

Shawlmist Limited

The Hollies

Inspection report

11 St Catherines Road
Broxbourne
Hertfordshire
EN10 7LG

Tel: 01992445044

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

The Hollies is a care home providing personal and nursing care to 20 people at the time of the inspection. The service can support up to 27 people.

The Hollies care home consisted of three floors. The ground floor had living facilities, which included the kitchen, dining room, living rooms and people's individual bedrooms. The second and third floor had bedrooms.

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

We found there were not clear delegated responsibilities to managing the medicines. Which meant that people were at risk of not getting their medicines when needed.

The provider did not make sure parts of the home and equipment people used were safe. The environment was in need of repair and decoration, some equipment was damaged and could put people at risk.

The environment was clean, and systems were in place to ensure regular deep cleans continued throughout the pandemic. Staff had enough personal protective equipment (PPE), although we observed that staff did not always use these appropriately. Sufficient checks were not made when visitors entered the building, although improvements had been made on our second visit.

Governance systems were not effective. Where audits had been completed, trends, analysis and actions were not put into place to ensure improvement. The provider did not have oversight of the service, which meant the registered manager did not have that support or impartial observation to offer suggested improvements to the service.

The staff felt they were supported by the registered manager and relatives felt there was regular communication.

The registered manager was passionate about improving the service and was willing to strive to implement all suggested improvement from the local authority and best practice guidance. Following on from our inspection action had been implemented where the provider had more presence within the home and the registered manager had support with additional resources.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 12 June 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been made and the provider was still in breach of regulations.

Why we inspected

We undertook this as a targeted inspection to follow up on specific concerns that we had received about the service. The inspection was prompted in part due to concerns received about infection prevention controls. A decision was made for us to inspect and examine those risks.

We inspected and found there was a concern with the governance of the service, so we widened the scope of the inspection to become a focused inspection which included the key questions of safe and well-led.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

Enforcement

We have identified breaches in relation to safe practice with medication, the environment and equipment in parts of the home were not safe and quality audits, policy's and governance systems were not all in place at this inspection.

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

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team consisted of one inspector and one Expert by Experience.

An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

The Hollies is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with one person who used the service and 10 relatives about their experience of the care provided. We spoke with seven members of staff including the provider, registered manager, clinical lead, chef, activity coordinator and care workers.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment. 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. We spoke with one professional who regularly visits the service.



Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- The staff was not clear about the responsibilities and roles relating to medicines, particularly around reordering the medicines.
- We found that medicines were not always given as prescribed. One person was not given their pain-relieving medicine for four doses meaning there was a risk they would have experienced pain and discomfort for that time.

We found the medicine systems were not managed effectively. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager responded immediately during and after the inspection. They confirmed that they had put checking systems in place.

- Staff confirmed they had been trained to administer medicines and records supported this.

Assessing risk, safety monitoring and management

- The environment in parts was not in good condition. Repairs throughout the home needed to be completed. For example, door handles were not fixed correctly, carpets were damaged in area which could cause tripping hazards. In addition, some people's beds were damaged and had not been repaired in a timely manner.
- People had individual risk assessments which detailed their key support needs such as manual handling, choking risks and health risks.
- Where people's needs changed, and risks emerged the staff team sought to amend the support of the person. When asking staff about people, most staff were able to explain the person's risks and identify their individual's needs. We observed staff supporting people safely and patiently.
- People had a personal evacuation plan (PEEP) in the event of a fire. A personal evacuation plan details how someone would be supported to evacuate the building in the event of an emergency, such as a fire. When speaking to staff there were not confident on the process to evacuate people.
- Where people were able to use the call bells, we observed on the day of the inspection staff were responding to these in a timely manner. Where people were not able to use a call bell checks were implemented, although the staff team did not know how often this should be and so this meant staff were checking on the person at different intervals. There were no records how often people should be checked apart from when the person needed to be repositioned every two hours.

We recommend the provider looks at the repairs of the premises and ensure that the service is safe for people living in the home.

Preventing and controlling infection

- We observed several staff who did not always follow safe practices when wearing personal protective equipment (PPE) and managers had not identified these shortfalls. Staff confirmed they had been provided with supplies of PPE.
- When visitors arrived, they did not have systems and checks in place to ensure they were safe to enter the property, such as temperatures being taken and checks on the visitor's current health. This meant the service could not be assured that visitors did not enter the home with symptoms, which could pose a risk to the people living at the service.
- Records showed that staff had completed infection control training.
- People living at the home and staff had access to regular testing for COVID-19. Where new people moved into the home, there were systems in place to ensure the person self-isolated for a set time in line with current guidance. In addition, the home requested COVID-19 test results before the person moved.

