

Garforth Care Homes Ltd

# The Hollies

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

The Hollies is a residential care home providing personal and nursing care to 35 people aged 65 and over at the time of the inspection. The service can support up to 40 people.

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

Quality assurance systems and processes were not always effective in identifying and sustaining improvements. There was limited engagement with people and staff using the service.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

People and relatives we spoke with said they felt the service was safe. There were systems and processes in place to ensure people were safeguarded from abuse.

People and relatives said staff were kind and caring. People's diverse needs were taken into consideration. Staff ensured people retained their independence as much as possible.

People received their medicines safely and as prescribed. The home was clean and there were policies in place for the prevention of infections.

People had access to health and social care when necessary. Staff ensured people's health and wellbeing were monitored and actions taken when they were unwell.

Care plans contained good person-centred information and they were reviewed regularly to ensure people's needs were met.

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

The last rating for this service was good (published March 2016). Since this rating was awarded the registered provider of the service has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

### Why we inspected

This was a planned inspection based on the previous rating.

### Enforcement

We have identified breaches of Regulations 11 (Need for Consent) and 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Please see the action we have told the provider to take at the end of this report.

### 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?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### 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 ●

# 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

This inspection was carried out by an inspector, an assistant inspector and a specialist advisor with a background in clinical care.

#### 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.

#### Notice of inspection

This inspection was unannounced.

#### What we did before 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, including Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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 four people who used the service and two relatives about their experience of the care provided. We also spoke with a visiting religious minister. We spoke with eight members of staff including

the provider, registered manager, assistant manager, care workers and the chef. 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.

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives we spoke with said they felt the service was safe.
- There were systems and processes in place to safeguard people from the risk of abuse. Staff we spoke with were aware of how to protect people from abuse and report concerns to the relevant authority.
- Safeguarding concerns were reported and investigated appropriately. There was information on how to make an anonymous complaint or access an external regulator.

Assessing risk, safety monitoring and management

- Risks to people's health and wellbeing were assessed and managed appropriately. These included falls risk assessments, malnutrition risk assessments and skin integrity risk assessments. There were clear actions for staff to take.
- There were a number of health and safety risk assessments and checks conducted on a regular basis to ensure the premises and equipment used were safe. These included gas safety certificates and lifting equipment checks.
- We found window restrictors in one area of the property were longer than recommended in national guidance. These were replaced during the inspection.
- We found the clinical waste bin was broken and accessible to the public. We saw evidence external contractors had been called to fix the issue when we raised this with the provider.

Staffing and recruitment

- There were enough staff visibly deployed to meet people's care needs at the time of the inspection. A relative we spoke with said, "Staffing levels, not had any problems or qualms about anything to be truthful". A person we spoke with said, "Oh yes there are enough staff around. Yes I have a call bell, staff come."
- Comments from staff were mixed: "At the minute, its okay, I think we are just plodding along and doing what we can", "Staffing levels I don't think we have enough staff. We always make sure they get the care, have agency working with us at the moment. It becomes difficult, but people get the care", "It's just two or three staff have left, we get agency in, but it puts pressure on us a bit having to show them around. They are good with residents. Everyone gets their care done with or without enough staff. Could just do with a bit more."
- The provider acknowledged that there were vacancies, and the provider was using a single agency which provided consistent agency staff while recruitment was ongoing.
- Staff were recruited safely, this included a background and identity check. We found the provider's policy lacked clarity over the specific risk assessment used when background information revealed convictions, this was clarified during the inspection.

### Using medicines safely

- People received their medicines as prescribed. Systems for the ordering, storage, stock control, administration and disposal of medicines were safe.
- We observed a medicines round, staff were patient and attentive, and had good knowledge of people's individual needs.
- Staff competency was assessed by senior staff on a regular basis.
- One person we spoke with said, "Yes I get my tablets on time".
- We found an example where a medicines administration record (MAR) did not contain enough detail about a medicine to ensure it was taken before food as required by the national institute for health and care excellence (NICE). The provider agreed to contact the pharmacy to ensure MARs contained enough information to ensure medicines were administered in accordance with best practice guidelines.

