Hollybank Rest Home Limited

Hollybank Rest Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

Hollybank is a care home. People in care homes receive accommodation and nursing or personal care as a 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.

Hollybank is located in the village of Botley on the outskirts of Southampton. Hollybank provides care and accommodation for up to 23 older people who are physically frail or may be living with dementia. At the time of our inspection there were 21 people living at the home. The home provides long term care and respite care. It does not provide nursing care. There is a car park located at the front and a garden to the rear of the property. The accommodation is arranged over two floors with a passenger lift, stair lift and stairs available for accessing the first floor. The home offers 17 single rooms and three shared rooms. All the rooms have ensuite facilities.

At our last inspection in February 2017, the service was rated as 'requires improvement' and was not meeting the legal requirements in relation to medicines management. This inspection found that whilst some improvements had been made, some concerns were still identified with regards to the safety of medicines management.

Overall risks to people's safety and wellbeing were assessed and planned for, but people's care plans and other records relating to their care did not always reflect this.

The recruitment practices and checks were not always sufficiently robust.

People were appropriately protected from harm or abuse as staff had received training in safeguarding adults, and had a good understanding of the signs of abuse and neglect.

There were sufficient numbers of experienced staff to meet people's needs.

The home was clean and good infection control practices were followed.

Staff worked in accordance with the Mental Capacity Act 2005 and the deprivation of liberty safeguards were applied appropriately.

Staff received training, supervision and an induction which ensured they had the skills and knowledge to support people appropriately.

Hollybank provided a secure but comfortable and homely environment that was appropriate to people's needs.

People's nutritional needs were met and where necessary a range of healthcare professionals had been

involved in planning and monitoring people's support to ensure this was delivered effectively.

People were cared for by staff that were kind and caring and with whom they had developed good relationships. People were treated with dignity and respect.

Staff had a good knowledge and understanding of the people they were supporting which helped to ensure people received care and support which was responsive to their needs.

People were engaged in activities that were meaningful to them and were supported to retain links with their local community.

Complaints procedures were in place and information about how to make a complaint was freely available within the service.

People spoke positively about the leadership of the service.

There were systems in place to assess and monitor the quality and safety of the service and to ensure people were receiving appropriate support.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Further improvements were needed to ensure that people's medicines were managed safely.

Overall risks to people's safety and wellbeing were assessed and planned for, but people's care plans and other records relating to their care did not always reflect this.

The recruitment practices and checks were not always sufficiently robust.

People were appropriately protected from harm or abuse. There were sufficient numbers of experienced staff to meet people's needs.

The home was clean and good infection control practices were followed.

Systems were in place to monitor incidents and accidents and to learn from these in order to keep people safe.

Is the service effective?

Good

The service remained effective.

Staff worked in accordance with the Mental Capacity Act 2005 and deprivation of liberty safeguards were applied appropriately.

Staff received training, supervision and an induction which ensured they had the skills and knowledge to support people appropriately.

Hollybank provided a secure but comfortable and homely environment that was appropriate to people's needs.

People's nutritional needs were met. Where necessary a range of healthcare professionals had been involved in planning and monitoring people's support to ensure this was delivered effectively.

Is the service caring?

Good

The service remained caring.

People were cared for by staff that were kind and caring and with whom they had developed good relationships.

People were treated with dignity and respect and supported to maintain their independence.

Is the service responsive?

Good

The service remained responsive.

Staff had a good knowledge and understanding of the people they were supporting which helped to ensure people received care and support which was responsive to their needs.

People were engaged in activities that were meaningful to them and were supported to maintain links with their local community.

Complaints procedures were in place and information about how to make a complaint was freely available within the service.

Is the service well-led?

Good

The service was now well led.

People spoke positively about the leadership of the home.

There were systems in place to assess and monitor the quality and safety of the service.

Hollybank 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.

At our last inspection in February 2017, we found that the service was not meeting the legal requirements and was in breach of the regulation relating to the safe use of medicines. This inspection also checked to see whether the required improvements had been made.

