Hollymede Cottage Limited

Hollymede Cottage

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 13 October 2015 and was unannounced.

Hollymede Cottage is registered to provide accommodation with personal care for up to 14 people. The service is not registered to provide nursing care. There were 14 people using the service on the day of our inspection which included one person who was receiving respite care.

There is 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.

The service had appropriate systems in place to keep people safe and staff followed these guidelines when

Summary of findings

they supported people. There were sufficient numbers of care staff available to meet people's care needs and people received their medication as prescribed and on time.

The provider also had a robust recruitment process in place to protect people from the risk of avoidable harm. Staff who had been recruited safely with the skills and knowledge to provide care and support to people.

People's health and emotional needs were assessed, monitored and met in order for them to live well. The service worked closely with relevant health care professionals. People received the support they needed to have a healthy diet that met their individual needs.

People were treated with kindness, respect and dignity by staff who knew them well and who listened to their views and preferences.

People were able to raise concerns and give their views and opinions and these were listened to and acted upon. Staff received guidance about people's care from up to date information about their changing needs.

There was a strong manager who was visible in the service and worked well together with the team. People were well cared for by staff who were supported and valued.

Management systems were in place to check and audit the quality of the service. The views of people were taken into account to make improvements and develop the service.

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 enough staff with the correct skills who were recruited safely and who understood how to provide people with safe care.

People were safe and staff understood what they needed to do to protect people from abuse. There were processes in place to listen to and address people's concerns.

Systems and procedures to identify risks were followed, so people could be assured that risks would be minimised and they would receive safe care.

People received their medicines safely.

Good

Is the service effective?
The service was effective.

People's day to day personal and health needs were met through on-going assessment and staff knew how to provide good care

Staff received effective support and training to provide them with the information they needed to carry out their roles and responsibilities.

Systems were in place to make sure the rights of people who may lack capacity to make decisions were protected. The Deprivation of Liberty Safeguards (DoLS) were understood and appropriately implemented.

Good

Is the service caring?
The service was caring.

Staff treated people well and provided care and support with kindness and courtesy.

People were treated with respect and their privacy and dignity were maintained. Staff were attentive and thoughtful in their interactions with people.

Staff were enthusiastic in their work and committed to the people they cared for.

Good

Is the service responsive?
The service was responsive.

People were involved in discussing their personal, health and social care needs with the staff. They had choice in their daily lives and their independence was encouraged.

Staff understood people's interests and actively supported them to take part in activities that were meaningful to them.

There were processes in place to deal with any concerns and complaints appropriately.

People's needs were met by staff who understood and followed guidance about their health and social care needs.

Good

Summary of findings

Is the service well-led?

Good

The service was well-led.

The service was managed by a strong and effective team who demonstrated a commitment to providing a good quality service.

There was open culture where concerns and issues could be raised and talked about.

Staff received the support and guidance they needed to provide good care and support.

There were systems in place to seek the views of people who used the service and use their feedback to make improvements .

Hollymede Cottage

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 13 October 2015 and was unannounced. The inspection team consisted of one inspector.

We reviewed all the information we had available about the service including notifications sent to us by the provider. This is information about important events which the provider is required to send us by law.

During the inspection we spoke with 7 people who used the service and three people's relatives. We also spoke with a health care professional who regularly visited the service. We used informal observations to evaluate people's experiences and help us assess how their needs were being met and we observed how staff interacted with people. We spoke with the registered manager, the administrator and four care staff.

We looked at four people's care records and examined information relating to the management of the service such as staff support and training records and quality monitoring audits.

Good

Is the service safe?

Our findings

People who lived at Hollymede Cottage told us that they felt safe and well cared for. One person said, "I am very safe here." Another person said, "Oh yes, very safe and they check on me in the night." A family member said, "I go home knowing that [relative] is looked after."

Staff understood how to protect people from harm and how they would deal with any concerns should they hear or see any abuse taking place. They were confident that the registered manager would deal with any safeguarding issues quickly in order to keep people safe. We saw that the registered manager recorded and dealt with safeguarding concerns and sent notifications to us in a timely way.

