Mi Care Holly House Ltd

Holly House Residential Care Home

Inspection report

79-83 London Road
Kettering
Northamptonshire
NN15 7PH

Tel: 01536414319

Date of inspection visit:
28 March 2019

Date of publication:
17 July 2019

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Requires Improvement
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

About the service: Holly House Residential Care Home is a care home that was providing personal and nursing care to 14 people aged 65 and over at the time of the inspection.

People's experience of using this service:

● Improvements were required to ensure people's privacy was always protected and the service was fully compliant in relation to the use of CCTV and the requirements of General Data Protection Regulation (GDPR).

● The systems in place to monitor the quality and effectiveness of the service needed to be fully embedded and sustained.

● Information needed to be accessible to meet people's individual communication needs.

● People were cared for by staff who were kind, caring and empathetic to their needs.

● Staff understood how to keep people safe and knew how to report any concerns.

● People and relatives were listened to, and actions were taken to address any shortfalls.

● People were protected from the risk of harm and received their prescribed medicines safely.

● Staff were appropriately recruited and there were enough staff to provide care and support to people to meet their needs.

● Staff had access to the support, supervision and training that they required to work effectively in their roles.

● People were supported to maintain good health and nutrition.

● Staff knew their responsibilities as defined by the Mental Capacity Act 2005 (MCA 2005). The registered manager was aware of how to make referrals if people lacked capacity to consent to aspects of their care and support and were being deprived of their liberty.

●The service met the characteristics for a rating of "good" in three of the five key questions we inspected and rating of "requires improvement" in two. Therefore, our overall rating for the service after this inspection was "requires improvement".

More information is in the full report.

We identified a breach of one regulation of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to dignity and respect. Action we told the provider to take is recorded at the end of the report.

Rating at last inspection: This was the first inspection since the home had been sold and purchased by a new provider in October 2017.

Why we inspected: This was a planned comprehensive inspection that was scheduled to take place in line with the Care Quality Commission scheduling guidelines.

Follow up: We have asked the provider to send us an action plan telling us what steps they are to take to make the improvements needed. We will continue to monitor the service through the information we receive until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was safe Details are in our Safe findings below.	**Good**
Is the service effective? The service was effective Details are in our Effective findings below.	**Good**
Is the service caring? The service was not always caring Details are in our Caring findings below.	**Requires Improvement**
Is the service responsive? The service was responsive Details are in our Responsive findings below.	**Good**
Is the service well-led? The service was not always well-led Details are in our Well-Led findings below.	**Requires Improvement**

Holly House Residential Care Home

Detailed findings

Background to this inspection

The inspection:
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
The inspection was carried out by one inspector and an assistant inspector.

Service and service type:
Holly House Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The home accommodates up to 26 people in a converted building. There was a dining room and two communal areas on the ground floor with several bedrooms, most bedrooms were on the first and second floors accessed by a lift.

The service had a manager registered with the CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:
This was an unannounced inspection.

What we did:
We reviewed the information we had about the service which included any notifications that had been sent

to us. A notification is information about important events which the provider is required to send us by law.

We contacted the health and social care commissioners who monitor the care and support the people receive.

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. The provider returned the PIR and we took this into account when we made judgements in this report.

During the inspection, we spoke with three people living in the home and two relatives. We also had discussions with eight members of staff that included care staff, a housekeeper, a cook, the registered manager plus the provider.

We observed care and support in communal areas including lunch being served. Most of the people who used the service lived with a dementia related illness and so some of them could not describe their views of what the service was like; we undertook observations of care and support being given. We also 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 looked at the care records of people who used the service and undertook a tour of the premises. We observed information on display around the service such as information about activities and how to make a complaint. We looked at other information related to the running of and the quality of the service. This included quality assurance checks, staff training and supervision records, safeguarding information and accidents and incident information.

Following the inspection, the provider sent us a copy of their policy on the use of CCTV.

Good

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:
- People were cared for safely. There were effective systems in place which ensured people were safe.
- We observed that people looked relaxed and comfortable around staff. One person said, "I feel safe as there is always staff about day and night and they always help me." Another person said, "The staff look out for you."
- Staff knew how to keep people safe from harm. They had regular training and described to us what signs of abuse they would look for. There was a safeguarding procedure in place for staff to refer to.
- The registered manager understood their responsibilities to keep people safe and we saw that concerns had been raised appropriately with the local authority and notifications sent to the Care Quality Commission as required.