### Preventing and controlling infection

- Staff had received training in infection prevention and control. The environment was clean. The home was visited by external auditors to ensure continuous improvement.

### Learning lessons when things go wrong

- Accidents and incidents were investigated appropriately, and lessons learned shared with staff.

# 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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

- The provider was not always working within the principles of the MCA. We found one instance where a person had restrictive equipment in their room. A mental capacity assessment had not been carried out, and there was no best interests decision in place. This meant the person was being deprived of their liberty without the appropriate legal authority.
- In another MCA assessment we found it was not decision specific, it was not dated and it was unclear who else was involved in the decision. There was no best interest decision taken.
- We raised these issues with the provider. The provider was working to improve their own systems and processes around capacity assessments and best interests.

We concluded the above evidence demonstrated a breach of regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had applied for DoLS appropriately and kept track of applications.

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

- Peoples needs were assessed before they used the service. This included people's personal history and social network as well as their healthcare needs.
- A relative we spoke with said, "They asked everything what [Name] likes and doesn't like, we filled a form

out to put things down, what they like to do at home, socialising, things like that."

Staff support: induction, training, skills and experience

- New staff received a programme of induction which included training the provider considered mandatory, and ongoing support through supervisions, observations and appraisals.
- Staff we spoke with said they had enough training and support to meet people's needs. Comments included, "We have the right support. You can speak to the registered manager or the provider", "We get enough training, we get spot checks and appraisal every couple of months. I've got enough support" and "We get supervisions once a month I think. Spot checks as well. I am personally happy."

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

- Food was home-made and appeared appetising. People we spoke with said they were happy with the food. One person said, "The food is ok, I can't grumble!" A relative said, "The food is lovely. [Name] gets a big portion and gets extras, [name] has a cooked breakfast, staff all know [name] likes and dislikes".
- Care plans contained information about people's likes and dislikes, or any allergies they had. Staff we spoke with had good knowledge of people's preferences, specialised diets and eating habits.
- Where necessary, people's food intake and weight were recorded and information was shared with health and social care agencies.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff monitored people's health and wellbeing, and where necessary worked with external health and social care agencies. One relative said, "The home makes referrals, and keeps us informed. [Name] goes to the chiropodist regularly". A person we spoke with said, "I do get to see the doctor. I've got a bad eye."
- We saw examples in daily notes and records where staff had observed a change in a person's wellbeing, medical professionals were contacted, a visit by the person's GP recorded with actions for staff to take and ongoing monitoring of the person conducted.

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

- The home was clean and well presented. There were clear signs on doors. The décor was tired and the provider informed us there were plans in place to refresh the environment.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- People and relatives we spoke with said staff were kind and caring. Comments included: "I get on with the girls they are nice", "The girls are friendly they don't bother me at all staff are alright" and "Can't praise everybody enough, feel so relieved and at peace dad is looked after".
- We observed people and staff interacted in a friendly way. Staff were patient and clearly understood people's personalities and preferences.
- Care plans contained information around people's diverse needs, such as their religion and whether this was important to them. We spoke with a visiting religious minister who said staff had an understanding and respect of people's beliefs and wishes.

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

- We observed staff offered people choice and took their opinions into account when making decisions, for example what they wanted to eat, where they wanted to sit and where they wanted to go.
- We saw in daily notes staff had recorded where people refused care such as personal care and medicines, and this was respected. Records showed where staff had made further attempts to ensure everyone's needs were met.
- There was information on accessing advocates (people who help vulnerable adults make important decisions about their lives) available.

Respecting and promoting people's privacy, dignity and independence

- People and relatives said staff respected people's independence and dignity. One relative said, "[Name] is dressed how they would like to be seen, only just has got used to being open with the staff but they took [name] under their wing they know what [name] is like. We go through things together." One person said, "I have my privacy in my room".
- Staff were able to describe how they protected people's dignity and privacy when delivering care. One staff member said, "You would lock the bathroom door, put towels on them [people] while they are getting undressed, and wash the top half then the bottom half. Always talk. Let them know everything. If they refuse obviously would do something else then ask again, if they refuse again I'd go and tell the manager. You can't force them."
- The provider conducted 'dignity audits' which were observations of interactions between staff and people, in order to ensure staff were vigilant in protecting people's dignity.

