

Hollywell Care Limited

Hollywell Court Residential Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Hollywell Court Residential Home is a residential care home, providing personal care for up to 12 people aged 65 and over. At the time of the inspection 8 people were using the service. Accommodation is provided over the ground and first floors with some rooms having access to en-suite facilities.

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

There were informal systems in place to monitor the quality and standards of the service, however these had not always been effective at identifying areas for improvement

Formal staff supervision and appraisals were no longer taking place and the registered manager confirmed they no longer held staff team meetings, residents and/or relatives meetings. In addition, they told us they were no longer sending out satisfaction questionnaires to people and their relatives to gain their views about the service.

People received safe care and support and they told us they felt safe living at Hollywell Court. Staff understood safeguarding procedures and were confident in reporting any concerns. Risks to people's safety were assessed and well managed, and people's care plans detailed current risks and individual needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

There were sufficient numbers of staff who were safely recruited to meet people's needs. Staff received training in relation to the safe administration of medicines and their competencies were checked to ensure safe practice. Infection control measures were robustly followed, and staff had access to sufficient PPE.

An activities programme was in place, and care plans were personalised to each individual detailing their likes, dislikes and personal preferences. People and their family were involved in the care planning process as much as was possible.

A complaints system was in place and was used effectively. There had been no complaints in the last 12 months.

There was no one receiving end of life care at the time of our inspection. However, there were systems in place to care for people at the end of their life with support from other health professionals.

Staff felt well supported and said that communication was effective. One staff member commented, "We are small and like a family. We have regular communication every day and we always know what's going on."

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

Rating at last inspection

The last rating for this service was Good (published 07 November 2019)

Why we inspected

We received concerns in relation to the management of people's end of life care needs. As a result, we undertook a focused inspection to review the key questions of safe, responsive and well-led. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe, responsive and well-led sections of this full report

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Holywell House Residential Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Hollywell Court Residential 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

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

Inspection team

The inspection was carried out by 1 inspector.

Service and service type

Hollywell Court is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Hollywell Court is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 4 people using the service and had discussions with 2 relatives on the telephone to gain their view of the service. We spoke with 3 staff members that included the registered manager and 2 care and support staff. We received written feedback from another 1 staff member.

We requested email contact details for 6 staff so we could gain further feedback, but the registered manager told us staff did not want to be approached by CQC.

We reviewed a range of records. This included 2 people's care records and medication records. We looked at 2 staff files in relation to recruitment. A variety of records relating to the management of the service, including quality assurance audits, training records, key policies and meeting minutes were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of potential harm. One person told us, "I'm very safe here. I come to no harm and am well looked after." A relative commented, "Yes [family member] is very safe. They used to have falls, but they haven't had any since they went to live at Hollywell Court."
- Systems and processes were in place to help identify and report abuse to help keep people safe. For example, staff received training in safeguarding and knew how to report concerns. One staff member commented, 'I would tell the manager. It's my duty of care to report anything I'm concerned about.'
- The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised.

Assessing risk, safety monitoring and management

- Risks were assessed, monitored and managed. Care plans and risk assessments were in place and had been reviewed regularly or when there were changes. For example, we saw risk management plans in place for people who had been assessed to be at risk from falls or if they were at risk of pressure sores.
- One relative told us they were happy with how risks were managed by staff. They commented, "They are aware of [family members] risks and [family member] is safely cared for."
- Risk assessments were reviewed and updated swiftly if there had been any changes or incidents. For example, where one person had several falls, their falls risk assessment and care plan had been updated.
- Staff were aware of people's risk assessments, felt they could confidently support people safely and the risk assessments accurately reflected people's needs, and the way they should be supported.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- Staff knew about people's capacity to make decisions through verbal or non-verbal means and we saw people being supported to make decisions.

Staffing and recruitment

- There were enough staff to provide safe care to people. One person told us, "There are always lots of staff around to help me. I never have to wait long." A relative said, "There seem to be a lot of staff and there is never anyone too far away to help [family member]."
- We observed sufficient numbers of staff to keep people safe. The service did not use agency staff, so people were supported by a consistent staff team who knew them well.
- Appropriate DBS checks and other recruitment checks are carried out as standard practice. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People received their prescribed medicines from trained staff. A relative told us, "I don't have any concerns that [family member] doesn't get their medicines as and when they need them."
- Medication Administration Records (MAR) were fully completed with no missing signatures. However, we found that handwritten entries were not always signed and dated by two staff in line with best practice. In addition, although there were PRN protocols pre-printed on the MAR chart some of these lacked details as to how, when and why the medicines should be given. We did not find any negative impact on people's care.
- There was a record to show dates that medication audits were taking place, however when we asked to see the individual medication audits the registered manager said they did not complete a record of the audit, only the date they had completed it.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

Visiting arrangements were followed in line with current government guidance.