Assessing risk, safety monitoring and management:
- Risks to people had been identified; people had individual risk management plans in place which gave detailed instructions as to how staff should manage the identified risk effectively. For example, staff had instructions to place sensor mats by people's beds so that they were alerted to a person at the risk of falls getting up. We saw that the mats were in place.
- Checks had been carried out on the environment and on equipment used, for example fire alarms to ensure they were safe to use.
- Each person had a personal emergency evacuation plan (PEEP)in place. These showed how everyone must be assisted in the event of a fire or other emergency.

Staffing and recruitment:
- There was enough staff to provide the care and support people required at the time of the inspection. Staff had time to spend with people. We saw staff talking with people and supporting them with activities.
- The registered manager told us they used a dependency tool to work out the number of staff needed to meet people's needs. Dependency levels were reviewed each month.
- People were safeguarded against the risk of being cared for by unsuitable staff because there were appropriate recruitment practices in place, which were consistently followed.
- Staff had been checked for any criminal convictions and satisfactory employment references had been obtained before they started to work at the home.

Using medicines safely:
- Medicines were safely managed. There were systems in place to monitor the administration of medicines and any shortfalls were addressed.
- People received their medicines within appropriate periods. One person said, "The staff help me with my

medicines, they make sure I take them on time. If I need any pain killer I just ask, and they will get it for me."
● Staff received training in the administration of medicines and their competency assessed.

Preventing and controlling infection:
● People were protected by the prevention and control of infection. There were up to date policies and procedures in place.
● Staff were trained in infection control and had the appropriate personal protective equipment to prevent the spread of infection.
● We saw that all areas of the home were clean and tidy, and that regular cleaning took place.

Learning lessons when things go wrong:
● Accidents and Incidents were monitored, and action taken to address any identified concerns.
● Any lessons learnt from incidents were discussed with staff and action plans put in place to ensure similar incidents did not happen again. For example, when a person was found on the floor a sensor mat was put in place and advice from GP sought.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:
- People's needs were assessed prior to them moving into the home to ensure that the service could meet their care and support needs.
- Care plans detailed people's care needs, and support plans were in place which gave guidance to staff how to meet people's needs.
- People's preferences, choices, history and likes and dislikes were known which helped staff to know people and provide support in a person-centred way.

Staff support: induction, training, skills and experience:
- People received support from staff that had the skills and knowledge to care for their individual needs.
- People told us that staff looked after them well. One person said, "Staff are really good, and they are nice to me."
- Staff training was relevant to their role and the training programmes were based around current legislation and best practice guidance.
- New staff completed an induction which included e-learning and shadowing more experienced staff.
- Staff told us they had regular opportunities to discuss their performance and training needs.

Supporting people to eat and drink enough to maintain a balanced diet:
- People who were at risk of poor nutrition and dehydration had plans in place to monitor.
- Food was specifically prepared for people on specialised diets such as pureed or mashed food for people with swallowing difficulties, and fortified food for people to maintain a healthy weight.
- Staff supported and encouraged people to eat and spent time with people during mealtimes.
- There was a choice of meals each day and snacks and drinks were available throughout the day.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support:
- People were supported to access health professionals such as a GP, District Nurse, chiropodist and Speech and Language Therapist.
- Records confirmed when health professionals had visited and the guidance they had given which staff had followed.

Adapting service, design, decoration to meet people's needs:
- The home was in the process of being refurbished and attention was being made to develop a more dementia friendly environment. For example, we saw newly decorated bedrooms with distinctive colour

contrasts.
● People had been encouraged to personalise their rooms to their own taste.
● People had access to a courtyard area and garden and there was an area, other than their bedrooms, where they could meet with families and friends.

Ensuring consent to care and treatment in line with law and guidance:
● 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
● We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
● We were satisfied that the provider understood their responsibilities and saw that best interest decisions had involved the relevant people and been documented.

Requires Improvement

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Requires Improvement: People did not always feel well-supported, cared for or treated with dignity and respect. Regulations may or may not have been met.

Respecting and promoting people's privacy, dignity and independence:
● People's privacy was not always protected.
● The provider had a surveillance and audio recording system in place. The cameras were in communal areas and in the manager's office. There was a small sign on the inner entrance doors advising people there was CCTV in place; however, the people and visitors we spoke with were not aware that there was a surveillance system.
● There were no best interest decisions recorded for those people who lacked capacity to consent.
● There was no information which would suggest that people and their families had been consulted prior to system being installed.

The above demonstrates a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014,Dignity and respect.

● People told us they were respected, and their dignity protected. One person said, "They [staff] are good. They talk to me by my name and if I need the commode they close the door."
● We saw that staff knocked on people's doors before they entered and ensured that people wore their clothes in a way that maintained their dignity.
● People were free to come and go as they pleased and those with restrictions in place were supported to access the community if they wished.
● Family and friends visited at any time.

