

Mr & Mrs P Menon

Holly House Residential Home

Inspection report

36 Green Street
Milton Malsor
Northampton
Northamptonshire
NN7 3AT

Tel: 01604859188

Website: www.hollyhouser Residential.com

Date of inspection visit:
14 March 2019

Date of publication:
20 May 2019

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?

Requires Improvement ●

Summary of findings

Overall summary

About the service: Holly House Residential Home is a care home providing accommodation and personal care to 22 people aged 65 and over at the time of the inspection.

People's experience of using this service:

- People experienced good care however statutory notifications were not always submitted in a timely way.
- People and their relatives told us they felt safe at the home.
- Potential risks to people's health and welfare were assessed, effectively monitored.
- Safe staff recruitment practices were followed.
- Staffing arrangements were sufficient to meet the needs of people at the home.
- Medicines were safely managed.
- Staff received appropriate training and supervision to perform their roles.
- Mental capacity assessments were completed, and any best interests' decisions were made with the involvement of people's representatives and relevant health care professionals.
- A variety of nutritious meals were provided, and people were supported to eat, and drink sufficient amounts. People and their relatives told us that the food was excellent.
- People's care was personalised to meet their individual needs. Their diversity, cultural and religious needs were promoted and respected.
- People's privacy and dignity was maintained.
- Positive caring relationships had been developed between people and the staff team.
- People and their relatives were involved in all aspects of care planning where appropriate.
- People had opportunities to take part in activities that were of interest to them.
- The provider operated an open and transparent culture.
- People, relatives and staff were encouraged to 'speak up' if they had any concerns.
- Systems were in place for people to raise any concerns or complaints.
- Systems were in place for people, their relatives and staff to provide feedback and influence service development.
- Robust quality monitoring systems and processes were followed. Action was taken where any areas for improvement were identified and lessons learnt from incidents was shared with the staff.
- The provider, registered manager and staff team worked well with professionals and external organisations and they effectively used good practice guidance to enhance people's quality of life.
- The service met the characteristics for a rating of "good" in four of the five key questions we inspected and a rating of "requires improvement" in one. Therefore our overall rating for the service after this inspection was "good".

Rating at last inspection: Good (published 18 August 2016)

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will continue to monitor intelligence we receive about the service 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 the 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?

Good ●

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring 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.

Holly House 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. 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 completed by one inspector.

Service and service type:

This service is a residential care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had two managers registered with the Care Quality Commission. 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 inspection was unannounced.

What we did:

Before the inspection, we asked the provider to complete 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.

We reviewed the information we held about the service. We also contacted health and social care commissioners who place and monitor the care of people using care services, the local authority safeguarding team and Healthwatch England, the national consumer champion in health and social care to identify if they had any information which may support our inspection.

During the inspection we spoke with four people who used the service, and three relatives. We also spoke with one member of care staff, a kitchen assistant and one of the registered managers. We also met a visiting healthcare professional and asked for their feedback. We looked at five people's care records and two staff files. We also looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information, staffing rotas, and arrangements for managing complaints.

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 felt safe at Holly House Residential Home. One person said, "I like it here. I feel safe."
- Staff had an understanding of their responsibility to report any concerns of abuse. Whilst some staff did not have English as their first language, they understood how they could report concerns internally or to external organisations such as the CQC.
- Safeguarding investigations were completed in an appropriate manner.

Assessing risk, safety monitoring and management:

- People had risk assessments in place. Each person's risks had been identified, managed and were regularly reviewed.
- For example, people at risk of falls had their risk assessments regularly reviewed, and updated if a person had experienced a fall.
- Risk assessments had appropriate guidance to staff about how to safely manage people's risks.
- Regular safety checks took place to ensure the premises were safe.

Staffing and recruitment:

- Staffing was adequate to meet people's needs. There were enough staff on duty to keep people safe.
- People responded positively in the providers questionnaire about whether there were enough staff on duty.
- One person's relative said, "The staff are patient. [Person] is a slow eater so they [the staff] take their time and sit down and persevere with [person]."
- Safe staff recruitment practices were followed. Staff had appropriate checks before they were able to provide care to people.

Using medicines safely:

- People and their relatives told us they received their medicines appropriately. One person's relative said, "The staff are very good with the medicines. [Person] is never keen to take them but the staff always check they've gone [been swallowed]."
- Staff were trained in medicines management and had their competency to administer medicines assessed.
- We reviewed people's medicine administration records (MAR charts) and saw that people's medicines were clearly documented and signed for appropriately.

Preventing and controlling infection:

- People and their relatives commented on the cleanliness of the home. One person's relative said,

"Cleanliness and the safety of the building is good. It's always clean."

- We saw that the home was kept clean and hygienic however improvements were required to the timeliness of emptying bins of clinical waste. The provider confirmed after the inspection new arrangements had been made to rectify this.

Learning lessons when things go wrong:

- The management team were eager to learn from incidents and make improvements to the service.
- Good systems were in place to review incidents, for example falls, to learn and identify triggers and trends. This helped to identify if any improvements could be made to prevent similar occurrences.

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 care needs were assessed before they moved into the service, to ensure that effective care could be delivered to them.
- People's diverse needs were detailed in their care plans. This included support required in relation to their culture, religion, lifestyle choices and diet. For example, the home welcomed visitors from the local church to help offer additional support for people.
- Staff had a good knowledge of each person, and the preferences they had in regard to their lifestyle, and choices.

Staff support: induction, training, skills and experience:

- Staff told us they received good support from the management team.
- Supervisions were held with staff and where improvements with care were required, these were addressed with the staff.
- Staff received induction training and were required to complete the Care Certificate. Staff training was refreshed.

