Regal Care Trading Ltd

The Hollies Rest Home

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

We inspected The Hollies Rest Home on 27 and 28 July 2017. The inspection was unannounced. The Hollies Rest Home provides support and accommodation for up to 31 people. At the time of our inspection there were 26 people living at the service.

There was a registered manager in post who was registered with the CQC. 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.

We previously inspected The Hollies Rest Home on 13 and 14 June 2016 and it was rated requires improvement. At this inspection improvements had been made.

The registered provider had systems in place to protect people against abuse and harm. The registered provider had effective policies and procedures that gave staff guidance on how to report abuse. The registered manager had robust systems in place to record and investigate any concerns.

Risks to people's safety had been assessed and actions taken to protect people from the risk of harm. When appropriate, risks were being updated when people's needs changed.

Medicines were stored securely and safely administered by staff who had received appropriate training.

There were sufficient staff to provide care to people throughout the day and night. The provider used a dependency tool to identify the amount of care hours each person required. When additional staff were required due to staff sickness or leave the registered manager had an approved agency list. When staff were recruited, they were subject to checks to ensure they were safe to work in the care sector.

The registered provider had effective policies and procedures in place to ensure that the service remained clean and tidy. Staff received training on infection control.

Staff were well trained with the right skills and knowledge to provide people with the care and assistance they needed. Staff spoke positively about the training supplied by the registered provider and the encouragement to progress their careers. Staff met together regularly and felt supported by the registered manager.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.
Mental capacity assessments were being carried out and these were decision specific. Staff and the registered manager demonstrated good knowledge of the Mental Capacity Act 2005. The CQC is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS) which applies to care homes.

Appropriate applications to restrict people's freedom had been submitted and the least restrictive options were considered as per the Mental Capacity Act 2005.

People were referred to health care professionals when needed. People's records showed that appropriate referrals were being made to GP's, speech and language therapists, dieticians, dentists and chiropodists.

People were being supported to have a nutritious diet that met their needs. People were supported to eat by suitably trained staff. Staff were completing fluid and eating charts for those that need it.

People had freedom of choice at the service. People could decorate their rooms to their own tastes and choose if they wished to participate in any activity. Staff respected people's decisions.

People told us they were very satisfied with the care staff and the support they provided. Relatives told us they were happy with the service their loved ones received. Staff communicated with people in ways that they understood when giving support. Staff and the registered manager had to know people well.

People and their relatives told us they were involved in the planning of their care. Care plans were being reviewed on a monthly basis by staff.

People at the service had access to a wide range of activities that were designed for their individual needs. People told us they were very happy with the amount of activities on offer at the service.

Staff respected people's privacy and dignity at all the times. The provider had ensured that people's personal information was stored securely and access only given to those that needed it.

The provider had ensured that there were effective processes in place to fully investigate any complaints. Outcomes of the investigations were communicated to relevant people.

The registered manager was seen to be open, transparent and responded positively to any concerns or suggestions made about the service. The provider carried out surveys to identify shortfalls with the service and took action as a result.

People's records were being updated by staff on a regular basis and in circumstances when required such as changes in health.

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 were protected from abuse by trained staff who understood the providers safeguarding policies and procedures.

People had risk assessments in place that were personalised to their needs

The provider had ensured that the environment and equipment was well maintained by carrying out appropriate safety checks and servicing.

The provider had ensured that there were sufficient numbers of staff in place to safely provide care and support to people.

Medicines were being stored safely and managed by trained, competent staff.

Is the service effective?

Good

The service was effective.

Staff received training that gave them the skills and knowledge required to provide care and support to people.

The principles of the Mental Capacity Act 2005 (MCA) were applied in practice. The registered manager had ensured that appropriate applications were made regarding Deprivation of Liberty Safeguards.

People had access to a range of food options that were nutritious and met their needs. People were supported to maintain their diets when required.

People were being referred to healthcare professionals when required.

Is the service caring?

Good

The service was caring.

People spoke very positively about staff. People and relatives told us they were happy with the service they were receiving.

Staff had good knowledge of the people they supported. Staff communicated in ways that were understood by the people they supported.

People's privacy and dignity was respected by staff.

Is the service responsive?

Good

The service was responsive.

People's friends and family were made to feel welcome by staff when they visited.

The registered manager ensured that complaints were appropriately responded to and included full investigation and outcomes.

People had a choice of suitable activities available to them.

Is the service well-led?

Good

The service was well-led.

Relatives and staff spoke positively about the registered manager. Staff told us they felt supported and could approach the registered manager with any concerns.

The provider had ensured that quality-monitoring systems were in place to identify shortfalls and make improvements to the service.

