

Tamaris Healthcare (England) Limited

Hollie Hill Care Home

Inspection report

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Date of inspection visit:
08 May 2018
10 May 2018

Date of publication:
27 June 2018

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

Hollie Hill is a care home which provides residential and nursing accommodation for up to 61 people. The home is arranged across two floors and divided into four areas. People with nursing needs are accommodated on the ground floor. Five bedrooms were contracted by the local Clinical Commissioning Group for people who need additional support following their discharge from hospital before they return home or decisions are made about their future care needs. At the time of our inspection there were 56 people using the service

At our last inspection in February 2017 we rated the service as good overall. We found a breach of Regulation 12; this was regarding the application of people's topical medicine (creams applied to the skin). At this inspection we found the evidence continued to support the overall rating of good. Improvements had been made in respect of people's topical medicines and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People were cared for in a safe environment. Regular checks were undertaken to ensure fire safety systems in the home were working. Health and safety audits were also carried out.

Staff had training in safeguarding and told us they felt able to raise any safeguarding concerns about people in their care.

People and their relatives had different view about the staffing levels. The manager was using a dependency tool and had increased the staff levels in one area of the home. At the time of our inspection there were sufficient staff on duty to meet people's needs.

Individual and personal risks to people using the service were identified and actions had been put in place to mitigate them.

The provider carried out appropriate checks on staff before they began working in the home. Staff were then supported to carry out their respective roles through induction, training and supervision.

Before people came to live at Hollie Hill staff carried out an assessment of their needs. Care plans to give guidance to staff on how to care for people were compiled which reflected their personal needs and preferences. These were regularly reviewed and updated if a person's needs changed. The service worked in partnership with other professionals to meet people's needs. Their advice was incorporated into people's care plans.

Kitchen staff were aware of people's dietary needs. They provided fortified food to prevent people from losing weight. Staff had involved dietitians to assess people's needs and suitable diets were provided.

There was a regular activities programme displayed throughout the home interspersed with events and other individual activities. People were engaged with the programme and chose what they wanted to do.

Care was provided by staff who were kind and patient with people. Staff knew people's backgrounds and engaged them in meaningful conversations. We found staff delivered people's personal care behind closed doors to protect their dignity and privacy.

People knew there was a complaints policy in the home. The registered manager had responded to the complaints and provided an outcome for the complainant. During our inspection the registered manager took seriously concerns raised with her and sought to immediately resolve them.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Effective systems were in place to monitor the service. Actions were identified to improve the service using audits by the regional manager and the registered manager. The registered manager had an overall plan in place to make improvements which they monitored on a regular basis.

The registered manager held regular residents and relative's meeting to engage people in the service.

Further information is in the detailed findings below

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 has improved to Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

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 was a comprehensive inspection which took place on 8 and 9 May 2018. The inspection was unannounced.

The inspection team consisted of two adult social care inspectors.

Before the inspection we reviewed information available to us about this service. We reviewed safeguarding alerts; share your experience forms and notifications that had been sent to us. A notification is information about important events which the provider is required to send us by law. We spoke with the local authority commissioning team.

We did not ask the registered provider to complete a Provider Information Return (PIR). The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We gathered this information during the inspection.

On our inspection days we spoke with seven people who used the service and four of their relatives. We spoke with 13 staff including regional manager, registered manager, deputy manager, nurse on duty, administrator, cook, maintenance man, activities coordinator, senior care staff and care staff.

We reviewed six people's care records and six staff records. We also looked at records relating to the management of the service such as quality audits, surveys and policies.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

At our last inspection in February 2017 we found a breach of Regulation 12 – safe care and treatment in relation to the application of topical medicines (creams applied to the skin). Improvements had been made in this area. Staff were able to demonstrate people's topical medicines had been applied at the required times.

People's medicines were administered by staff who were trained and assessed as competent to do so. Appropriate and safe arrangements were in place for the ordering, receipt, administration and disposal of people's medicines. Controlled drugs are those liable to misuse. We found the quantities stored were accurately documented. The deputy manager carried out regular checks on people's medicines. Medicine's audits were carried out. In a clinical governance meeting lessons learnt about some recent medicines errors were discussed and actions to avoid the repeat of such errors were put in place.

People were protected from abuse by staff who had been trained in safeguarding vulnerable adults. Staff told us they felt able to report abuse to their line manager. One staff member told us, "We talk very openly about safeguarding. Everyone knows who to report to." During our inspection a safeguarding issue was raised and the appropriate actions taken.

The provider had in place a robust recruitment process. Staff were subject to vetting procedures including a Disclosure and Baring Service (DBS) check before they started work at the service. DBS checks helps employers to make safer recruitment decisions and minimise the risk of unsuitable staff being employed.