The inspection took place over two days on 16 and 17 May 2018. The inspection was unannounced. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who has used this type of service.

Before the inspection, we reviewed all the information we held about the service including previous inspection reports and notifications received by the Care Quality Commission (CQC). A notification is used by managers to tell us about important issues and events which have happened within the service. The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, such as what the service does well and improvements they plan to make. We used this information to help us decide what areas to focus on during our inspection.

We spoke with 12 people who used the service and six relatives. We also spoke with the registered manager, deputy manager and four care workers. We reviewed the care records of four people in detail and the recruitment and induction records for four staff. We also reviewed the medicines administration records (MARs) for all 21 people. Other records relating to the management of the service such as audits, meeting minutes and policies and procedures were also viewed. Following the inspection, we received feedback from two health and social care professionals.

Requires Improvement

Is the service safe?

Our findings

Each of the people we spoke with told us they felt safe living at Hollybank. Relatives also expressed an absolute confidence in the safety of care provided.

Whilst people told us they felt safe at Hollybank, we found that some improvements were required.

Our last inspection had found that people's medicines were not always managed safely. This inspection found that improvements had been made, but we also identified some ongoing concerns. For example, we continued to find that where people were prescribed topical creams, the topical medicines administration records (TMARs) were not fully completed. This included people who had been assessed as high risk of experiencing poor skin integrity. In the absence of the records confirming this, the provider could not be reassured that people were receiving their topical creams as prescribed. Staff were still not always following the provider's policies with regards to medicines management. For example, staff were still not recording the reason why 'as required' or PRN medicines were given on the reverse of the medicines administration record (MARs). Staff were frequently using the code 'O' when medicines were not given. Again, there was often no explanation on the MAR to confirm what this meant. We found a number of gaps in the MARs with no explanation recorded. Stock checks indicated that the medicines had been administered but that staff had not signed the MAR to confirm this. We continued to find some hand-written MARs which had not been checked for accuracy by a second member of staff. Some of these contained vague instructions. For example, in one case it was not clear whether the medicine was PRN only or was to be taken daily. Many of these issues had already been identified by the audits undertaken by the deputy manager and plans were in place to try and achieve and sustain improvements in these areas.

Other aspects of medicines management were safe. Medicines were stored within a locked trolley or a designated medicines fridge, kept within a locked medicines room. The temperature records for both the room and medicines refrigerator were being appropriately monitored. We carried out a stock check of the controlled drugs. Controlled drugs (CD's) are medicines which are controlled under the Misuse of Drugs Act 1971 and which require special storage, recording and administration procedures. The CD register tallied with the medicines being stored in the CD safe. Staff administering medicines had received training and had their competency to administer medicines safely assessed on a regular basis. Where medicines errors had been made, appropriate remedial actions had been taken in response. We observed staff undertaking a medicine round. They assisted people with their medicines in a person-centred manner such as offering them a drink of their choice. They stayed with people until they had taken their medicines. People were positive about the support they received with managing their medicines. For example, one person said, "The staff take care of all that kind of thing, they have members of staff that are properly trained to make sure it [medicine] is taken, and at the proper time".

This inspection identified concerns regarding the robustness of the recruitment checks. For example, in the case of three of the staff records viewed we found gaps in their employment history which had not been accounted for. We brought this to the attention of the registered manager who ensured the information was obtained during the inspection. In the case of one staff member, we could not be confident that their

references provided satisfactory evidence of their performance in their previous job which was in a social care setting. This is because the references had not been obtained from the registered manager or provider. Other checks had been completed, including identity checks and Disclosure and Barring Service checks. The recruitment process was competency focused and explored the staff member's knowledge and skills in a range of areas.

Overall, risks to people's health and wellbeing had been assessed and managed. For example, people had moving and handling and falls risk assessments. These considered the person's vision, the medicines they were taking and their physical health and assessed how this might impact on the person's risk of falling or mobility. Nationally recognised tools were being used to monitor whether people were at risk of poor nutrition or of developing skin damage.