Staff were updating people's records when required.

The Hollies Rest 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 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.

The inspection took place on 27 and 28 July 2017 and was unannounced. The inspection consisted of two inspectors and an 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. We previously inspected The Hollies Rest Home on 13 and 14 June 2016 and it was rated requires improvement. At this inspection improvements had been made.

Prior to the inspection, we gathered and reviewed information we held about the service. This included notifications from the service and information shared with us by the local authority. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We focused the inspection on speaking with people who lived at The Hollies Rest Home, their relatives and staff. We spoke to six people, five relatives, two senior care staff, three care staff, and a cook, a member of the maintenance staff, the area manager and registered manager. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We made observations of staff interactions and the general cleanliness and safety of the home. We looked at eight care plans, three staff files, staff training records, quality assurance documentation and people's medicine records.

Good

Is the service safe?

Our findings

People and relatives told us the service was safe. One person told us, "I do feel very safe; I get a bit flabbergasted when I am left on my own and they know that so look after me." Another person told us, "The staff make us feel safe because they are fulfilling a need for a family-like environment." One relative told us, "It is peace of mind knowing he is somewhere safe."

People were protected against abuse by staff that had received safeguarding training and could identify the types of abuse and how to appropriately react. One member of staff told us, "We should look for bruises, marks on the body, bleeding, bite marks, being isolated, withdrawn and a loss of appetite. I would report any concerns to the manager, but I know I could go higher up or contact social services." The registered provider had an up to date safeguarding policy that was communicated to staff and had effective systems and procedures in place to ensure that investigations took place of any concerns and that information was passed to the relevant authorities.

People were kept safe as potential risks had been assessed and were part of their care plans. This included the risk of falls and moving and handling. Records showed that risk assessments were being updated appropriately, as people's needs changed. For example, one person's falls risk assessment identified that they had had an infection and this increased their risk of falls. The risk assessment was reviewed again once the infection was cleared. Staff were observed assisting people to transfer and move around the service. Staff assisted people appropriately and in accordance to the guidance in people's care plans. The provider had an electronic system in place that require staff to log interaction on mobile devices. When a member of staff is with a person, the mobile device flags any known risks. Behaviour charts were being completed by staff. Any identified trends were being sent to the GP, so that appropriate referrals could be made. There were appropriate risk assessments in place for those who may experience behaviour that can challenge.

The provider had ensured that the environment was safe for people living at the service. There were up to date safety certificates for gas, electricity, legionella, lift and all equipment such as standing aids and hoists. There was a fire risk assessment carried out yearly by a competently trained independent contractor. The registered manager completed risk assessments of the living environment that included risk of falls in communal areas within and outside the home. There were also risk assessments for recent refurbishment, lone working and occupational stress. There were weekly health and safety checks carried out by maintenance. This included weekly equipment checks and temperature checks on water outlets. People had personal evacuation plans (PEEPs) in place. They identified the amount of support that people required and how they would react to a fire alarm. The PEEPs identified if someone was hard of hearing. There were contingency plans in place that gave staff guidance on what action to take in the event of a fire, loss of power or flood.

There were sufficient numbers of staff to support people's needs and the staffing rota showed that staff were organised in an appropriate way. The manager used a dependency tool to identify the amount of hours of care required for each person. At the time of the inspection, the dependency tool identified that the required amount of total hours to provide care in a week was 483 hours but there were enough staff on duty to

provide 672 hours. People and relatives told us they felt there was enough staff on duty. One person told us, "There are always staff about when we need them." All staff we spoke to told us that there was enough staff on duty to provide people with safe care. When there were staff, shortages due to unexpected leave the registered manager had a preferred agency list of staff that had completed the provider's agency induction programme. The induction programme covered policies, procedures, principles of care and safety at work. When completed this was signed by the manager and agency staff member.

The provider and registered manager had ensured that staff were recruited safely. We looked at three staff files and all had two references, two forms of identification and a Disclosure and Barring Service (DBS) check to make sure staff were suitable to work with vulnerable adults prior to working at the service.

People's medicines were being managed and administered safely by trained and competent staff. We checked people's medication administration records (MAR) and staff were accurately signing to show who administered the medicines. Only staff that had completed medicine training and had been checked by management as being competent were allowed to administer medicines. We checked a sample of medicines that had been supplied in blister packs against the MARs. The amounts remaining in the blister packs matched what was recorded as having been administered. Care plans contained information on people's allergies and an up to date list of their medicines. A medicines round was observed; administration of medicines was hygienic, safe and timely. People were asked if they were in pain. The senior carer took time to listen and explain to people what their medicines were for. Guidance was available to staff in people's care plans on how they express pain. For medicines that were prescribed to be taken when needed (PRN) there were protocols in place for each person and each medicine. The guidance told staff the maximum dose someone can have in a 24 hour period and staff were logging the specific times when people were given PRN so that people would not receive more medicine than prescribed.