Systems and processes to safeguard people from the risk of abuse

- Relatives told us they were happy with the support people were receiving. One relative said, "They have always been kept very safe. My relative is well cared for despite their difficulties and being almost immobile. The staff tell us what they are doing to relieve pain." Another relative said, "We are quite pleased with The Hollies overall. Nowhere is 100% safe, but it's a warm and happy place."
- Staff had received safeguarding training. The staff knew how to identify, and report concerns to management relating to harm, they felt comfortable raising concerns and received support for this. However, staff were not always aware of who to contact outside the home. One staff member told us, "I would report concerns to the manager and if they can't sort it out, we would report it to the owners. I do not have any concerns about people living here."
- The provider had effective systems in place to safeguard people. Where concerns had been raised, matters were dealt with in an open and transparent way.

Learning lessons when things go wrong

- Where incidents occurred records were completed, however there were no clear actions or lessons learnt from these incidents, and they were not communicated to staff to support improvements.

Staffing and recruitment

- Staff felt the staffing levels were enough. One staff member spoke about how they were able to spend time with the people they supported and did not feel rushed. Although relatives had not been able to visit due to COVID-19, with the knowledge they had of the service they felt there were enough staff. "Whenever I've been there, I've always thought there are enough staff and the residents can always get the support they need, but I haven't been there very much at all this year."
- The management team used dependency tools to assess staffing levels based on people's support needs.
- People were supported by staff who had been through a robust recruitment selection process. This included all required pre-employment checks, such as references and a criminal record check.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection the provider had failed to ensure that there were robust governance systems in place so that the service continually improved. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. In addition, the provider had failed to notify the CQC of important events as required by the legislation. This was a breach of regulation 18 (Notification of other incidents) of the Registration Regulations 2009.

Not enough improvement had been made at this inspection and the provider is still in breach of regulation 17. Although, enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- The registered manager gave examples of some quality audits completed for example medicines and health and safety audits. There were gaps in the quality assurance of the home. For example, there was not oversight in clinical audits looking at falls and analysis, infections and weight management. This gave a lack of oversight for people's health needs. An example of this was a person had formed a pressure sore within the home. When speaking to the senior staff member they stated this person needed to be turned more regularly, however this had not been actioned and changes made to the person's care.
- The registered manager had completed audits which highlighted improvement outcomes and the expected target for completing these improvements. Although the registered manager was knowledgeable about the service, there was no evidence required improvements had been made.
- As the service did not have robust quality checks in place that identified improvements, this meant that information was not available to show openness and transparency.
- The registered manager spoke about how they were still learning about their role and although they had recently understood the requirements in relation to notifications there were elements of the role that the registered manager was still learning. Although the registered manager spoke about how they were passionate about providing good care for people and put themselves on development training to improve their knowledge.
- The provider did not complete any quality assurance checks to ensure the quality of the service was consistent and met their policies and procedures.

- The providers policies and procedures did not always give clear guidance for staff to follow. For example, the infection prevention control policy missed key information to guide staff to deliver safe practice. There was not a call bell policy to indicate what the expectations were of the staff in responding to people and how this would be monitored.
- There was not a strong presence of the provider which meant that the registered manager did not always get the resources needed to fulfil their role. Following a conversation with the provider, they agreed to put additional support in for the registered manager. This included a deputy manager, clinical lead and provider meetings to discuss improvements for the service.

Continuous learning and improving care

- The management team did not show evidence of learning or reflection where the service was in need of improvement. For example, from the last inspection where it was identified systems were not in place, these points had not been actioned and were still pointed out in the most recent inspection.

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

- The care plans reflected people support needs. However, some staff were unclear about people's individual needs and were able to talk about their support needs. For example, how often people should be checked on when they are in bed. The chef did not have the full understanding of people's nutritional needs. Although, the registered manager confirmed they were placing the chef and staff on dysphagia training.
- We observed a positive culture within the home, staff interaction with people were positive. Relatives spoke about how they felt the home. One relative said, ""They build up really good relationships with the residents, especially if they've been at the Hollies for a few years which many have. They are all so kind it makes me very happy to see."
- Relatives felt they were not involved in people's care plan reviews, although some relatives spoke about being updated of their relative's care through phone calls. One relative said, "I don't have any Care Plan involvement."
- A relative told us, "I tend to ring quite a lot, but the difference from going in most days to not visiting much at all and only at a distance - it's been hard to remain involved."
- People did not always have the opportunity to be involved in the care they received. Resident meetings were not carried out, although relatives confirmed they were updated with any incidents or changes that have occurred. One relative said, "I'm very happy with how well they keep me informed about incidents."
- Relatives received surveys; however, the outcome of the findings were not filtered through to an action plan to implement improvements.
- Staff told us, and we saw, the registered manager was visible in the home and was available if anyone needed to speak with them. One staff member said, "Management are very good. They come to us every morning and ask how you are."
- The management team ensured there was always a leader available at the home. This offered support to the staff team and ensured they were able to monitor staff practices throughout the week.

Working in partnership with others

- The registered manager had regular communication with the local authority who offered support where needed. The service had visits from the district nurses and GP advised virtually.
- The service had limited involvement with other professionals, this was partly due to COVID-19 and the restriction of visits.

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 12 HSCA RA Regulations 2014 Safe care and treatment The medicine documentation and systems were not managed effectively
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to ensure that there were robust governance systems in place so that the service continually improved