Staff were well informed about people's risks and the measures in place to minimise these, but the documentation in place did not always support this. For example, we found that in the case of two people, their nutritional risk assessments stated that they should be weighed weekly due to concerns about their weight loss. The registered manager was confident that this had been done, but was unable to provide documentation that confirmed this. We could see that the registered manager had raised their concerns about weight loss with the people's doctors.

Whilst we observed that people were offered drinks regularly, we continued to find that staff were not using fluid charts effectively to monitor people's fluid intake and their risk of dehydration. Where used, the charts were not being totalled daily and did not provide a clear record of the actual amount of fluids drunk. The registered manager told us that there was a facility within the new electronic system that they could implement to ensure that fluid intake was recorded more effectively moving forward.

We also found some examples where the risk assessments had not been updated in a timely manner following changes in people's mobility or skin condition. We discussed this with the registered manager who described the measures that would be put in place to prevent this from happening moving forward.

People did not live in a risk adverse environment and restrictions on people's freedom or choices were minimised. For example, one person was choosing to smoke, even though this was having a negative impact on their health. The registered manager had undertaken a mental capacity assessment to ensure they understood the risks associated with this. Similar assessments had been undertaken to judge whether another person was safe to leave the home unescorted. The registered manager told us that following the assessment, they were confident that the person would be safe and enabling them to do so was important as they got so much enjoyment from it. They said, "it's important they understand the risks, but I need to ensure their quality of life is not squashed by safety".

Staff had received training in safeguarding people from harm or abuse and had a good understanding of the signs of abuse and neglect. Staff had a positive attitude to reporting concerns and to taking action to ensure people's safety. A safeguarding log was kept and included root cause analyses of any incidents which had or could have impacted upon the safety of people using the service. The registered manager explained that staff meetings and supervisions were used to reflect upon the importance of safeguarding people from harm. Staff were informed about the provider's whistleblowing policy and they were clear they could raise concerns with the registered manager but were also aware of other organisations with whom they could share concerns about poor practice or abuse.

A maintenance manager and specialist contractors completed a range of safety checks to help ensure the safety of the premises. For example, regular checks were undertaken of the fire safety within the service and

fire drills took place periodically. Checks were made to ensure that gas and electrical appliances were safe to use and systems were in place to protect people against the risk of legionella including a risk assessment which our last inspection had identified was not in place. We did note that the door to the laundry room was not locked when unattended and substances which could be harmful to people were not secured within locked cupboards in the laundry. The registered manager told us that the door should have been locked when staff were not in the room. They took immediate action to put in place a more secure key coded lock to the room.

People told us they were supported by sufficient numbers of staff. When asked if staff responded to their requests for assistance promptly, one person told us, "They do, although we do have to wait a little longer at busy times, I think they would do anything we asked of them". The staffing levels were four care workers, one of which was a senior care worker on early shifts. This reduced to three in the afternoon. To support people retiring to bed, a twilight shift had been implemented between the hours of 4pm -10pm. Two waking staff covered nights. The provider also employed a maintenance person, chefs, kitchen assistants and cleaning staff. We reviewed a sample of the staffing rotas for the month prior to our inspection and found that the service had been staffed to the levels described above. Staffing levels were kept under review and amended accordingly to meet people's needs. A team of experienced bank staff had been created which had meant that the use of agency staff were no longer required. This all helped to ensure that people's needs were met by a consistent staff team who were familiar with their needs.

People were protected from the risk of the spread of infection. Staff had completed training in infection control and prevention. The home was clean and staff were observed to be using appropriate personal protective equipment (PPE). Suitable cleaning schedules were in place and followed daily. The provider had completed an annual infection control statement which described the measures the home had in place to manage infection control and prevention.

A system to monitor accidents and incidents that occurred within the home was in place. A falls log was maintained and this was analysed each month to identify any themes of trends. There was evidence that the GP was informed when people experienced a fall and remedial actions were taken to prevent further falls which included the use of alarm mats and referrals to specialist health clinics. Lessons were learnt when things went wrong. For example, root cause analyses were undertaken following complaints to help identify areas for improvement.

Good

Is the service effective?