Good

Is the service effective?

Our findings

People and their relatives told us staff knew people well and provided them with the care they needed. One person told us, "The carers are helpful and they know me well." One relative told us, "The staff have a really good understanding of the people that live here."

The provider ensured that staff were competent to carry out care tasks for people living at the service. Staff were receiving a full training schedule that gave them the knowledge and skills required to support people. Training included moving and handling, mental capacity, infection control, medication and dementia awareness. We observed that staff we supporting people to move around the service safely and in line with guidance in the care plans. All staff we spoke to told us that they liked the training and the opportunities given to them to develop. All staff were receiving regular supervisions and yearly appraisals. The registered manager had a supervision audit to ensure that staff were receiving these. Where there were gaps the manager had recorded the reason for these that included the member of staff being on leave or off sick. Staff were expected to undertake an induction before being signed off as competent to carry out the role independently.

Staff and management demonstrated appropriate understanding of The Mental Capacity Act 2005 (MCA). 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 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 had received training to identify when people's mental capacity may need to be assessed. All the staff we spoke with could identify the main principles of the MCA confidently.

Staff asked people for consent when it was required, for example before carrying out personal care or assistance with daily tasks. Staff were seen to ask for consent prior to any activity and staff told us they would ask for consent before giving someone personal care.

The provider ensured that people's nutritional and hydration needs were being met and care plans contained nutritional assessments. There were hydration and nutritional risk assessments in place for people that required them. Staff were recording what people had to eat and drink and where required the specific amount people were eating and drinking. The kitchen staff were aware of people's dietary needs and they accommodated these into people's diets. Where people had specific needs such as diabetes or a dairy free diet there was stock of appropriate products at the service and these were being used. The kitchen staff were aware of people's preferences. There was a list of people's preferences, any known allergies and specific diets, such as diabetes. There was also information available to kitchen staff how this should be managed and there was appropriate stock of specific requirements such as diabetic ice creams and jams.

One person required a dairy free diet and this was catered for through appropriate supplements that were enjoyed by the person. A member of the kitchen staff told us, "Residents have two choices of main at lunch; they are asked on the day and shown the meal on the plate to help them choose. There are also choices at suppertime or residents are asked what they would like. They can have a sandwich of their choice. Choice of drinks is offered, squash, tea, coffee and fresh juices. Observed staff asking residents which fruit juice they would like in the afternoon from a choice of orange, apple, cranberry and mango."

People were being weighed on a monthly basis and this could be increased to weekly if required. People's records showed that if there were concerns about people's weight, the person's GP was informed for a referral to a dietician. People's care plans gave staff guidance on how people would like to be supported with their meals. For example, one person's care plan states that the person should be given visual choice, to offer assistance cutting their food, give the person time to finish and enjoy their meal. We observed the lunchtime service and people were being supported in line with the guidance in the care plans. People were seen to be enjoying their meal and the company of others sitting at their table.

People at the service were being supported by staff to attend routine health visits and were being referred to health professionals when appropriate. Care plans identified that the provider involved a wide range of external health and social care professionals in people's care. These included speech and language therapists and tissue viability nurses. People's skin integrity was taken into account with appropriate assessments. People had risk assessments for skin integrity that were completed monthly. Staff demonstrated good knowledge on how to reduce the risk of skin breakdown. One member of staff told us, "If I see red areas appear on pressure areas, I document it and inform the senior. We will apply creams where necessary." Where it was identified through risk assessment that someone may be at risk of a pressure sore, flags are produced on the electronic system to remind staff to check on people. One person required checks every two hours. We checked the system and this was being completed. Records showed that staff were quick to identify any concerns and appropriate referrals to health professionals were being made.

Good

Is the service caring?

Our findings

People at the service told us they were very happy with the staff that worked there. One person told us, "They all get to know you and are very friendly." Another person told us, "The carers are very kind and understanding." A third person told us, "Every single member of staff is fantastic." One relative told us, "They are good, kind, charitable people doing a good job; it is not an easy job either." Another relative told us, "I am 100% confident people are well cared for."

