John Holland

Holly House Care Home

Inspection report

24 Queen Anne's Place
Enfield
London EN1 2PT
Tel: 020 8360 7622
Website: www.hollyhousecarehome.co.uk

Date of inspection visit: 3 December 2015
Date of publication: 19/01/2016

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?	**Requires improvement**
Is the service well-led?	**Good**

Overall summary

This inspection took place on 3 December 2015 and was unannounced. At our last inspection on 24 September 2014 the service was meeting all the standards we looked at.

Holly House Care Home is a care home for older adults. The maximum number of people they can accommodate is 16. On the day of the inspection there were 16 people living at the home.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe and had no concerns about how they were being cared for at the home. They told us that the staff were kind and respectful and they were satisfied with the numbers of staff on duty so they did not have to wait too long for assistance.

Summary of findings

The registered manager and staff at the home had identified and highlighted potential risks to people's safety and had thought about and recorded how these risks could be reduced.

Although people's care plans were being reviewed monthly, we saw that these did not always take into account risks that people faced, medical conditions or include important events that might trigger a reassessment of a person's needs.

We saw that environmental risk assessments, audits and checks regarding the safety and security of the premises were taking place on a regular basis and were being reviewed and updated where necessary.

Staff understood the principles of the Mental Capacity Act 2005 (MCA) and told us they would presume a person could make their own decisions about their care and treatment in the first instance. Staff told us it was not right to make choices for people when they could make choices for themselves. The registered manager was following appropriate guidance regarding the associated Deprivation of Liberty safeguards (DoLS).

People had access to healthcare professionals such as doctors, dentists, chiropodists and opticians and any changes to people's needs were responded to appropriately and quickly.

People told us staff listened to them and respected their choices and decisions.

People using the service and staff were positive about the registered manager. They confirmed that they were asked about the quality of the service and had made comments about this. People felt the registered manager took their views into account in order to improve service delivery.

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?

Good

The service was safe. People told us they felt safe at the home and safe with the staff who supported them.

There were enough staff at the home on each shift to support people safely.

There were systems in place to ensure medicines were handled and stored securely and administered to people safely and appropriately.

Is the service effective?

Good

The service was effective. People were positive about the staff and staff had the knowledge and skills necessary to support them properly.

Staff understood the principles of the MCA and told us they would always presume a person could make their own decisions about their care and treatment.

People told us they enjoyed the food and staff knew about any special diets people required either as a result of a clinical need or a cultural preference.

People had good access to healthcare professionals such as doctors, dentists, chiropodists and opticians.

Is the service caring?

Good

The service was caring. We observed staff treating people with respect and as individuals with different needs. Staff understood that people's diversity was important and something that needed to be upheld and valued.

Staff demonstrated a good understanding of peoples' likes, dislikes and cultural needs and preferences.

Staff gave us examples of how they maintained and respected people's privacy. These examples included keeping people's personal information secure as well as ensuring people's personal space was respected.

Is the service responsive?

Requires improvement

The service was not always responsive. People's care needs and risks to their safety were not always being reviewed in sufficient detail to make sure changes to their care could be made.

Everyone at the home was able to make decisions and choices about their care and these decisions were recorded, respected and acted on.

People told us they were happy to raise any concerns they had with the staff and management of the home.

Summary of findings

Is the service well-led?

Good

The service was well-led. People we spoke with confirmed that they were asked about the quality of the service and had made comments about this.

They felt the service took their views into account in order to improve.

The service had a number of quality monitoring systems including surveys for people using the service, their relatives and other stakeholders.

Staff were positive about the management and told us they appreciated the clear guidance and support they received. Staff had a clear understanding about the visions and values of the service.

Holly House Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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.

We undertook this unannounced inspection of Holly House Care Home on 3 December 2015. This inspection was carried out by two inspectors.

Before the inspection we reviewed the information we held about the service, which included notifications of significant events made to the Care Quality Commission since our last inspection. We spoke with three social care professionals who have recently had contact with the service to gain their views.

We spoke with nine people and two relatives. We spoke with six staff including the deputy manager.

We observed interactions between staff and people using the service as we wanted to see if the way that staff communicated and supported people had a positive effect on their well-being.

We looked at six people's care plans and other documents relating to people's care including risk assessments and medicines records. We looked at other records held at the home including staff files, health and safety documents and quality audits and surveys.

The registered manager was not present on the day of the inspection, however, we spoke with him after the inspection and requested some further information and documentation.