Our findings

People told us that their needs were met effectively and that the staff were suitably skilled and knowledgeable. For example, one person told us, "I am satisfied the care is first class and the training of staff is of a high standard".

People needs were assessed before they came to live at the service to ensure that the staff would be able to meet their needs safely. We did note that some of the pre-admission assessments viewed could have been more detailed. For example, one assessment documented that the person 'sometimes' had falls, but did not provide any further detail about this. The pre-admission assessment was used to develop more detailed care plans which covered areas such as how the person communicated, their cognition, personal care needs, the support they needed with nutrition, their medicines and with their mobility. Some people had condition specific care plans. For example, one person had a macular degeneration care plan. We did note that some of these condition specific plans could be more detailed and reflect more fully how the condition affected the person's health and wellbeing and how the support provided might compensate for this.

We observed throughout the inspection that staff obtained people's consent before assisting them with any care or support and it was evident that people's decisions and choices were respected. Care plans contained a signed record of the person's consent to the care being delivered including to the use of photographs. Where people had appointed a legal representative to make decisions on their behalf, copies of the legal documents were maintained within the service.

Where there was doubt about a person's capacity to make decisions about their care, mental capacity assessments had been appropriately undertaken and documented which ensured that the person's rights were protected. For example, one person had a mental capacity assessment regarding the use of covert medicines. Where it was determined a person did not have the mental capacity to make a specific decision staff liaised with their personal and professional representatives to reach a shared decision about what was in the person's best interests. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Relevant applications for a DoLS had been submitted by the home and had either been approved or were awaiting assessment by the local authority.

Overall Hollybank provided a secure but comfortable and homely environment that was appropriate to people's needs. There was a pleasant lounge and dining area and a second smaller lounge where people could meet privately with their friends or family or have consultations with health care professionals. The home was generally well decorated and equipped with all of the necessary equipment needed to meet

people's needs. There was a refurbishment plan in place and carpets had recently been replaced on the stairs and in the corridors. There were also plans to replace those in the main lounge and dining room which we noted were worn and stained in places. Action was also being taken to replace the covering on the dining room chairs, the covers on which were peeling off. The environment had been adapted to support the needs of people living with dementia. For example, there was clear signage which assisted people to orientate themselves around the home. People had a personalised sign outside their room, decorated with pictures of subjects that were important to them. This helped people to identify their room. In one case, the sign had been lowered to enable to person who was a wheelchair user to easily see this. People could personalise their rooms according to their own taste and with their own furniture. The gardens were fully accessible to all and well maintained.

Technology was used to enhance the safety and effectiveness of the care provided. Entry to the home was controlled using a fingerprint scanner. Alarm mats and sensor beams were used to alert staff that people at risk of falls might be mobilising. Tablets were used to make video calls to people's family and were increasingly being used to document aspects of the care provided.

New staff continued to receive an appropriate induction. This involved learning about the care philosophy within the home, people's needs, daily routines and key policies. Before working independently, new staff continued to have their competency assessed in a number of areas including the provision of personal care and moving and handling techniques. Staff with no previous experience in health and social care were supported to complete the Care Certificate. The Care Certificate was introduced in April 2015 and sets out explicitly the learning outcomes, competences and standards of care that care workers are expected to demonstrate. The registered manager assessed the skills and knowledge of more experienced new staff using nationally recognised tools. If these identified a deficit in knowledge in a particular area, then they would be required to complete the relevant module of the Care Certificate.

Staff continued to feel that the training helped them to provide effective care. For example, one staff member told us, "I absolutely have all the training I need, it's some of the best I've had. We had a great one the other day on DoLS and changes in the law". The required training included topics such as moving and handling, safeguarding people from harm, infection control, health and safety, fire safety and first aid. Other modules were available for staff to complete if they wished such as diabetes, continence care and communicating effectively. Staff had also been provided with an opportunity to take part in a virtual simulation of the challenges that people living with dementia may experience in their everyday lives. The registered manager had appointed staff as champions in certain areas such as dignity, infection control and medicines. The champions were provided with additional training so that they could lead on modelling best practice in these areas. There was evidence that staff were also encouraged to undertake nationally recognised qualifications in health and social care to develop their professional practice and knowledge in line with best practice guidance.