Staff were seen to be kind, compassionate, and to spend time with people. They communicated to people in ways that they understood. Staff were seen to be going down to a person's eye level if they were sitting and speaking in a calm and caring way. It was observed that a person became agitated because they were feeling unwell. Staff attended to the person straight away and in a kind and caring way and reassured the person. They asked if the person wanted to stay in the communal area or go back to their room for a rest. Staff supported the person to their room, offered breaks from walking, and asked the person if they needed to use the toilet at regular intervals. One relative told us, "Although my wife is not able to communicate verbally anymore, I just know she is happy, the staff know her well and this helps. She is always clean and tidy. The girls (staff) do her nails." Where people found it difficult to communicate verbally, staff were seen offering visual options to people through pictures, items or choices of food. People's preferred choice of communication was recorded in their care plans.

People and their relatives were involved with the planning of their care. One person told us, "I am involved with my care. They sit with me and go through it." One relative told us, "I am always informed of any changes to the care plan." People and relatives' comments were recorded in the care plans when required. Care plans included required information for staff to provide support and were updated monthly. One person's care plan identified that one person likes to have their nails done on a regular basis. On the day of our inspection, this was being done and the person was happy to show them off to the inspection team and the registered manager.

The provider had ensured that people's religious and cultural preferences were catered for. Care plans identified if a person followed a certain religion and how they would like to practice. One person's care plan stated that they were practicing and would like to attend services. It had been recorded that the registered manager supported the person to attend specific religious services.

All staff members we saw were able to demonstrate good knowledge and understanding of both the physical and emotional needs of each person as they spent time together. Staff asked people's views about what they wanted to do and encouraged them to be involved in decisions. All staff we spoke to demonstrated the importance of getting to know people well. It was recorded in one person's care plan that they could become very anxious about money. A member of staff was supporting this person to encourage them to attend an activity. The person was becoming very agitated over the cost of the activity. The member of staff spoke clearly and kindly to the person and told them not to worry about the money as it is all sorted and that the activity was part of the service. The member of staff also told the person that she could have free tea and cake. It was clear from the interaction that this calmed the person, made them smile and gave

them the confidence to join in.

People were encouraged to be as independent as possible. Staff understood the importance of independence in people's lives. One member of staff told us, "We always encourage people to do as much they can do for themselves." Another member of staff told us, "We try to give people what they need to be independent. This can be through equipment or prompts. Sometimes it can just be giving people confidence that we are there, standing outside the toilet or bathroom." Care plans identified where people needed assistance with personal care and staff were knowledgeable of these. Where people were independently mobile this was recorded in their care plans and these people were seen moving freely around the service. Staff ensured that any walking aids were within reach of people that required them.

People were treated with dignity and their privacy was always maintained. Staff were seen to be knocking on people's doors, telling people who they were, asking if it was okay to enter and explaining why they were there. One member of staff told us, "I always knock before entering a room, say my name and why I am here. If a person does not want to get up then that is fine and we come back later. We always ensure a person's privacy and dignity is maintained by making sure we cover people up and keep doors and curtains closed." People's private information was respected and kept secure. People's personal information was kept in a locked cabinet and on a computer system that only staff had access to. Staff were not seen to discuss people's individual needs in public areas.

Good

Is the service responsive?

Our findings

People told us that they were given choice at the service. One person told us, "I choose when I go out and do the gardening." Another person told us, "We can choose what we want for our meals, what we want to do and where we want to go." One relative told us, "I have never had a concern regarding choice. I see the staff ask people if they want to do things when I am here." All staff we spoke to demonstrated good knowledge on the importance of giving people choice. One member of staff told us, "We always offer people choice, it is important they live their lives how they want to. We can only provide this by giving them choice." People were free to decorate their rooms to their own tastes and bring in their own furniture if they wanted to.

People had their needs assessed before they moved to the home. Information had been sought from the person, their relatives and other professionals involved in their care. Information from the assessment had influenced the plan of care. Care plans were personalised and helped staff provide person centred care. Care plans were constructed on an IT system and the home had a range of tablets that staff could use to update care records. The care plans covered a number of areas such as continence, hearing, nutrition and hydration, oral, sight, skin condition, sleep, physical health, medication, communication, general, dressing, and end of life. People's records were also being updated when required by staff. One person's care plan told staff that the person was waiting for a specific procedure following observations made by staff. Guidance for staff on how to manage this was available in the care plan.

People and relatives told us they liked the activities that were on offer at the service. One person told us, "There are always things going on, things to see and places to go." Another person told us, "I enjoy the physical stuff like the exercises and dancing." One member of staff told us, "The residents would like to see some ballroom dancing. We have approached some local classes but have yet to get a reply. We may have to teach ourselves like we did for the line dancing. On an American themed day we taught ourselves line dancing as we could not find anyone outside the service to do it." Activities included garden parties, arts and crafts, entertainers visiting once a week, exercises and trips out to local attractions and pubs. People's preferences were documented in their care plans. For example one person's care plan told staff that he liked to garden. This person told us his love of gardening and that he helps in the garden, cleaning leaves, planting and helping the gardeners when they attend to carry out larger duties. Another person told us, "I use to grow plants and vegetables, I told them this and now I have my own area in the garden."