There were systems in place for assessing and managing risks. The records we looked at showed us that the manager identified and measured the level of risk to people so that this could be managed safely. These risks included if people might be prone to falls, if they needed the use of a hoist or to be assisted to move, their ability to eat and drink, and care of their skin and personal care. People and their relatives were involved in decision making about risks to their health and wellbeing.

People were safe in the service as there were arrangements in place to manage and maintain the premises and the equipment both internally and externally. We saw that health and safety, maintenance, emergency procedures, fire drills, accidents and incidents were all recorded and the necessary action taken. The service had a CCTV system in place to monitor the communal areas and outside of the premises in order to keep people who used the service safe. People had consented to this being used.

We observed that staff supported people to walk and move around the building, maintaining their independence through prompts and supportive statements whilst they were walking. People had freedom to access the home and the garden safely.

There were sufficient staff on duty to meet people's needs. We saw that staff were not rushed and assisted people in a timely and unhurried way. The manager explained how they assessed staffing levels based on the needs and occupancy levels in the service. The staff had a good mix of interchangeable skills and experience to meet people's individual needs.

Staff undertook different jobs at different times for example one staff member, who was the cook on the morning shift became the senior care staff member for the evening shift. The staff were enthusiastic about this way of working as it provided consistency and familiarity for people who used the service. The registered manager told us that if agency staff were used, they were shown round the service first. Their photograph and the details of their skills and experience were shared with staff and people who used the service so they knew a little about them when they started working.

Recruitment processes were in place and were carried out in line with legal requirements. People were kept safe because the relevant checks were carried out as to the suitability of applicants. These checks included taking up references and checking that the member of staff was not prohibited from working with people who required care and support.

Medicines were given to people in a safe and appropriate way. We observed a senior member of care staff carrying out the medicine round and they were competent at administrating people's medicine. They did this in a dignified manner, speaking to people about what medicine they were having and supported them in taking it. People were asked if they required any pain relief medicines.

There were appropriate facilities to store medicines that required specific storage, such as medicines that required to be kept in a fridge. Medicines were safely stored and administered from a lockable trolley.

Records relating to medicines were completed accurately and stored securely. People's individual medicines administration record sheets had their photograph and name displayed so that staff could identify people correctly before giving medicines to them. This minimised the risk of people receiving the wrong medicines. Where medicines were prescribed on an as required basis, clear written instructions were in place for staff to follow. This meant that staff knew when as required medicines should be given and when they should not.

Good

Is the service effective?

Our findings

Staff enabled people to maintain their independence, keep as active as they could and keep well. One person said, "I do as much as I want here, you have to keep going." Another person said, "I come and go as I please." One family member told us, "My [relative] has done so well since being here, it has made a difference to their quality of life."

For people who could not communicate their needs verbally, staff understood their facial expressions and body language to make sure people's needs were met. Staff had the skills and knowledge to meet people's care and health needs and to support them in a respectful way.

People received care and support from staff that knew them well and were aware of their needs and individual personalities. Staff communicated well with people who used the service talking to them about day to day tasks, asking their opinion on current affairs and talking about specific interests including their past. We saw staff assisting different people during the day to move and transfer from armchairs to wheelchairs and they did this confidently and respectfully assuring the person as they went along.

There was a structured induction programme for staff in preparation for their role. This included training in the necessary skills for the role, shadowing experienced staff and getting to know people's needs and how they liked them to be met. One staff member said, "I was introduced to everyone and had a few days of getting to know people and how they liked things done for them."

The staff told us that good training and support was arranged for them by the manager. This was mostly online training but some in-house training was completed such as moving and handling. The manager had an initial teacher training qualification known as PTTLS (Preparing to Teach in the Lifelong Learning Sector) and provided staff with on-going learning and development. All staff had a level two certificate in what is now known as the Qualifications and Credit Framework (QCF) and other staff were undertaking level three and five to improve their skills and knowledge.

Staff received appropriate supervision and had the opportunity for learning and development. Appraisals were completed annually. Staff were able to be effective in their role as they were supported and respected and had the opportunity to improve their practice.

The Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) which apply to care homes. We saw that systems were in place to protect the rights of people who may lack capacity to make particular decisions and, where appropriate, for decisions to be made a person's best interests. People's capacity to make day-to-day decisions was taken into consideration when supporting them.