Good

Is the service safe?

Our findings

People told us they felt safe and had no concerns about how they were being cared for at the home. One person commented, "Yes I feel safe here." Another person told us, "I feel safe. I can call if I need someone. I have a call bell in my room and they come when I press it."

A relative told us, "This is a happy place. They help [my relative] remain as independent as possible and I don't go home feeling depressed or worried about leaving her here."

We observed staff interacting with people in a kind and friendly way. Staff could explain how they would recognise potential abuse. They said they would not only look out for physical signs of injury but also for any possible changes in the person's behaviour that might indicate they were distressed or unhappy. Staff knew that they could report any concerns to outside organisations such as the police, the Care Quality Commission or the local authority.

Care plans included relevant risk assessments including any mobility issues and risks identified to the individual. Where a risk had been identified the registered manager and staff had looked at ways to reduce the risk and recorded any required actions or suggestions. For example, where someone had been identified as being at risk of falling because of their limited mobility, the registered manager had made sure staff monitored the person when they walked and that they had the required walking aids with them at all times. However, risk assessments were not always being reviewed on a regular basis.

We observed a number of people being supported by staff to transfer to seats in the sitting room. We saw that staff supported people appropriately and safely, helping people to stand and guiding them gently to sit down again. We observed staff helping people to walk to the toilets and saw that staff were gentle and patient, offering people the choice of a wheelchair if they preferred but were also willing to support those to walk. We saw that two staff supported a person when this was required to ensure the person's safety.

Staff were able to give us examples of the risks people faced which matched the risks identified in their care plans.

The registered manager sought the advice of healthcare professionals such as community nurses in order to assess and prevent risks to individual's safety. For example, we saw that community nurses had been involved in assessing people for pressure relieving equipment where a risk of developing pressure ulcers had been identified.

A recent safeguarding investigation had identified a problem with staff not recognising a more complex sign of tissue damage. As a result the registered manager had met with staff and provided them with written information about pressure care. They were also in the process of organising training for all staff in pressure care management.

We saw that environmental risk assessments, audits and checks regarding the safety and security of the premises were taking place on a regular basis and were being reviewed and updated where necessary. This included the fire risk assessment for the home. The registered manager had made plans for foreseeable emergencies including fire evacuation plans for each person. We saw that individual fire evacuation instructions were up-to-date and kept by the front door.

The five recruitment files we checked contained the necessary documentation including references, proof of identity, criminal record checks and information about the experience and skills of the individual. The registered manager made sure that no staff were offered a post without first providing the required information to protect people from unsuitable staff being employed at the home. Staff confirmed they had not been allowed to start working at the home until these checks had been made.

People using the service and staff told us they had no concerns about staffing levels at the home. The deputy manager confirmed that staffing levels were adjusted to meet the current dependency needs of people and extra staff were deployed if people needed more support. For example, the deputy manager told us that staff would be increased where someone required palliative care. We saw that the help and support people needed to keep safe had been recorded in their care plan and this level of help and support was being regularly reviewed.

Staff told us that they were busy but not rushed and they had enough time to meet the needs of the people they supported. We saw that staff had time to be with people and support them safely. One staff member told us, "We still have time to talk with residents."

Good

Is the service safe?

People told us they were satisfied with the way that medicines were managed and that they received their medicines on time.

We observed medicines being given to people during the inspection. We saw that the staff member giving out medicines wore the appropriate tabard asking not to be disturbed whilst completing this task. Staff prepared people's medicine and gave it to each person before moving on to the next. This reduced the risk of people being given the incorrect medicine. Staff explained what they were to people as they gave them.

Staff knew people's preferred way of taking their medicines. For example, one person liked to take their medicines with a glass of hot water and we saw this was given to them. Another was given their medicines in a small bowl so that they could pick up tablets one by one and take them independently.

All medicines were kept locked in the medicine trolley, which was safely attached to the wall when not in use. We saw satisfactory and accurate records in relation to the management of medicines at the home including controlled drugs. We saw that medicine audits took place on a regular basis to ensure errors were picked up in a timely manner.

Good

Is the service effective?

Our findings

People who used the service were positive about the staff and told us they had confidence in their abilities. People's comments included, "The staff are very obliging" "Staff are very helpful" and a relative told us, "The staff are very dedicated."

Staff were positive about the support they received in relation to supervision and training. One staff member told us the registered manager, "Is a good person, he always gives us support and he's very kind and professional."