Supporting people to eat and drink enough to maintain a balanced diet:

- People and their relatives praised the quality of the food. One person's relative said, "The food is excellent. Everything is homemade."
- Staff were aware when people had nutritional concerns and monitored and supported people to have those needs met. For example, people who were at risk of weight loss were supported to have additional portions or fortified food.

Staff working with other agencies to provide consistent, effective, timely care:

- The registered manager had good relationships with other agencies including the local authority and other healthcare professionals. This helped to manage and monitor people's care and help them to provide safe and consistent care.

Adapting service, design, decoration to meet people's needs:

- People were able to access a variety of communal areas within the home and were encouraged to spend time where they preferred.
- People were able to personalise their bedrooms and people were supported to access outdoor areas if they wished. One person's relative said, "As soon as it's warm they go out in the garden."

Supporting people to live healthier lives, access healthcare services and support:

- People were supported to remain healthy and had access to health care professionals. A visiting health care professional said, "We have good forward planning together here. We work together early on [when new people arrive at the home]. The staff seem able to identify [healthcare] issues promptly."
- Care plans documented in detail any health care requirements that people had and clearly identified any involvement with healthcare services.

Ensuring consent to care and treatment in line with law and guidance:

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decision and are helped to do so when needed. When they lack mental capacity to make 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). At the time of inspection, all DoLS applications had been made appropriately.
- Staff ensured people were involved in decisions about their care and knew what they needed to do to make sure decisions were taken in people's best interests.
- Care plans were developed with people and we saw that staff asked for people's consent before they provided any care.

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity:

- People were well treated with kindness and affection. One person said about the staff, "They're very nice here." Another person's relative said, "I'm thoroughly impressed. The staff are approachable, they interact with residents and their family."
- Staff enjoyed their jobs and took pleasure supporting people to receive good care. They treated people with great respect, for example by ensuring they were happy and comfortable.
- We observed that staff interacted with people in a warm and friendly way.

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

- One person's relative said, "If there are any concerns we can approach them [staff] and vice versa."
- People and their relatives were involved in their care and we saw from records that family members were contacted appropriately by staff. One person's relative said, "We see and talk about the care plans regularly, we know what's going on."

Respecting and promoting people's privacy, dignity and independence:

- People's independence was promoted. People were encouraged and supported to manage their own needs if they were able.
- People's dignity was maintained. Throughout the inspection we saw staff supporting people to adjust their clothing to ensure their dignity was maintained and they were not inadvertently exposing their body.
- One person's relative said, "Dignity is important - to keep their dignity. They're very good at that. If anything is needed [they help people] go to the toilet or bedroom so they can support them in private."

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:

- Good systems were in place to plan care which met people's individual needs. For example, extra staff were brought in to support one person who required a visit to the dentist.
- People had care plans in place which gave guidance to staff about people's preferences and how they liked their care. They were regularly reviewed and changed as people's needs changed.
- One person's relative said, "We see the care plans regularly and talk about what's happening." People and their relatives were given choices about medical and care options and these were respected.
- Activities people enjoyed were arranged. One person's relative said, "They need to be stimulated, and they are here. They sing songs, or get a musical instrument out. There's jigsaws and word searches and staff help people if they need it."
- The registered manager understood their responsibility to comply with the Accessible Information Standard and could access information regarding the service in different formats to meet people's diverse needs.

Improving care quality in response to complaints or concerns:

- People and their relatives felt happy they could approach the staff or management team and their concerns would be listened to.
- The management team were actively open and accessible.
- People's complaints were investigated and resolved.
- The registered manager acted on complaints and resolved them with the involvement of the person who had raised a concern. Complaints were used to help drive improvement.

End of life care and support:

- The registered manager had a good understanding of end of life care and what would be required to support somebody during this stage of their life.
- The provider had recognised that further improvements could be made to end of life care.
- Staff had been registered for end of life care training. The provider told us they were reviewing whether to sign up to the gold standard framework for end of life care.

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.

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

- Statutory notifications were not always submitted to the CQC as required. Notifications relating to safeguarding alerts and outcomes of Deprivation of Liberty Safeguards (DoLS) had not always been submitted at the time they were required and this is a legal requirement. Following the inspection, all notifications were received.
- The registered managers and staff at the home had clearly defined roles. They worked together as a team to ensure people received the care and support they needed.
- The management team were committed to improving the service and the quality of people's care. Plans were underway to improve the environment and invest in the home.

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 confirmed they saw the registered managers and provider on a regular basis and found them approachable and helpful.
- The registered managers also supported people with their personal care and this enabled them to have a good insight into people's changing needs. They led by example and this helped to empower staff.
- One person's relative said, "[The registered manager] is amazing. They know all [person's] little ways of doing things. They're very good."

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

- The provider asked people for their feedback in an annual survey. This was analysed and reviewed to identify if any improvements could be made. People provided positive feedback in all aspects, including whether their right to privacy was maintained and if they and their visitors were supported with courtesy and respect.
- Feedback was actively encouraged to all visitors at the home, with details of how people could provide feedback on display in the home.
- Events were put on to involve family and friends, for example, Christmas parties and summer events in the home's garden.

Continuous learning and improving care:

- The management team had effective quality assurance systems in place to identify areas for improvement.

- The registered manager kept records of any falls people had experienced at the home and reviewed them to identify trends or patterns and make changes to prevent similar occurrences from happening.

Working in partnership with others:

- The registered managers built good relationships with other agencies and healthcare partners. They were keen to ensure people received consistent and competent care and worked with other professionals to deliver this.
- The service built good relationships with people's relatives and visitors. They worked in partnership together to ensure people received high quality care and this gave reassurance to people.