit file. The registered manager told us this file was used as evidence for when the regional manager visited the home to carry out the provider’s quality monitoring visits. We saw the last visit had taken place in October and included a review of documentation, health and safety, staffing, occupancy, finance and a check of the environment.

We saw minutes of staff meetings. The most recent staff and senior staff meetings had taken place in August 2014. Staff we spoke with told us the registered manager was approachable and they felt supported in their role. They told us, “She’s great” and “no problems”.

We saw minutes for the provider’s health and safety committee, which had met in September 2014. This included, adherence to company policy, risk assessments and general issues such as trips and falls, moving and handling and fire risk.

We saw maintenance records for the home were up to date and included portable appliance testing (PAT), bath and

equipment service records, hot water testing and gas safety inspections. The gas safety inspection had taken place on the second day of our visit so the certificate wasn’t available however we saw a copy of the previous year’s certificate.

We saw records of residents’ and family meetings, which had taken place approximately every three months. Subjects discussed at these meetings included food, activities, laundry and staffing levels. We saw that where specific questions had been asked, the registered manager had provided a response. For example, a family member had asked whether the door key pad code for the dementia unit could be given to family members. The registered manager had explained that due to health and safety reasons, this was not possible.

We saw an annual customer satisfaction survey took place and saw the results for 2013 and 2014. This survey asked people who used the service, and their family members, questions about the quality of the service provided at Hollie Hill Care Home. For example, would they recommend the home to others, how they rated the care, the staff and the premises, and whether they felt involved in decisions about the care. We saw the results were very positive about the home and the care that people received. Comments included, “My mum was at Hollie Hill for a year and the staff couldn’t do enough for her. No complaints at all, would definitely recommend to others” and “the best decision for our mother we could have made is choosing Hollie Hill”.

We also saw that action plans were put in place for any issues that arose from the survey. For example, one person said they would like to see a bigger choice in selection of food. The registered manager explained that the four week menu was reviewed every six months and people could request something that wasn’t on the menu and every effort would be made by the home to provide it.

People, and their family members, we spoke with told us they were regularly asked for their thoughts and comments regarding the quality of the service. They told us, “There was a meeting last week” and “they take note of everything you say”.

This meant that the provider gathered information about the quality of their service from a variety of sources.