Staff told us that they were provided with a good level of training in the areas they needed in order to support people effectively. Staff told us about recent training they had undertaken including fire safety, Mental Capacity Act 2005 (MCA) training and moving and handling. Staff told us that they would discuss learning from any training courses at staff meetings and any training needs were discussed in their supervision.

Staff also told us about the specific national vocational qualifications in health and social care they had completed or were currently undertaking. They told us the training had given them more confidence in carrying out their roles and responsibilities.

Staff told us, and the records we viewed confirmed that their training was up to date and they had undertaken refresher training when required.

Staff went through an induction process when they first started working at the home which included looking at policies and procedures, shadowing more experienced colleagues and completing the "Skills for Care" induction process. They told us this had given them more confidence in their role and well as understanding the vision and values of the service.

Staff confirmed they received regular supervision and appraisal from the registered manager. They told us they could discuss what was going well, look at any improvements they could make and identify any developmental needs they might have. Staff said the registered manager was open and approachable and they felt able to be open with him. Staff also told us they would always talk with the registered manager when they needed to and that they would not wait until their supervision. One staff member told us, "He always listens."

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. 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 whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff understood the principles of the MCA 2005 and told us they would always presume a person could make their own decisions about their care and treatment. They told us that if the person could not make certain decisions then they would have to think about what was in that person's "best interests" which would involve looking at the person's past history, asking people close to the person as well as other professionals. Staff told us it was not right to make choices for people when they could make choices for themselves.

We observed staff asking people for permission before carrying out any required tasks for them. We noted staff waited for the person's consent before they went ahead. People told us that the staff did not do anything they did not want them to do.

We saw that a number of people had a Deprivation of Liberty Safeguard in place and that this was being reviewed appropriately. Staff had recently undertaken in house training in the use of restraint and understood what this meant.

People told us they liked the food provided at the home. People's comments about the food included, "The food is nice we have a very good cook", "There is one set menu. Fish and chips on Friday and roast on Sunday. If I go out or didn't want the meal at lunchtime they will save me a meal so I get a hot meal every day", "Staff offer tea and coffee all the time. There is one main dish every day but they do supplement with other things. Food is so varied we don't need to interfere. I am happy with it. There is a choice of

Good

Is the service effective?

two or three different things for dessert" and "They do vary the food but in the evening it's always sandwiches. You only have to say and they will bring you a bowl of soup but I don't like to be a nuisance."

Relatives told us they were made very welcome at the home and were always invited to lunch. One relative commented, "Being able to eat with her is reminiscent of our family meals. It's something she's familiar with and it really helps her."

Relatives confirmed that the menu was varied and they had seen staff going around with a laptop talking to each person about their meal preferences for the week ahead.

We spoke to the cook about how people on special diets are catered for. The cook was able to show us notes about people's preferences and potential allergies. For example, one person was allergic to strawberries and we saw a clear note to this effect. We asked about how people with diabetes were supported to eat healthily. Other than the provision of sugarless custard, it was unclear what measures were taken to provide a special diet for people with diabetes. The deputy manager agreed to look into this issue and explore healthy alternative menus for people with diabetes.

We observed lunch and saw that people were asked what they wanted throughout the meal. For example, we heard people being asked whether they wanted gravy with their food. We saw that staff were willing to cook an alternative meal for those who did not want the meal of the day.

We saw that people's weight was being monitored, discussed and action taken if any concerns were identified. We saw records that showed people had been referred to appropriate health care professionals such as GPs and dietitians. Care plans included a nutritional assessment and any information and treatment advice from these healthcare professionals.

People confirmed they had good access to health and social care professionals. One person told us, "They do have a dentist that comes round but I prefer to see my own."

Each person's personal records contained documentation of health appointments, letters from specialists and records of visits. We saw that assistance from medical professionals was sought quickly when people's needs changed. One relative told us, "They are very attentive. They called the doctor very quickly when they were worried about [my relative]."

Relatives told us they were satisfied with the way the registered manager and staff dealt with people's access to healthcare and social care professionals. However, one relative told us they had encountered a problem when their relative, who was confused, was sent to hospital in an emergency and staff there did not have sufficient information about their care needs. The deputy manager told us that information about the person was always sent with them but, as a result of this issue, the service would develop a "hospital passport" which would include a detailed description of the individual's care needs.

Good

Is the service caring?

Our findings

People told us they liked the staff and they were treated with dignity and respect. One person commented, “Lovely staff, very caring.” Another person said, “I came here for respite. But when I went home I couldn't settle back. I missed the staff and the company. So I asked to come back to live here. I was lucky there was a space.”