The supervision provided within the service was a mixture of individual one to one sessions, observations of practice and group supervisions. Records showed that throughout 2017, supervision had not been taking place regularly for all staff, but the frequency had improved in the first quarter of 2018. For example, staff had received supervisions with regards to the management of legionella within the home to help them understand the risks associated with this and their responsibility to help manage these. This improvement needs to be embedded and sustained. Appraisals had either taken place or were planned. Staff told us they felt well supported and able to seek guidance or advice from the registered manager or deputy when needed in between formal supervision sessions.

People told us the food and drink provided was good and met their individual preferences. A relative told us,

"The food here is fantastic, the doctor says [family member] might soon have to go on a diet! Anything they ask for they get, and the quality is really good". People were provided with a choice of two main meals at lunch time. We reviewed the menu for the week of our inspection. This showed that people could have a variety of breakfast foods including fresh fruit or a hot breakfast. Lunch was a two course meal. The menus included a wide range of meals including traditional favourites such as casseroles, pies, fish and pasta dishes. Supper included options such as soups and sandwiches. We observed hot and cold drinks being offered regularly throughout the day and there was a drinks station in the lounge throughout the day with a variety of flavoured squashes. A member of staff told us, "We're constantly asking people if they want a drink, in the hot weather it's ice lollies galore!"

We observed lunch-time. The dining tables were laid with placemats, cutlery, glassware, napkins and condiments. The gravy was served separately allowing people to choose how much they would like according to their individual tastes. Side dishes including salad and garlic bread were also available for those that had chosen the lasagne. There were sufficient numbers of staff available to ensure that food was served promptly and to assist people should this be needed, although most people were able to eat independently. One of the staff ate their lunch with people who overall appeared to be enjoying the meal. People could finish their dinner at their leisure and following the meal, they were offered tea and coffee.

Where necessary a range of healthcare professionals had been involved in planning and monitoring people's support to ensure this was delivered effectively such as community nurses and mental health professionals. The provider continued to fund a weekly GP clinic at the service for assessment and review of routine health conditions, although people were also seen on an ad hoc basis by a doctor when this was required. The registered manager sent updates to the GP or community nurse to alert them that people had lost weight, or that there had been change in the level of risk relating to their skin integrity. A health care professional told us they found this information helpful. They said, "I feel that the Staff always ask for help regarding people's medical needs at an appropriate time and level. They do not contact us about minor ailments, they deal with these appropriately themselves and always call when they are worried about the resident's health deteriorating".

People were also supported to visit other healthcare professionals such as the opticians, dentists and chiropodists. Transfer packs had been developed to help ensure that important information about a person's health and needs was shared effectively with health care professionals in the event of the person being admitted to hospital.

Good

Is the service caring?

Our findings

People told us they were cared for by staff who were kind and caring. For example, one person said, "The staff here are wonderful, they are kind and know me now, we have developed a good relationship". The relatives we spoke with were also very positive about the caring nature of the staff. Comments included, "Very kind and considerate", and "Her care needs are completely understood, and they deal with her with endless patience and always with dignity". A health care professional told us, "I feel this is an absolutely wonderful home that has the care of their residents at heart. I feel the service is extremely caring, nurturing and they treat their residents with a huge amount of dignity and respect".

Our observations indicated that staff showed people kindness and patience. We observed that one person was looking for their room and was becoming a little anxious. Despite being busy, a care worker reassured them and said, "Don't worry, I'll come with you". We saw another person looking for the stuffed toy which provided them with comfort and observed a staff member took their arm and said, "We'll go and find it".

Staff spoke fondly about the people they supported and it was clear that they knew them well and had developed a meaningful relationship with each person. One staff member talked of the residents as being "Amazing" and another spoke of their "Different personalities and enjoying a joke with them". Throughout the inspection, we observed that staff spoke with people in a friendly way and we saw a considerable number of warm and friendly exchanges. For example, we saw one person kissing the hand of a care worker, They were telling the care worker, "You're lovely, you really are". She then turned to the person next to her and said, "I love her, she's a lovely, lovely lady".