The service used a dependency tool to monitor the numbers of staff on duty. Relatives held mixed views about staffing levels and whilst some told us more staff were needed others told us staff responded quickly to meet people's needs. The registered manager had identified where additional staff was required in the home and put extra staff in place. They told us there were in discussion for further staff to cover a very busy area of the home. We spoke with the registered manager about the deployment of staff at mealtimes as we observed staff rushing around with people left unsupervised in a dining room. The registered manager explained they had already reviewed the issue and had arranged for kitchen staff to serve meals in one dining area of the home. They agreed to further consider the issue.

The home was clean, tidy, well-presented and free from malodours. Regular cleaning took place to reduce the risks of cross-infection. There was a night time cleaning schedule in place for staff to follow and clean communal areas of the home

Regular checks were carried out in the home to ensure people lived in a safe environment. These included weekly and monthly fire checks. Water temperatures were also checked to prevent people from being scalded. The water temperatures were within the range recommended by the Health and Safety Executive. The home had an emergency plan which documented all emergency contacts and what actions were required to deliver people's care arrangements.

People's individual risks were assessed by staff and actions to mitigate the risks were documented. For example, if a person was at risk of falls, staff were given guidance on how to reduce the risk of harm to that person.

The registered manager carried out audits of accidents and incidents in the home to assess if actions could be taken to prevent future occurrences. Staff had referred people to the falls team when they had experienced a number of falls. We found not all emergency pull cords were accessible to people. The registered manager carried out an audit of the pull cords and improvements were made.

Is the service effective?

Our findings

Staff were provided with support to carry out their roles through an induction programme, training, supervision and appraisal. The provider had identified training they described as mandatory. One staff member told us, "The training is good and there is lots of experience amongst the staff too." Since the new registered manager had come into post they had put arrangements in place for staff to receive supervision in line with the provider's policy. They had also held group supervision meetings to develop staff knowledge. Staff confirmed they received on-going support. Agency staff used in the service had received an induction. On the first day of our inspection we found one agency nurse who had not received an induction. The registered manager agreed to put the induction in place for the nurse.

Before people began to live at Hollie Hill an assessment of their needs and choices were carried out. This formed the basis of their care plans. The registered manager recognised that moving into a care home can be a stressful experience and people's needs can change as they move into a different environment. Information was requested and obtained for people moving out of hospital for additional care before decisions were made about their future needs.

One person told us they, "Liked all the food." Kitchen staff were informed of people's dietary needs when they were admitted to the home and any subsequent changes. Fortified food was provided at meal times where needed and we observed people at risk of possible weight loss were given fortified drinks such as milk shakes mid-morning and afternoon. The meals looked appetising and people were given support and encouragement to eat. Where people were at risk of losing weight, referrals had been made to dieticians and their advice had been incorporated into people's care plans.

The home had been accredited with the provider's, 'Dementia Care Framework'. Staff told us as a part of accreditation they had completed training on the issue dementia. We looked around the home and saw there were different coloured doors and signage to support people's independence. However, we found there was an absence of items on the walls to provide a stimulating environment. We spoke to the registered manager who explained a previous manager had taken down the wall items. They were now in the process of accessing items. Staff confirmed the registered manager had advised the environment needed to be further adapted to meet the needs of people living with dementia.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Consent documentation was in place in the service and had been sought in line with national guidance. Where people lacked the capacity to consent we saw best interest decisions had been made.

Throughout our inspection we observed regular visits to the home from district nursing staff. Staff were in regular contact with hospitals. GP surgeries and other professionals to support people's access to healthcare services. Daily records showed staff had frequent conversations with healthcare professionals to maintain people's health.

Is the service caring?

Our findings

People spoke to us about the staff. They said, "The staff are good. The agency staff aren't as good as they don't know you", "Yes, they can't keep me quiet. They do listen and help where they can" and, "They are all nice people." One person said he found staff were "Good" and told us, "You only have to ask them, nothing is a bother." A staff member told us they were "Very happy" to work in the home as they had previous positive experiences of a relative who had lived in Hollie Hill.

Staff spoke to us proudly about supporting a person who had told them they wanted to get married again. The person showed us photographs of their ceremony at Hollie Hill and told us staff had been, "Wonderful" in helping them to renew their vows. They spoke about the staff decorating the home and providing food to help celebrate the occasion.

Throughout our inspection we observed staff treat people with dignity and respect. All personal care took place behind closed doors and people's privacy was respected.

Staff used humour to engage people. They knelt down to speak to people so they could talk to them face to face. They engaged people in conversation about their past lives and demonstrated they were knowledgeable about people's backgrounds. One relative told us their family member was very happy at Hollie Hill because the staff were happy and always popped into their room for a chat.

We carried out a Short Observational Framework for Inspection (SOFI). This demonstrated staff knew people well. They engaged them in conversation and encouraged them to speak about their past. One person living with dementia was assisted to join a group who were chatting to each other. Staff supported people to continue their conversations.

Advocates are people who help others to represent their views. Staff understood the principles of advocacy. One person was waiting for an independent advocate to make arrangements for their end of life care. Relatives acted as natural advocates for people who used the service and voiced their views to the registered manager and staff who responded with appropriate concern and resolutions. People could also voice their views through regular meetings and by using the electronic feedback service in the home.