Relatives told us that the staff were “friendly” and the atmosphere was “homely”. One relative told us, “They have an open door here. Everyone can visit and the children are very welcome. Mum feels at home.” Another relative commented, “We chose this care home because it feels really homely.”

We observed staff interactions with people throughout the day. We saw that people were very relaxed with staff and it was clear that positive and supportive relationships had developed between everyone at the home.

Although the main sitting room felt a little crowded and cluttered, people liked the room and seemed to prefer to sit together throughout the day. We saw people chatting with each other. They appeared to know each other well and liked being together and supporting each other. The house cat was a much loved member of the group and a topic of conversation throughout the day. One person told us, “They are all very good, all very human. It’s very homely here. I love Woody the cat. I have a little glass of wine at lunch.” One member of staff also brought in her small dog which people living in the home were happy to see and pet.

We saw that some people had commented on, and had input in, their care plans and one person showed us their care plan which was in their room. People told us they were happy with their care and so did not always look at their care plan on a regular basis.

People we spoke with said they always had a say in how their care was delivered and that staff respected their decisions. We saw people arriving in the communal areas at a variety of times during the morning and people told us they got up when they liked. Two people we spoke with said they preferred to be up very early. One said, “I like to go to bed early so I'm awake very early the next day. I would rather be up and about; I am a morning person.” The other person said, “I just like to be up early. Staff don’t seem to worry if you don’t want to get up.”

We saw that, where people were not always able to have a say about their care, staff had recorded people’s ‘life histories’ with the help from the person and their relatives. These recorded people’s likes, dislikes and care preferences as well as important life events that the person had experienced.

Some people had made advanced care plans called, ‘Thinking ahead’ which gave staff information about what should happen if the individual became very poorly. The deputy manager told us that management and staff at the home were currently applying to be accredited with the Gold Standard Framework for palliative care. This is a nationally recognised, accredited and standardised approach to optimising the care for people nearing the end of their life.

We saw that staff had discussed people’s cultural and spiritual needs with them and recorded their wishes and preferences in their care plans. For example, how and where people wanted to follow their chosen faiths. A person we spoke with confirmed that they attended church on a regular basis with their relative or if their relative was unavailable they told us, “The boss takes me out.”

Staff knew about various types of discrimination and its negative effect on people’s well-being. Staff had recently undertaken a workshop with people using the service about dementia and the effect the disease has on people including possible repetitious behaviours such as calling out. People who used the service told us the workshop was interesting and helped them understand why people with dementia sometimes acted in the way they did.

People told us that staff respected their privacy and staff gave us examples of how they maintained and respected people’s privacy. These examples included keeping people’s personal information secure as well as ensuring people’s personal space was respected.

Requires improvement

Is the service responsive?

Our findings

People told us that the service was responsive to their needs and preferences. A relative told us, "We always get told if there's anything going on that we need to know about and communication here is really good."

Another relative commented, "Mum has improved since being here. [Staff] picked up that something was unusual with mum's balance and mentioned it to the GP. It's now been identified that mum has a form of Parkinson's. She had had lots of tests before but nobody had been able to diagnose this and she is now much better."

One person who used the service told us, ""I am very independent. I can see to myself. They check to see if I am okay and come round at night when you are in bed. I like it that they check on me."

We saw that the registered manager and staff responded appropriately to people's changing needs. Staff told us that the registered manager kept them updated about any changes in needs of the people using the service. Staff had a good understanding of the current needs and preferences of people at the home.

The deputy manager said that everyone had been assessed before moving into the home to ensure only people whose needs could be met were accepted. People and their relatives confirmed they had been involved in these assessments.

One relative told us they had looked around extensively at other care homes and had chosen this one because of its homely atmosphere and because the registered manager had encouraged them and their relatives to visit the home a number of times in order to assess its suitability. Another relative told us that the assessments prior to them coming to the home were very thorough. "[Staff] came and were very attentive. They really listened carefully to what we said about their circumstances and what [my relative] needed help with."

The pre-assessment undertaken on each person formed a template which acted as the care plan. We saw this was reviewed and reassessed annually and amendments were made. For example, one person's assessment stated they had full capacity and were able to mobilise independently. The later reassessment indicated that they still had full capacity but due to lessening mobility required help getting in and out of the bath. We saw this reassessment had triggered an additional risk assessment for manual handling to ensure the person was safe when bathing.