Ensuring people are well treated and supported; respecting equality and diversity:
● People were cared for by staff who were friendly, kind and caring. One person said, "The staff are good and nice to me." A relative said, "There are some very nice staff here and the owners are very nice."
● People were relaxed with staff and interactions were positive.
● Staff offered people reassurance when this was needed. For example, one person appeared unsettled, the staff stroked the person's hand gently and walked with them around the home speaking to them in a calm and patient manner.
● Staff knew people and understood their likes and dislikes and preferences as to how they were cared for. One relative said, "The staff know people and are aware if something isn't right with [person]."
● Staff understood the need to respect people's diversity and ensure people were treated equally.

Supporting people to express their views and be involved in making decisions about their care:

● Staff asked people what they wished to do and offered people a choice in what they ate or where they wished to spend their time.

● One person said, "I get up and go to bed when I like." Another person told us that when they told the registered manager they did not like the dark wood furniture in their room it was replaced with light wood furniture. The person said, "I could not ask for more they all do what they can for me."

● The registered manager was aware of the need to involve an advocate when people had difficulties in speaking up for themselves. There was information about an advocacy service available. An advocate is an independent person who can help someone express their views and wishes and help ensure their voice is heard.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:
● People had individualised care plans, which detailed the care and support people wanted and needed. This ensured that staff had the information they needed to provide person-centred support for people.
● There was an 'About me' section in people's care plans which provided the staff with information to help them respond to people in a meaningful way. The information included people's life history, career, communication needs, hobbies and interests.
● Staff responded well to people if they became upset. We saw two staff support one person who became distressed distracting the person by talking about their family with them.
● Activities were limited. People could take part in activities such as chair ball games, bingo, hand massage and listening to music. A relative told us, "There are a few activities and the occasional entertainer that comes in."
● We spoke to the provider about the activities available to people. The provider advised us that they planned to develop the activities available taking into consideration people's individual needs.

Improving care quality in response to complaints or concerns:
● People knew who to speak to if they were unhappy and wished to make a complaint. One person said, "I would speak to the manager if I had a complaint; I am sure they would sort things out."
● A relative told us they would be happy to speak to the registered manager or the owners if they saw them.
● There was a complaints procedure in place. There had been no complaints within the last 12 months.

End of life care and support:
● At the time of the inspection there was no one who required end of life care.
● There was a commitment to ensure that people remained living at the home for as long as possible and there was a section in people's care plans about their end of life wishes.

Requires Improvement

Is the service well-led?

Our findings

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

Requires Improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- The systems in place to monitor and quality assure the service had not been sufficiently embedded for us to fully assess their effectiveness.
- The local authority commissioners were monitoring the service having identified shortfalls in auditing, care planning, medicine administration, maintenance checks and staff training. An action plan to address the concerns had been implemented and recently completed. The changes made needed to be embedded and sustained to fully assess their effectiveness.
- Not all policies and procedures were fully understood. For example, the need to consult and inform people and families about the use of CCTV. and how the information collected is used and stored.
- People's communication needs were assessed, however, we found no evidence to show how people's communication needs were being met or whether the information was shared with other professionals. The registered manager was not aware of the Accessible Information Standard (AIS). Following speaking to the registered manager about this they went away to look this up. The registered manager needed to ensure that once they had identified people's communication needs these were shared appropriately with others.
- The provider had taken action when allegations of abuse had been raised and had worked with staff to improve the culture of the home. This had a positive impact for people.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:

- People and relatives knew who the registered manager and provider were and said they would be happy to speak to them at any time.
- The registered manager was visible and spent time around the home to understand the needs of people. We saw from staff meeting minutes the registered manager planned to support staff with changes to meal arrangements to see how this was working.
- The registered manager was aware of, and they and the provider had systems in place to ensure compliance with duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- Staff knew about how to whistle-blow and raise concerns with the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns acted upon.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:

● Feedback was sought from people and their families about the service. We saw following a suggestion from a relative a box set of wild life documentary DVDs was purchased to give people an alternative to watching television. Overall people were happy with the care and support they received.
● Regular staff meetings were in place and staff told us they could raise suggestions as to how the service could be improved.

Continuous learning and improving care; Working in partnership with others:
● The registered manager and provider had worked closely with the local authority commissioners and had been receptive to their advice and guidance to improve the service to effectively meet the needs of people.
● The registered manager was receptive to ideas and had sought advice from health professionals in relation to people's specific health needs, for example, when someone had been diagnosed with Parkinson's the registered manager had gathered information for staff to use about the condition.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect There was insufficient signage and information available to people, their families and visitors to the home in relation to the use of CCTV within the home. This meant that people's privacy was not always maintained.