Learning lessons when things go wrong

- The registered manager was unable to provide us with any examples of lessons learned when we asked for these.
- There was no formal system in place to look at lessons learned. However, we found that accidents and incidents were discussed with staff during daily handovers and appropriate actions taken where necessary. For example, 1 person had been referred to a health professional following a series of falls and staff were taking extra precautions to mitigate the risk of more falls.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The assessment and care planning process ensured people's identified needs could be met. Care plans provided clear guidance for staff to follow which included information about people's likes, dislikes, lifestyle and interests. These were reviewed regularly and updated as needed. A relative told us, "[Family member] is living a good life and staff treat us all like family."
- Staff had built positive, professional relationships with people and knew them well. This meant people received care that was tailored to their needs and wishes. One staff member commented, "We are like 1 big family. We know if someone isn't feeling good or are down in the dumps."
- Daily handover meetings took place, so key information was passed between day and night staff to ensure consistency in care and support to people. This contributed to people receiving good quality, personalised care.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff had good awareness and understanding of people's individual communication needs, they knew how to facilitate communication and when people were trying to tell them something.
- The registered manager was able to explain the alternative formats available for written communication, such as large print, easy read or pictorial. They also told us how they had provided a person with a laptop to support their communication. However, this was not successful, so the staff had implemented a communication card with symbols to aid communication.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to spend time with people who were important to them. This included relatives visiting the service. One relative said, "I visit very regularly and take [family member] out."
- People were helped to pursue their hobbies and interests. We saw people taking part in their chosen activities such as knitting, reading the newspapers and walks out of the home. There was a timetable of activities that people could choose to take part in if they wished.

Improving care quality in response to complaints or concerns

- Although no formal complaints had been received in the last 12 months, there were systems in place to ensure complaints were responded to in an appropriate and timely way.

End of life care and support

- At the time of the inspection, nobody was receiving end of life care. However, the registered manager told us that they could support someone at the end of their life with support from other health professionals.
- Staff had completed training in relation to bereavement and loss, there was an end of life policy and people were supported to complete advanced care plans if they wished to do so.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There were informal systems in place to monitor the quality and standards of the service. We asked to look at quality monitoring audits and were only provided with a list of dates that audits had been completed, but there were no specific audits that detailed what areas had been checked.
- Quality monitoring checks had not always been effective at identifying areas for improvement. For example, environmental audits had not identified that some doors were wedged open. Medication audits had not identified that handwritten entries were not completed in line with best practice and that PRN protocols lacked information.
- The registered manager confirmed they no longer held staff team meetings, residents and/or relatives' meetings and was no longer sending out satisfaction questionnaires to people and their relatives. A relative said, "I can't remember the last time I was asked to complete a survey. I have not been invited to a relatives meeting, but I would attend if I was invited. I think they are a good idea."
- The registered manager told us they no longer carried out formal staff supervision and appraisals. Although staff told us there was good communication about the day to day running of the service, this meant staff had no platform to discuss their professional and personal objectives and training needs.
- Staff and the registered manager said that because the service was small there was daily communication which was effective and kept them up to date with any changes. One staff member commented, "We are small and like a family. We have regular communication every day and we always know what's going on."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager worked in an open and transparent way when incidents occurred at the service in line with their responsibilities under the duty of candour.
- People, and relatives told us they were happy with the care and support provided. One person said, "I was in another home before this one. It was the best thing that happened to me coming here. It's so much better." A relative commented, "We have fallen on our feet finding this place. I have peace of mind and can relax for the first time in ages knowing that [family member] is happy and well cared for."
- Staff told us they felt very supported by the registered manager. One commented, "The manager is brilliant and so supportive. I have learned a lot from them." Another staff member said, "This is my second home and everyone here is my extended family."

Continuous learning and improving care; Working in partnership with others

- The registered manager told us that accidents and incidents were recorded and the registered manager looked at these monthly. They told us there was no formal system in place to look for trends or themes to ensure continuous improvement. However, we saw that accidents and incidents were discussed with staff at daily handover meetings and actions taken where required.
- We saw that 1 person had had a higher than normal number of falls. They had been referred to the physiotherapist and now staff were escorting the person on all occasions to ensure they stayed safe and the risk of falls was reduced.
- The service worked in partnership with specialist services such as the physiotherapist, district nurses, and occupational therapists.
- The registered manager told us that an advanced nurse practitioner visited the service weekly so that any concerns about people's health and welfare could be addressed swiftly.