## Is the service responsive?

### Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people's needs were met.

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

- Care plans contained good person-centred detail about their routines, needs and personal preferences. Care plans contained people's life histories and important social networks.
- Care plans were reviewed regularly to ensure they continued to meet people's needs. A relative said, "There are meetings, for [Names] health review, staff are also available at any time if we wanted, always there if we needed to know about anything."
- Daily notes contained good information about people's moods, what care they had received and showed people's choices were respected. They reflected planned care had been carried out.

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.

- Care plans contained information about people's communication needs and preferences, what equipment they needed to communicate and information was available in alternative formats if required.
- During the inspection we observed people were supported to use sensory equipment such as hearing aids and glasses.

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 and relatives we spoke with said people's interests were taken into account and they were supported to maintain relationships to avoid social isolation. Comments included, "When the guy comes with the organ singing and dancing, it's really good, have a lot of activities, never just sat there. At another place it was beautiful but people just sat there doing nothing. Here its home from home" and "I like painting and drawing. They have singing and a chap with a guitar but I don't go. I make my own entertainment. Sit about watch telly. Nobody bothers you".
- There were no dedicated activities coordinators at the time of the inspection, as these staff had left and the registered manager was looking to recruit new staff to this post. Staff had received training in activities. We saw staff painting people's nails if they wanted and having one to one conversations with people during the inspection.
- Relatives we spoke with said there were no concerns over access to their loved ones.

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

- There was a complaints process and policy in place. Complaints were responded to in line with the providers policy, and information on how to make a complaint was widely available.
- People and relatives we spoke with said they knew how to make complaints and were confident they would be listened to. Comments included, "They [service] are responsive to concerns and complaints, if I've concerns I know I can go to them" and "I know who to go to if I have complaints."

#### End of life care and support

- Where people wanted this, there were advanced care decisions in place where they discussed their wishes around end of life care.
- Staff received training in end of life care and the registered manager understood their role in working with other health and social care agencies to facilitate effective care when people approached the end of their lives.

# 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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement.

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; Continuous learning and improving care; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Governance systems such as audits were not always in place or effective in identifying improvements and ensuring they were followed up.
- These included window restrictor audits which did not cover the dining room and care plan audits were not effective at picking up issues within the plans such as obsolete information or issues with consistency and organisation which we found.
- Audits and governance systems did not identify issues we found during the inspection such as MCA compliance and clinical waste bins which were not appropriately stored.
- The provider had implemented a new electronic care planning system which the provider hoped would lead to improved oversight and monitoring of care plans. The provider assured us issues identified would be followed up.
- There was some limited engagement with staff and people who used the service.
- There was a staff survey conducted, which had mixed feedback around staff support and confidence in the management and leadership of the service. It was unclear how this information was used to improve the service as there was no action plan as a result.
- There was a 'residents survey' in 2019 which was largely positive. It was unclear how this information was used to improve the service. We spoke to the provider who acknowledged that they had missed a comment which could have been responded to.

We found governance systems were not always effective in identifying and driving improvement and the above evidence demonstrated a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had begun to make improvements to staff and service user engagement, for example they had involved staff in the consultation of a new uniform, had attended quarterly staff meetings and had introduced themselves to all staff.
- The provider had introduced a set of values which were explained individually to all staff and discussed at staff meetings. They were exhibited around the home. The provider hoped they would drive openness and

transparency going forward.

Working in partnership with others

- The provider worked with other agencies such as the local authority, pharmacists and other health and social care agencies to ensure people's needs were met.

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

- There was a duty of candour policy in place. We saw that when something went wrong, people's families and named representatives were informed.

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 11 HSCA RA Regulations 2014 Need for consent  Systems and processes around assessing capacity and best interests decisions were not always effective in ensuring compliance with the Mental Capacity Act 2005.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Governance and quality assurance processes were not always effective in identifying improvements and ensuring they were followed up.