We observed the maintenance manager visited the service on his day off bringing cakes for people. He went around saying hello to people and checking how they were. The kitchen assistant was observed to interact with people in a cheerful and positive manner. People continued to look relaxed and happy in the company of the staff who throughout our visit appeared attentive and happy in their work and the atmosphere in the communal areas was generally buzzing, good natured and sociable with people and staff chatting about every day matters. One staff member told us, "There is a good atmosphere here, it's not like coming into work".

Special events such as people's birthdays were celebrated and people had been asked to share details of their family member's birthdays and special anniversaries so that staff could ensure the person was supported to buy a card or present for them.

Staff told us how they encouraged people to perform as much of their own care as possible, providing just the right amount of support when needed. This was demonstrated by one staff member who told us, "This morning I was helping [person], they are very slow, they take a long time to process information, it would be easy to do it [personal care] for them, but they can still do it…. I'll keep her independent as long as I can even if it takes twice as long".

Everyone we spoke with told us that staff were mindful of their dignity and that their privacy was respected.

Staff gave us examples of how they protected people's privacy and dignity by ensuring that curtains and doors were kept closed when they were receiving personal care and that the privacy screens were used in the shared rooms. We observed that people were dressed in a dignified manner, with catheter bags being appropriately covered. People's individuality in terms of their preferred clothing and whether they liked to wear makeup was respected. A dignity champion was in place and it was their role to ensure that staff were continuing to care for people in a manner that was in keeping with the Dignity Code that the home and staff had signed up to. The registered manager undertook observations of staff to ensure that they were caring for people in a manner that was caring and respectful of their dignity and monthly dignity audits checked from the perspective of people using the service.

Promoting equality and diversity was covered as part of the induction of new staff. Discussion with the registered manager indicated that she had considered how people can be discriminated against and understood how this might impact upon how they delivered people's care. People were supported to follow their spiritual beliefs. Each month a Christian communion service was held and the registered manager said that other arrangements would be made if people of different faiths came to live at the home.

Relatives and visitors were free to visit at any time and told us they were warmly welcomed by staff and felt that staff cared about them too. They were free to join in the daily routines of the home and if they wished to share a meal with their family member and to take part in trips and outings.

Good

Is the service responsive?

Our findings

People and their relatives were very positive when they spoke of the responsiveness of staff at the service. All the feedback we received was positive when people were asked if their care needs were met in an individualised manner. For example, one person said, "I only have to ask and what I want is done, day or night. The service is faultless". A relative told us, "The staff are wonderful, they know [person's] needs and preferences and treat her in the appropriate manner. She can, and does have whatever she wants, day or night". Another relative told us their mother had settled really well at the home. They said, "The staff do not confront her, they know just how to treat her, she communicates her wishes to the staff and they encourage her, it's wonderful. She now participates in the entertainment and loves the music".

We were told how one person had recently moved to another home to be closer to their family after a short stay at Hollybank. However, they had missed the home so much they had returned. Their family member told us, "I think the standard of care is quite simply superb…. Mum was so happy here, the staff are brilliant, and I have total confidence in the management to ensure her life is safe and enjoyable. The cost and time of travelling is a small price to pay for the quality of care given, and my peace of mind".

A health care professional also told us that people received care that was responsive to their needs. As an example of this, they told us, "We have had an incident where we had a very confused and unwell lady that needed to be moved to the home and they were extremely helpful in facilitating this to provide minimal disruption and upset to the resident who did not understand why she needed to be moved from her own home. They have immediately bonded with her and she is doing extremely well since moving".

Overall, care plans continued to contain information about the person, their life history, their preferences and the things that were important to them. This enabled staff to have a good knowledge and understanding of the people they were supporting and helped to ensure people received care and support which was responsive to their needs. Staff knowledge about people and their needs was commented on positively by one of the health care professionals who told us, "Any time I have phoned up they have been able to give me fantastic information regarding the resident and their background".

