Ellerash Limited

Little Holland Hall

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

Summary of findings

Overall summary

The inspection took place on 16 December 2016 and 13 January 2017 and was unannounced.

Little Holland Hall provides accommodation and personal care for up to 41 older people and people with nursing needs. As a nursing home, the service is also registered to provide the regulated activities 'treatment of disease, disorder or injury' and 'diagnostic and screening services'. At the time of our inspection there were 36 people using the service.

At the time of our inspection there was a registered manager in post at the service. 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 day-to-day running of the service was carried out by registered manager supported by a clinical lead nurse and an administrator.

People were safe because the manager and staff understood their responsibilities to recognise abuse and keep people safe. People received safe care that met their assessed needs and staff knew how to manage risk effectively.

There were sufficient staff who had been recruited safely and who had the correct skills and knowledge to provide care and support in ways that people preferred.

The provider had clear systems in place to manage medicines and people were supported to take their prescribed medicines safely.

People's health needs were managed effectively by a team of staff including qualified registered nurses and trained care workers with input from relevant health professionals. People had sufficient food and drink that met their individual needs.

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 found the provider was following the MCA code of practice.

The management team supported staff to provide care that was centred on the person and staff understood their responsibility to treat people as individuals.
People were treated with kindness by staff who understood their needs and preferences. Staff respected people's choices and provided support in ways that people preferred. People were encouraged to enjoy pastimes and interests of their choice and encouraged to maintain relationships with family and friends so that they were not socially isolated.

Staff had good relationships with people who used the service and understood their needs. People's privacy and dignity was respected.
There was an open culture and the registered manager and clinical lead nurse supported staff to provide care that met people's needs.

The provider had systems in place to check the quality of the service and take the views of people into account to make improvements to the service. There were systems in place for people to raise concerns and there were opportunities available for people to give their feedback about the service.

The registered manager and nursing staff maintained a visible presence and were actively involved in supporting people and staff. Staff were positive about their roles and their views were taken into account and valued.

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 was safe

Staff understood how to protect people from abuse or poor practice. There were processes in place to manage risk and to listen to and address people's concerns.

The premises were well managed to meet people's needs safely.

There were sufficient staff who had been recruited appropriately and who had the skills to manage risks and care for people safely.

Systems and procedures for supporting people with their medicines were followed, so people received their medicines safely and as prescribed. Audits were in place to check that safe procedures were followed.

Is the service effective?

Good

The service was effective.

Staff received the support and training they needed to provide them with the information to provide care effectively.

Where people lacked the capacity to make decisions, there were correct processes in place to make a decision in a person's best interests. The Deprivation of Liberty Safeguards (DoLS) were understood and appropriately implemented.

People's health, social and nutritional needs were met by staff who understood their individual needs and preferences.

Is the service caring?

Good

The service was caring.

Staff treated people in a kind and caring manner when providing care and support.

People were treated with dignity and staff were attentive to their needs and respected people's need for privacy.

Staff understood how to relieve distress in a caring manner.

People were encouraged to express their views and these were respected by staff.

Is the service responsive?

Good

The service was responsive

People's choices were respected and their preferences were taken into account. Staff provided care and support in line with their individual care plans.

Staff understood people's interests and encouraged them to take part in pastimes and activities that they enjoyed. People were supported to maintain social relationships with people who were important to them.

There were processes in place to deal with concerns or complaints and to use the information to improve the service. People and relatives were confident their concerns would be listened to.

Is the service well-led?

Good

The service was well led by a registered manager who was visible throughout the service on a daily basis.

There was a capable management team in place who demonstrated a commitment to provide a service that put people at the centre of what they do.

Staff were valued and they received the support they needed to provide people with good care and support. Teamwork was encouraged.

There were systems in place to monitor the quality of the service, to obtain people's views and to use their feedback to make improvements.

Little Holland Hall

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 16 December 2016 and 13 January 2017. The inspection 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. We used this information to plan what areas we were going to focus on during our inspection.