The manager had made appropriate DoLS referrals to the local authority where required to protect people's best interests. Records and discussions with staff showed that they had received training in MCA 2005 and DoLS and they understood their responsibilities.

We saw people had been consulted and consented, where able, to their plans of care. Person centred support plans were developed with each person which involved consultation with all interested parties who were acting in the individual's best interest. Where people did not have any family, advocacy services (where an independent person is used to provide support) were involved to help them make decisions.

Discussions had taken place with people and their families in relation to whether they wanted to be actively resuscitated in the event of a cardiac arrest. The manager told us that three people had a 'Do Not Actively Resuscitate (DNAR) order completed. Reference to those people who had this information in place could be easily accessed should the ambulance crew or paramedics arrive and need it.

People generally liked the food and drink on offer. One person said, "The food is average." Another person said, "The food is nice." And another said, "My lunch is nice and I am very happy with it." A relative said, "[Family member] tucks in and eats very well here."

A menu for the day was written up on a board so that people could see what was on offer and what they could choose from. We observed people over lunch time. They enjoyed the options available and not everyone had the same meal. There was a sufficient amount for people to eat and drinks were offered during and after lunch.

The menu plans for the week were discussed with the cook. The different meals provided a balanced diet. People could choose to have lunch in the dining room or in their rooms. People who needed assistance with eating were helped

Good

Is the service effective?

gently and with patience and there was a calm atmosphere during lunchtime in the dining room. Equipment such as plate guards were used to assist a person to maintain their independence whilst eating.

Risks to people's nutritional health were assessed, recorded and monitored using best practice guidance so that they maintained a healthy lifestyle and wellbeing. When risks were identified, people were referred to relevant healthcare professionals such as the dietician.

People's day to day health needs were met through on-going assessment and the involvement of people themselves, their family and clinical and community professionals such as the district nursing service, dietician, occupational therapist, and optician and GP service. One health care professional we spoke with told us, "The staff always carry out what we advise and contact us quickly if they are concerned about anything."

The manager told us that they had a good network of professionals who came to the home as and when required. Referrals made to healthcare professionals were quickly responded to and the treatment and care provided was effective because the system for providing an individualised service was available to each person who lived at the service.

Good

Is the service caring?

Our findings

During our inspection, we spent time observing staff and people who used the service together. There was a calm and relaxed atmosphere. People told us that the staff were nice, polite, and very caring. Relatives spoke very highly of the staff saying, “The staff are wonderful.” And, “Staff look after everyone very well. “ And, “I can’t fault them.”

The staff spoke about people and to people in a respectful and knowledgeable way. They called people by their preferred names when talking with them and when referring to them in conversation with other staff.

Staff listened and responded positively to people. For example, one person asked the same question many times. Staff responded to them affectionately and appropriately which made them calm and satisfied until the next time they asked. We observed that staff always spoke with people with a “Hello” or “Are you OK do you need anything?” when they were walking past.

Staff knew the social history of people who used the service, what they liked and their preferences. Subsequently, staff could engage in conversation with people which made them smile, made them laugh and made them remember their past. The staff spoke about people with warmth. One staff member said, “I love coming to work, they [people who used the service] are such a lovely bunch of people.” Another said, “We all muck in, have a laugh, none of us care what job we do as long as people are happy here.”

All of the interactions we saw were warm, caring and friendly. The staff supported people in a way that maintained their dignity and privacy. For example, support with personal care was offered discreetly and quietly to one person and another had requested to be left alone to make their bed by themselves.

Staff involved people in their care and supported them to make choices and decisions about everyday tasks and activities. One person was unhappy with what they were wearing saying what they had on was not right. The staff member suggested a change of clothes and took them back to their room. They were much happier once this had been done. The staff member recognised that it was important to them to look nice and maintain their appearance.

The service maintained good contact with relatives, friends and the community. A number of relatives were visiting on the day of our inspection. They were positive about the communication they had with the manager and staff and felt informed and involved in their relatives care. One family member said, “I have already booked my place here for when I am ready.”

Good

Is the service responsive?