People were supported to be as independent as possible. For example, staff encouraged people to eat for themselves or they reminded people to use their walking aids. During our inspection we observed two drinks spillages. Staff responded with reassurances and kindness and provided people with the right support to make them comfortable.

Through the inspection we saw staff involved people in decisions about their care. People chose to sit outside and as it was a hot day staff provided people with sun cream. Others were given the option to join in activities. Staff arranged for meals to be taken to people's rooms as they wished. Irrespective of age or disability staff gave people options to choose how their care was delivered.

Is the service responsive?

Our findings

One person told us, "Everything was fine." Staff felt they were good at responding to people's needs and were quick to get medical help. Each person had a number of care plans in place which reflected their needs. These were completed with personalised information. Staff were given guidance on how to meet people's individual care needs. Care plans included information on nutrition, mental health, continence and medicines.

The service was required to use documentation provided by the local Clinical Commissioning Group for people who had moved into the home on a temporary basis. Staff had added additional information for example about people's dietary needs where appropriate.

When people needed additional monitoring due to their health needs charts were in place for example positional change charts. Additional information had been provided in people's bedrooms as to which charts were required for each person who needed nursing care. Staff explained this was to provide support to agency nurses and prevent any omissions in the delivery of care.

Regular checks were carried out by staff to look at people's waterlow scores, the type of mattress and chair they needed, skin integrity, weight, mobility and bed rails (if needed). A waterlow assessment is a tool designed to assess the risk of people developing pressure sores. The service also utilised the Malnutrition Universal Screening Tool (MUST). This is a tool used to determine if a person is at risk of malnutrition. The registered manager had an updated matrix of people's needs and checks for each of the areas of the home. The service also had in place monthly reviews of people's care needs. In the care files we checked we found these were up to date.

The provider had a complaints process in place and this was available to people. One person said, "I know I can complain." We saw complaints had been documented and outcomes had been provided to each complainant. During our inspection a relative and a person who used the service raised some concerns with us. The registered manager listened to the concerns, spoke to another member of staff about responding to them and took immediate action.

The service had in place information for people about the home. The registered manager had planned to review the information available to people in their rooms. Assessments were carried out about people's communication needs and their preferred method of communication was documented.

An activities coordinator was employed in the home. During our inspection they brought in fish to put in tank. People were engaged in naming the fish. Certain activities were held on a regular basis each week. On one of our inspection days this included Pets as Therapy Dogs (PAT) being brought into the home. Activities were advertised in an accessible format on each of the notice boards in the home and included bingo, an art group and a social group. Each activity was set on a different coloured page using large text and pictures associated with the activity. One person said, "Yes I join in everything, drawing, painting. We have been growing plants. They are in the greenhouse." People told us about their trips and holidays away. One person

told they had been to Blackpool and said. "I am going to Sandy Bay you know."

There was no one during our inspection receiving end of life care. Emergency health care plans were documented in people's care files. Where a person or their relatives and other professionals had judged it was in the best interests for a person not to be resuscitated the necessary documents were in place and up to date. People had been asked about the care they wanted at the end of their life and we saw this was documented in their care plans.

Is the service well-led?

Our findings

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission 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.

Since coming into post the registered manager had developed an action plan to improve the home and rated each action red, amber or green. The registered manager spoke with us about the action plan, what actions they had taken on a month by month basis and their next steps. They had addressed staff supervision, staff training, staff medicine's competencies, reviewed the menus and taken steps to recruit more staff. The registered manager was transparent in their assessment of their goals and demonstrated progress had been made. People and their relatives were complimentary about the registered manager. Staff told us they felt well-supported by her.

The provider has an electronic system in place to record and document people's comments. The registered manager or their delegated representative carried out a daily TRaCA. This is a daily audit to spot check the running of the service and rectify any immediate concerns. Other audits to monitor the quality and effectiveness of the service were carried out, for example these included health and safety audits.

The regional manager carried out monthly audit visits to the home and checked to see if the registered manager had been carrying out their checks. For example, in April 2018 they found the registered manager had access to policies and introduced a policy of the month. Their audits highlighted further improvements to the service which the manager was addressing.

The registered manager held monthly staff meetings. The minutes of these meetings demonstrated the registered manager provided staff with guidance, made appropriate decisions and provided staff with explanations to learn and improve the service. The minutes also showed the registered manager was aware of the regulatory requirements. They encouraged, for example, staff to report any incidents which occurred in the home.

People were involved in the service in a number of different ways. The registered manager held a residents and relatives meeting and spoke to people and their relatives throughout the day about the service. People and their relatives provided information about their care needs. Relatives were engaged in the service via activities and they had the opportunity to feed back any concerns via an electronic system located in the reception area.

The service worked in partnership with other agencies. In addition to our observations of other agencies visiting the home we found records of visits made to the home by opticians, podiatrists, hairdressers. Partnership working with NHS staff was initiated by appropriate referrals being made. These were followed up by visits by NHS staff and on-going monitoring.