During the inspection we spoke with four people who used the service and four relatives or visitors about their views of the care provided. We also 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 clinical lead and three members of staff.

We reviewed three people's care records and tracked their care and support through the assessment and care planning processes. We also looked at their medicines records and risk assessments. We reviewed information relating to the management of the service such as health and safety records, quality monitoring audits and information about complaints. We reviewed three sets of staff files including recruitment, training and supervision records.

Good

Is the service safe?

Our findings

A relative told us that the service was "very good" and said, "I'm happy that my [family member] is well cared for and safe." They told us that they visited regularly a number of times a week and what they saw was consistently very good.

Members of the care team and nursing staff demonstrated a good understanding of abuse and were able to give us examples of different types of abuse and the signs that they should be aware of that might suggest that someone had suffered abuse or poor practice.

People's care records confirmed that there was a clear system in place for assessing risk and what measures were in place to support people to reduce the risk. For example, on admission a range of risk assessments were carried out using nationally recognised risk assessment tools. These included Waterlow assessments to identify if a person was at risk of developing pressure ulcers and to put appropriate measures in place to minimise the risk. People who were at risk of falls due to health or mobility needs were identified using the falls risk assessment score for the elderly risk assessment tool (FRASE).

When a specific risk had been identified a goal was set and measures put in place to reduce the particular risk for the individual. Risk assessments were reviewed and updated as the person's needs changed.

In addition to assessing individual risks for people living at the service, there were risk assessments, checks and audits in place monitor issues relating to health and safety such as audits of fire systems.

We examined the provider's system for recruiting staff and found safe recruitment processes in place. The processes included taking up relevant references and carrying out Disclosure and Barring Service (DBS) checks to confirm that people are not prohibited to work with vulnerable people who require care and support. Personnel records were well organised with a completed checklist to confirm dates such as when references were requested and returned.

We noted that that there were sufficient staff to meet people's needs in an unhurried manner. The registered manager explained that they used a specific tool to assess people's dependency needs and the support they required so that they could provide appropriate staffing levels to meet those needs. Staffing levels were reviewed regularly as people's needs changed or when people were to be admitted to the service.

A member of staff told us that staffing levels were good. A relative confirmed that on their frequent visits they had rarely seen agency staff. They were confident that there were sufficient staff to meet the needs of their family member. They said, "You don't hear many buzzers. Staff go around and check people regularly." They said there did not appear to be many emergencies but when something did happen staff responded very quickly; they said, "They drop everything."

When someone was admitted to the service, they liaised with the person's doctor to clarify the person's prescribed medicines. The provider had clear systems in place for the safe receipt, storage and

administration of medicines. Medicines were stored securely and those that needed to be kept within a specific range of temperatures were stored in a refrigerator which staff monitored and recorded the temperature daily so that the medicines were not at risk of deteriorating or becoming ineffective. Individual medicines administration record (MAR) sheets had a recent photograph of the person to minimise the risk of mistakes in administration. MAR sheets were completed appropriately and signed when the medicines had been given. Records relating to medicines were well maintained and included relevant information such as whether the person had any allergies and the person's preferences about how they took their medicines.

There was clear guidance in place for the administration of specific medicines such as warfarin which needs to be administered following precise instructions from medical professionals. There were also processes in place to manage medicines that required an enhanced level of security. This included specific storage and additional checks on administration and recording.

Good

Is the service effective?

Our findings

Staff were confident they had received the training they needed to carry out their roles. A qualified member of staff told us that they were supported by the clinical lead to meet the revalidation requirements for nurses. Revalidation is the process that all nurses need to go through to renew their registration with the Nursing and Midwifery Council, the professional body for nurses and midwives.

Training records confirmed that staff received a range of training to provide them with the information to provide them with the information to develop their knowledge and skills. We noted that training covered a wide range of subjects both for care workers and nursing staff. For example, we saw that staff had received training in areas such as moving and handling and completing care plans.