Staff maintained daily records which noted the care that had been provided to each person, how they had eaten and what activities they had been involved in. Overall, these provided evidence that staff had supported people in line with their care plans and recorded any concerns. A handover was held at each shift change and a communication book was also used to help ensure staff were kept up to date with people's changing health and welfare needs. As part of the handover, staff were allocated tasks to complete which helped to ensure that staff were clear about their responsibilities.

People and their relatives told us that staff recognised if they were feeling unwell and acted in response to this, ensuring for example that people were referred to their doctor. People also felt that staff responded well in the event of an emergency. For example, one person's relative told us how staff supported their family member following a fall. They said, "The staff reaction was instant, they attended to her, got the doctor in, and she was treated in a professional and compassionate manner".

Relatives felt that the registered manager and staff communicated well with them and kept them informed about any changes in their family members care. For example, one relative said, "The management and staff are all pro-active, they also communicate with each other, they let us know what is going on without the need for us to ask".

There was a lot of evidence that people were supported and fully engaged in activities that were meaningful to them. Since our last inspection, the provider had employed an events manager whose role was to oversee the planning of the activities programme. Within the home people took part in activities such as quizzes, crafts, bingo, armchair tennis, cake decorating, pamper sessions and skittles. There were gardening and knitting clubs. Themed evenings were held. For example, there had recently been an Italian themed evening during which people had been supported to make their own pizzas. During an Indian themed evening staff from a local Indian restaurant had visited to talk about Indian culture and had then provided an Indian buffet.

A range of external entertainers and groups also visited on a regular basis. This included singers and also a visit from keepers of birds of prey and other animals including insects. The registered manager told us how during the previous Christmas people, their relatives and staff had all enjoyed taking part in an 'Elf on the Shelf' event. The registered manager told us, "They [People] would give us brilliant ideas and want to look at the pictures plus scout the home to see if they could see what they [the elf's] were up to! An ex relative was even seen by the cleaner leaving a "chief elf" on the door step then running away". People commented positively of the impact that the activities provision had on their lives. For example, one person said, "Yes the staff have time to spend with me to do what I want…. I love gardening… so the staff take me round the garden whenever I ask, they allow me to cut the flowers – I love it".

A particular strength of the service was its commitment to ensure people remained part of their local community. For example, people attended a coffee morning each week at the local church. Local scout groups were about to start a seven-month programme of visits to the service and local schools also spent time visiting people. People and staff took part in the 'Botley in Bloom' competition and were keen to ensure they won! The home had recently secured a patch on a local allotment and were developing plans about how best to use this. Staff made use of the community mini bus to take people out on trips. For example, a relative told us, "Mum is really looking forward to the outings, there is a visit to Marwell zoo next week, she is quite excited". The registered manager was in the process of trying to set up volunteer work at a local florist and restaurant for some of the people using the service. This was in the early stages and was being carefully planned to ensure that all the safeguards and support was in place.

People were involved in the running of the home. For example, we saw that one person had been involved in interviewing new staff. They had drafted their own questions to use in the interview which helped to ensure that the recruitment process was influenced by the perspective of people using the service. People had been involved in designing the menus and in making a choice about the internal décor. Resident meetings took place and were an opportunity for people to give feedback about the care they received. Surveys were also used to seek peoples and their relative's feedback about the care provided.

Complaints procedures were in place and information about how to make a complaint was freely available within the service and within the service user guide. People and their relatives were all confident that they could raise concerns with the registered manager or any staff member.