Our findings

For people who could talk with us, they told us that they had been involved in discussing their needs with the staff. One person said, "I have told them all that I want from the home, I have been very clear and they have made a note of it and I have signed it." Another said, "I am settling in and think I am managing alright. I can make my views known and they [staff] have been very supportive." A relative told us, "I was very much consulted about [relative's] care and what they needed and what they liked." Another relative said, "I am involved in the review of [relatives] care and any changes needed."

We saw that the care records were developed from the pre-assessment of people's needs before they first went to live at the service. The records were written in a clear and accessible way. They contained a photograph of the person and sufficient information about their health and social care needs, preferences and their background history for staff to respond and meet their needs appropriately. People's mobility needs, falls, moving and repositioning and dietary requirements were detailed in order that staff could respond to their needs appropriately. People's faith was acknowledged and they were assisted to attend a religious venue of their choice. Preferred Place of Care documents were in the files we looked at which showed where they wished to spend the last days of their life.

The care plans were reviewed on a monthly basis so that staff had up-to-date information on the care and support people required. Staff were actively updated about any day to day changes to people's needs in handovers between shift changes. Most of the handover notes were written in a respectful and personalised way although some were very repetitive, for example '[Person] up and dressed at start of shift' was recorded about one person by the same staff member for a number of days over a two week period. We pointed this out to the manager, who agreed to look at some training for staff about reflecting people's day to day lives in a more relevant and person centred way.

Care staff were knowledgeable about the care needs of the people they supported. They had a good understanding of how people preferred to spend their time and what they liked to do during the day.

People were supported to engage in social activities of their choice and a range of leisure interests were on offer. Staff undertook group activities such as exercise classes, ball games in the lounge, playing cards and dominos. People from the community visited the service offering flower arranging, nail painting, and massage therapy. The hairdresser visited every week for people who wanted their hair done and there was a steady stream of people who took advantage of this service during our inspection. We saw people reading newspapers and chatting with each other and staff sitting with people who needed one to one time talking about things that interested them.

The service operated a clear complaints procedure for recording and responding to concerns. People told us that they could speak to the staff or the manager if they had a complaint to make. The registered manager told us that they dealt with comments and complaints as and when they happened but, if they were easily solved, did not record them. We saw that the registered manager had dealt with complaints appropriately and they did not have any outstanding.

Good

Is the service well-led?

Our findings

The service had a clear vision, philosophy and pride in providing and maintaining a small homely and family orientated service where everyone felt valued and respected.

There was a well-established and strong manager in post who was supported by an administrator and a consistent team of care, housekeeping and maintenance staff with on-going support and involvement from the provider. The manager worked well together with the team and was very visible in the service. Staff told us that the manager was approachable and hands on and would "Muck in with us all, when needed." We saw that staff understood their role and responsibilities and what was expected of them and worked well with the manager, other staff and visiting professionals. One staff member said, "It's a great place to work, [manager] is so supportive." Another staff said, "When I needed time off, it was given without a moment's hesitation, I felt very cared for."

Staff, people who used the service and relatives were involved in the development of the service. The manager had an 'open door' policy where anyone could call in and talk to them. They also held meetings with people who used the service and relatives to attend which were recorded. The most recent ones were in March and June 2015 which ended with a cheese and wine evening. At the June 2015 meeting, three people agreed to be on a panel as part of the interview process for new staff.

A satisfaction survey was undertaken in April 2015 for people who used the service, their relatives and the staff. The survey was made accessible with smiling and sad faces on to help people answer the questions. All responses were mainly positive and, where improvements had been needed, the action taken had been recorded. We noted that one relative had said in their survey, "We couldn't wish for anything better for our [family member]."

Care plans were available to the staff and were put away after use so that they were not left on display. People could be confident that information held by the service about them was kept confidential. Staff sat and completed care plan updates and handover sheets in the dining room. We heard them discussing individual people's needs, albeit quietly, in an area where other people were sitting playing dominoes. This compromised people's confidentiality. We spoke with the manager about this and they told us this was a one-off occasion. They agreed to make sure that handover was kept private and confidential at all times.

The manager undertook audits which included care plans, health and safety and fire drills, medication, training, competency checks of staff on a weekly, monthly and annual basis as needed. They measured and reviewed the delivery of care and used current guidance to inform good practice, their decision making and improvements to people's care and wellbeing.