A member of staff said, "All my training is up to date. We get practical fire training and practical moving and handling every year. There is e-learning and when we do that we can talk through it with someone and there is a test at the end about what we've learned."

Newly recruited staff were taken through a thorough induction process. Staff had induction booklets that they completed as they worked through the modules of their induction which were signed off by their assessor. A member of staff told us that they were encouraged to develop their skills and to progress their career. They discussed gaining experience and doing care practitioner training with a plan to gain a nursing qualification in the future.

Staff were skilled and knowledgeable about what to do if they had concerns about a person. One member of staff gave an example about how they responded to a person who with severe coughing symptoms and explained how they immediately sat them in a safe position and called for support from nursing staff.

A member of staff told us, "There is a lot of paperwork in place. It helps us keep a track but it takes time." They explained that it was important to be "hands on" but understood the need for accurate recording.

A member of staff explained that they had an established team of care workers who understood people's needs. They told us there were not many agency staff used but on occasions when this was necessary they worked alongside a skilled member of staff so that people could be confident that an established member of staff was on hand to advise and guide newer staff to enable people to receive consistent care that met their assessed needs.

Staff received regular face-to-face supervisions and annual appraisals. Areas for development were identified and relevant training was put in place. Staff told us they felt well supported. An established member of staff said, "I get supervisions from the nursing and management. These are usually one-to-one but once we had a group one."

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. Records confirmed that there was a process to carry out MCA assessments to consider people's ability to make day-to-day decisions and there were processes in place to make a decision on a person's behalf and in their best interests.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and found that they were.

The manager explained that 'Dining with Dignity' is part of the provider's dementia strategy to provide a positive dining experience for people living with dementia. Part of the strategy is to make mealtimes as relaxing as possible by keeping noise and bustle to a minimum. The purpose of this is to help people enjoy their meal at their own pace. This has been taken up for all the services in the group to make mealtimes a positive experience for all older people using the service whatever their needs. To assist older people to have a good experience they provide them with specialist equipment where necessary to encourage them to eat independently, for example plates of a specific colour for people with poor vision.

A relative told us, "The food is good." Another relative explained that they were encouraged to get involved on a day-to-day basis so they came to visit regularly and helped out by doing things like laying the tables for meals. They said, "Everyone is happy with the kitchen. The listen when we bring something up at a meeting like we have two roast dinners a week now." They explained that the chef was very good and if someone wanted something in particular, such as a person who said they would like a coffee cake, they made it available. They also told us that the chef spoke with people directly about their likes, dislikes and preferences so that they could be included in meal planning.

A member of the care team told us that they had input into people's care plans and gave an example of monitoring a person's weight and raising concerns with the nurse who made a referral to the speech and language therapy (SALT) team. The clinical lead explained that they produced a weekly report to monitor people's weight and identify when people needed additional input to maintain a healthy weight. They explained that the chef was skilled at presenting food so that it looked appealing and people were encouraged to eat more. They gave an example of a thickening product that could be mixed with pureed food so that it could be moulded into attractive shapes for people who required a soft diet.

Different coloured drinks coasters were used to indicate whether individuals required input from staff to make sure they had sufficient to drink. A pink or red coaster indicated whether the person needed assistance to drink or if they needed to be prompted.

People's health needs were monitored by trained and qualified staff who had the skills and knowledge to recognise signs that may indicate the person needed to be referred to medical or health professionals. For example, records were maintained of people's weight so that any changes such as weight loss could be identified promptly and measures put in place to address their needs, including input from relevant health professionals.

Members of the care team told us that they received training about specific health conditions so that they could recognise signs that something was wrong. They said, "We get to know people well. If there is any sign of a problem we get the nurse." They gave an example of how they had training about diabetes and explained how they would recognise signs that could indicate a person's blood glucose levels were too high

or too low.