People were supported to maintain their relationships and relatives we spoke with told us there were no restrictions on visiting times. One person told us, "People visit when they want." People's friends and relatives were also encouraged to take part in activities and were invited to events being carried out at the home and to day trips out. Friends and relatives we spoke to told us that they also felt supported by staff. One relative told us, "(One member of staff) could tell I was struggling with leaving my wife, she handled me well, I was not a very nice person at the time but she seemed to really understand my situation."

People and their relatives were encouraged to communicate their views on the service they received. The provider had a complaints procedure in place that was on display in the entrance hall and this information was available in service user packs in people's rooms. People and their relatives told us they knew how to

complain and if they had any concerns they would tell the management. All recorded complaints were kept in a complaints file and included all investigations, outcomes and how this had been communicated to the people involved.

Good

Is the service well-led?

Our findings

People, relatives and staff spoke positively about the registered manager. One person told us, "I know who the manager is, she is very kind and always there to talk to if needed." One relative told us, "The manager is good, she will contact us if there is a problem and if we need anything we can always go to her." One member of staff told us, "The manager is really good and supportive." Another member of staff told us, "If you need anything you can go to the manager. She is really involved on the floor and has a hands on approach to working."

All people, relatives and staff we spoke to knew that they could approach the registered manager if needed. The registered manager told us, "My office is always open and people and staff can and do come and visit whenever they want." People and relatives we spoke to told us that they knew who the registered manager was and felt happy to discuss with them any concerns they may have. The registered manager knew people who lived in the service and was sensitive to their needs. They were able to tell us about each person's needs, their preferences and how their care was delivered. This ensured a more personalised service for people. The registered manager demonstrated good understanding of duty of candour. The registered manager told us, "We need to be open and honest with everyone and show what has been learnt from any incident." The registered manager was happy to talk to us about any accident, incidents, complaint or safeguarding concerns. The registered manager had ensured that all notifications required as per the Health and Social Care Act 2008 legal requirement were being made to the Care Quality Commission. Notifications included any safeguarding enquiries or any serious injury and any action taken as a result. All the providers' policies were up to date and these were communicated to the staff team. The provider had displayed their previous report rating in the home and on their website.

The registered manager had ensured that audits were taking place to make improvements across the service in line with the provider's policy. Audits carried out by the management team included, call bells, water temperatures, medication competencies, review of care plans and risk assessments. An accident and incident audit was broken down to each person living at the service, where the accident or incident took place and the time of day, so that the registered manager could identify if there were any trends. Where there were trends action was taken, for example, one person had had a few falls over the course of few months when in their room. Action included the use of a sensor mat to alert staff when the person got out of bed, as the audit showed that all falls happened in the person's room. An action plan was produced that included instruction for staff to record on the back of the MAR the reason a person may refuse their medicine. Evidence in people's medical records showed that this was being completed. It also identified that medicine profiles were not in place for two residents. These had been completed.

The provider ensured that people, relatives and staff voices were heard through surveys and meetings. There was a relative's satisfaction survey May 2017. The results of the survey were positive and included comments, 'There is a family atmosphere, relaxed and comfortable,' and, 'The level of care is excellent.' All relatives that responded said that they were always made to feel welcome and that their relatives are well cared for. There was also a resident's satisfaction survey completed May 2017. All 12 people that responded identified their quality of living as good or excellent. A recent staff survey identified that communication

could be improved and as an action from this, the registered manager included improvement to the team meetings and the introduction of a communication folder. There were action plans following the outcomes of each survey. The registered manager had an ongoing professional visitor's survey. Responses from professionals included, 'Always looks and smells clean,' and, 'I am always made very welcome.'

The registered manager was creating good links with the local community. The local church was making regular visits to the service. The service had a garden party that was open to the local community and the local mayor was invited and attended and gave back written positive feedback about the event. The registered manager also approached local services to assist with activities. This included dance groups, local entertainers and wine merchants.

People's records were being updated on a regular basis by staff. The registered manager carried out a monthly care plan audit to ensure that people's care plans and medicine records were up to date. However, we did identify that some peoples' records on their likes and dislikes had not been fully completed. We reported our concerns to the registered manager and area manager and were told that this is because they have been completing a new section of people's care plans to incorporate all people's likes and dislikes. We were shown completed versions of the new approach that did include all the necessary data.