There was evidence that the service had taken steps to provide information to people in a way in which they could understand. For example, arrangements had been made for one person with hearing loss to have a conversation amplifier. This had helped them to get more involved in the resident meetings. For people who

found it difficult to understand their menu choices, staff often showed them a plate of the two options. This helped to ensure that the service was complying with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

People and their relatives had been involved in developing end of life care plans. These gave the person the opportunity to discuss how and where they would like their care to be managed in their final days. We saw for example, that one person had expressed a wish to 'Stay with her girls at Hollybank'. The registered manager explained that staff had recently enrolled on the 'Six Steps' programme led by a local hospice. This was in the early stages but would support the care workers to develop their skills and knowledge around end of life and palliative care. The compassion with which end of life care had been provided by staff was commented on in many the compliments received by the service. For example, one read, 'We feel truly blessed to have found this wonderful home where [family member] was treated with care, compassion and respect… we couldn't have hoped for a better place for [family member] to spend her final days'. Another compliment read, 'Hollybank provided palliative care for the last weeks of [family member's] life. The care provided to him was dedicated and exceptional'.

Good

Is the service well-led?

Our findings

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and associated Regulations about how the service is run. The registered manager was supported by a deputy manager both of whom kept their skills up to date by undertaking training and attending forums. Both held nationally recognised qualifications in health and social care and were currently undertaking further qualifications in leadership and strategic management to equip them with the skills to implement the organisations aims and objectives. Whilst the registered manager and deputy worked weekdays, to strengthen the management team and to help ensure that staff were appropriately supported, a care coordinator had been appointed to oversee the home and staff at weekends.

People and their relatives spoke very positively about the registered manger and about how well organised and managed the service was. For example, one person said, "This home is run with an atmosphere of homeliness but is supported with a structure of organisational efficiency". A health care professional also spoke positively about the leadership team saying, "I feel that the Staff are extremely well-led and there is always a manager available to speak to (or a Deputy Manager who can manage any issues)".

The staff we spoke with were positive about the leadership of the service and felt well supported in their roles. They told us the registered manager was visible in the home and got involved in the provision of care. One staff member told us that the leadership team were "Two of the best managers I've worked under, they are very approachable, I have never felt I can't speak to them". Another staff member said the registered manager was "A good leader, they will pick up a buzzer if we are busy, she's fair".

Staff described an open culture and one in which the importance of providing good care to people was continuously promoted by the management team. Staff told us they were proud to work at the service, that morale was good and that it was a happy environment within which to work. The registered manager and provider ensured that staff were also recognised for their contribution to providing people's care and had introduced 'Employee of the month' award whereby staff recognised each other's best practice. The staff member earning the monthly award was given a £100 bonus. Staff meetings were held periodically and were used as a way of keeping staff informed and up to date with any changes to people's needs and the service. Staff told us they were encouraged to share ideas and they felt their opinions were listened to. For example, one staff member said, "Yes you can make suggestions, there is nothing I'd be nervous to say".

There were systems in place to assess and monitor the quality and safety of the service and to ensure that people were receiving safe and effective care and support. A range of audits, aligned to the key lines of enquiry that the Care Quality Commission inspect against, were completed. These were suitably detailed and where areas for improvement were identified, action plans were in place to address these. The audits included speaking with people and staff and obtaining their views about the areas being audited. Monthly medicines and dignity audits were undertaken and audits which assessed the quality of care being provided to people living with dementia. Each week the registered manager shared a report with the registered

provider to help ensure they were kept up to date on events happening in the service. This, along with the provider's weekly visit to the service helped to ensure that they had oversight of safety and quality issues within the service.

The registered manager had developed a service improvement plan. This detailed the areas where improvements were needed, who would be responsible for this and the timescales that would be needed for the actions to be completed. Most of the identified actions had been completed and included areas such as finding a new pharmacy supplier and updating the menus with people's input. Planned improvements included, introducing a newsletter and making arrangements to refresh the training in caring for people living with dementia. The objectives that the registered manager had talked about at our last inspection had been achieved and the home now had their patch on a local allotment and their first volunteer had also started working at the service.

The care provided was underpinned by a clear set of values. These included maintaining people's dignity and privacy, their independence and security, protecting their rights, choices and fulfilment. Relatives spoke to us of there being a culture of openness and transparency with the leadership being approachable. For example, one relative said, "The staff including the manager and her deputy, are remarkably approachable, the culture is one of transparency, and I know exactly who I need to speak to if I want anything done". Our observations indicated that the registered manager and provider had successfully nurtured an environment where staff supported people in keeping with these values.