We saw that the environment was well maintained and people had access to gardens and outdoor spaces. People were happy with their individual rooms. The registered manager explained that people had been consulted and informed about proposed modifications to the stairs and upstairs landing that included raising the height of the balcony and installing a gate. Staff explained that there were now more people living at the service with mobility needs and the provider was responding to these changes by making improvements that would not only improve safety for people using the upstairs corridor but also ensure that they were able to maintain the level of independence that they were accustomed to such as using the lift independently. In preparation for the work to begin staff had been issued with 'walkie-talkie' radios to assist with communication whilst the work was in progress.

A relative said that one of the issues that had been brought up at meetings for relatives and people who live at the service was that the lounge and the dining room were too small for the number of people using them. They told us that relatives had spoken to the area manager about their concerns. Other relatives we spoke with during our inspection raised the same issue. They told us they were happy about the care provided but they wished something could be done about the lack of space in the small lounge. Staff also told us this was becoming a bigger issue as needs became more complex and they now had more people who needed wheelchairs to mobilise. We saw that people using the lounge either had wheelchairs or specialist armchairs all of which took up a lot of space, making it necessary for people to be seated close together. This gave the lounge a crowded atmosphere. Similarly the size of the adjoining dining room did not allow much space for manoeuvring wheelchairs. The provider should consider how they could improve the environment so that people wishing to use communal areas had a better and more comfortable experience.

Good

Is the service caring?

Our findings

A relative told us, "Staff are very friendly, very thoughtful, they are nice and there are plenty of them." Another relative said, "There is a good atmosphere here, staff treat people well."

A relative told us, "We are very pleased with the care." They explained that before their relative came to the service they had some poor experiences in finding what was right for their family member. They said, "Little Holland Hall is five star in comparison. [Our relative] is well cared for." Staff knew people well and had a good understanding of what they should do to relieve people's distress if they became anxious. Staff were able to give examples of things that might make people anxious or cause distress. They knew what signs to look out for that might indicate a person was becoming agitated and they understood how to respond to these signals to avoid the situation escalating.

During our inspection we observed that staff were kind, polite and helpful. We noted that a member of staff saw a person looking for something, they approached them and asked if there was anything they could do. The person had mislaid their phone and the member of staff offered to help until the item was located and the person was happy again.

We saw many instances of people enjoying friendly interactions with staff such as a member of staff who was singing with a person and making them laugh. Visitors told us staff were always "popping in" for a chat to make sure their family member was all right and check if there was anything that they wanted.

The registered manager explained that when someone moved in they matched up a key worker to the person. The key worker was the link between relatives and staff so that there was a named person to speak with. Part of the key worker's role was to make sure events were celebrated such as making sure they got a birthday card and at Christmas they got a card and a present. Relatives said that a lot of the staff had been around for quite a while so people got to know them and staff understood them well. They told us, "A lot of staff have long service badges."

People confirmed that staff treated them with respect and relatives were confident that their family members received care that was respectful and maintained their dignity.

People who lived at the service and their relatives or representatives were supported to make decisions about their end of life preferences, such as their wishes around resuscitation or specific wishes around funerals this was recorded in the person's care records.

Good

Is the service responsive?

Our findings

A relative told us that they had seen a lot of changes for the better over the years that their family member had lived at the service. They said staff knew people well but there were also subtle ways to remind staff of important day-to-day needs. They gave an example of symbols that were used on the doors of individual rooms as a prompt for staff to remember specific things for that person. For example people who had a flower or a star on the door of their room as a visual reminder to staff that the person in that room was nil by mouth or required thickener in their drinks. Staff said there were plans to put a motif of a pair of glasses on doors to remind staff to check that the person had their spectacles when they needed them.

A relative told us that they were encouraged to be involved in planning their family member's care and there was a monthly care plan meeting to update people's care.

The provider had a dementia strategy programme that had been rolled out to all services. Part of this programme was to work with people on 'life stories' so that there was person-centred information about the person's past life, their history, family and other important relationships. People's likes, dislikes, hobbies and interests were identified so that activity co-ordinators could tailor activities to meet the needs of individuals.