Although people's care plans were being reviewed monthly, we saw that these did not always take into account people's risks, medical conditions or include important events. For example the monthly reviews in one person's file consistently did not mention the person's diabetes, nor did the review mention the fact that the person had been in hospital during the preceding month. There was little information about the reason for the inpatient stay and what the outcome was.

Information about changes to the person's needs were not always being updated in their care plan which meant that staff might not be aware of these changes. We saw that one person attended an annual eye screening appointment but this was currently overdue. We asked staff to follow this up and find out whether the person should be seen again at the eye clinic. We saw that one person was becoming less mobile, however, this had not triggered a pressure care reassessment in case they needed more pressure relieving equipment.

The registered manager contacted us after the inspection and told us he would review the template and process for monthly reviews incorporating risk assessments, making them more specific to people's care needs, and linking this back to the person's personalised support plan.

We saw evidence of a high level of interaction with people during the day of our visit. We were shown notes from various sessions held with people living at the home, one concerning understanding the needs of people with dementia and one where people were encouraged to identify their "bucket list." We saw that the home attempted to plan activities from this list. For example, one person had expressed a wish to dance on "Strictly Come Dancing." The registered manager had organised dancers to attend the home and carried out adapted lessons for some of the people living there.

People also told us that they enjoyed the occasional outing and visits from entertainers and singers. Staff explained that a person came in monthly to do a keep fit session and a staff member also did armchair exercises fortnightly. Some people told us that they would like to have more opportunities to exercise. One person said, "People should

Requires improvement

Is the service responsive?

be encouraged to walk about more rather than sit all day." However, it was positive to hear people being so engaged in discussions around what activities they liked to take part in and we saw that the staff team were responding to these suggestions.

People and their relatives told us they had no complaints about the service but felt able to talk to staff or the management if they did. One person told us, "You can always approach the staff and ask for what you want. There is no need to complain." Another person told us that the registered manager, "asks me if I have any problems."

Staff told us that people were encouraged to raise any concerns with the registered manager and at regular meetings. We saw, from minutes of meetings with people using the service, staff and the registered manager, that everyone was reminded how they could make a complaint.

Relatives told us they had confidence that the registered manager would be open to and respond appropriately to any concerns or complaints they might have.

We saw, from the complaint record, that there had been one complaint in the last year. This had been appropriately investigated and dealt with by the registered manager. There was a recorded outcome of the investigation, the complainant's satisfaction with this outcome and action taken to make sure the issue was not repeated.

Good

Is the service well-led?

Our findings

People and their relatives were very positive about the registered manager and management of the home and told us that their views were taken into account in order to improve service delivery. One person told us, "It's very well run and organised."

People and their relatives confirmed that they were regularly asked for their views about the quality of the service. Quality assurance surveys were sent out each year to people using the service, their relatives and other stakeholders including GPs and community nurses.

We saw the results of the most recent quality assurance survey which included very positive views about the home including the views of healthcare professionals. These comments included, "The clients receive quality, loving care which is personalised, helpful and friendly" and "All staff are kind and friendly. Patients are looked after here very well. Staff are interested and care comes first. Very professional staff."

The results of these quality assurance surveys were collated and published in an annual report. This was provided to people using the service, their relatives and other stakeholders and set out how well the service was meeting its objectives and identifying areas for continued improvement.

Staff were very positive about the registered manager and the support and advice they received. They told us that there was an open culture at the home and they did not worry about raising any concerns. Staff told us there was, "good team work" and that "they are good people to work for".

Staff told us that the visions and values of the service included treating people as individuals and with dignity and respect. We asked staff how the home's visions and values were shared with them. Staff told us this was discussed in handovers, during supervisions and also demonstrated by the registered manager in his day to day interactions with people.

The registered manager had implemented systems to audit health and safety within the home. This included systems to ensure all repairs were carried out in good time and that equipment was regularly maintained.

We saw that the registered manager kept detailed records about accidents and incidents occurring in the home together in one file. We looked at recent incidents across the last two months. Most of these concerned falls people had had in their own rooms. Whilst staff had considered trends relating to individuals, for example noting that one person had fallen three times whilst getting out of bed to go to the toilet at night, and measures had been put in place to reduce the risk of these falls, we noted the overall incidence of falls was rather high and no overall analysis of incidents had taken place.

After the inspection the registered manager contacted us and told us he would be designing a falls analysis template to identify possible trends or patterns in order to reduce the incidence of falls at the home.