Two activities co-ordinators worked alternate weekends so that people have support with activities throughout the whole week. Staff told us that activities are "people led" and they decided what they wanted to do. We saw that recent activities had included a coffee morning, games, arts and crafts, and bird watching.

A relative told us that people were encouraged to have a 'wish list' and where possible they made it happen for people. They gave us examples of people who wanted to go to a pantomime and someone who wanted to visit the place where they used to live.

One person had a satellite sports channel because they had always enjoyed watching sport. Their relative told us that this was something that had been an important part of their life and it made them happy.

A relative explained that they knew how to make a complaint if they ever needed to. They said, "I have no complaints but if I had to, believe me I would." Visiting relatives explained they had some anxieties when their family member moved in but said, "There are no problems. We brought up a few little niggles with the manager and it was sorted straight away."

Informal concerns that were raised were dealt with straight away. There was a process for dealing with formal complaints and a copy of the procedure was available in each person's room. Relatives and people spoken with all confirmed that they knew how to raise a concern if they needed to. We saw that there was once complaint logged and that had been dealt with according to the provider's processes. We also saw evidence that people had sent letters and cards with complimentary messages about the care received by their family members. Where relatives had made telephone calls to express their gratitude these were

recorded and logged.

Good

Is the service well-led?

Our findings

The management team, consisting of the registered manager and the clinical lead, had an open door policy and we saw that people and relatives popped into the office if they wanted a chat. People living at the service, members of staff and visitors could discuss concerns and there was always someone to listen. The registered manager and the clinical lead had relevant qualifications to carry out their roles effectively.

A member of staff told us, "The manager's door is always open. We can bring anything up with [the manager]." Another member of the care team said, "I've never had any issues speaking with the management. I enjoy it here, there's good teamwork." Staff understood the culture of the service they told us that they knew the standard of care and support that was expected of them.

Staff told us that there was good communication between staff. Staff said, "It's a good team. From care staff, cleaning staff all colleagues support one another. When you come to work you know you will be supported." and "It's a very friendly home. We can have difficult days but you get over that. Morale is good."

The provider had clear systems in place for monitoring the quality of the service. As part of the provider's quality assurance processes they held meetings so that people using the service and relatives could raise any issues about the overall service. A relative told us, "Sometimes we have a moan and groan about something at a meeting and next time it's sorted out. They do listen." People told us that the chef was invited to these meetings so that people could raise issues or provide feedback directly to the catering team. One of the suggestions that was implemented as a result of this process was the introduction of 'high tea' in the afternoons which people told us they enjoyed.

As part of the effective quality monitoring processes the provider commissioned an independent organisation to distribute surveys and analyses people's responses so that actions could be taken to make improvements in response to people's feedback. Surveys were sent to relatives quarterly throughout the year and annual surveys were carried out with people living at the service and staff.

The provider made funds available to improve the service, such as decorating and making improvements to the environment. The registered manager explained that funding was made available when they presented a case for an improvement that was needed.

There was a comprehensive programme in place to carry out regular checks and audits of the service. There were regular monthly audits such as a kitchen audit, health and safety checks, staffing reviews, activities and reviews of care records. The management team complete a weekly service improvement plan to address any issues identified through the auditing programme. In addition the organisation has a quality department and a representative carries out audits on a regular basis.

There was a comprehensive electronic system in place for managing records that covered workforce planning, reminders about routine care plan updates and flagging up follow up processes for incidents and accidents. These procedures assisted the management team to manage people's care records so that they

contained up-to-date information that was centred on people's changing needs, wishes and preferences. The registered manager explained that they could generate a daily log of concerns, any complaints and any care needs. The system can produce print outs of analyses of various incidents such as falls so they can identify trends and use the information to make improvements.

Records examined were up to date, including people's care information, staff files and health and safety information. All documents relating to people's care, to staff and to the running of the service were kept securely when not in use so that people could be confident that information held by the service about them was confidential.