

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 effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 14 December 2016 and was unannounced.

Hollywell Court Residential Home is registered to provide residential care and support for up to twelve older people. At the time of our inspection there were eleven people using the service. The service is located within a residential area and provides accommodation over two floors.

Hollywell Court Residential Home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People's safety and well-being was promoted through the management of risk. This was achieved through the sharing of information and through the promoting of people's choices and independence in their day to day lives. Where necessary equipment was used to enable people to move around the home safely. People's safety was further supported through the robust procedures in the recruitment of staff and by their being sufficient staff to provide the support people required.

People's medicine was managed safely and people were involved in decisions as to whether they wished to take their medicine. Audits were undertaken on a range of topics, which included medicines and maintenance of the environment to ensure people's safety was promoted and maintained.

People told us that staff had had a positive impact on their lives due to the care and support they received. Staff told us that they undertook training which enabled them to provide good quality care. Staff received continued support by working alongside the registered manager and through supervision, which provided opportunities for staff to discuss their professional development.

The registered manager and staff were clear about their responsibilities around the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and were committed in their approach to supporting people to make informed decisions about their care. People's capacity to make informed decisions was considered with regards to all aspects of their day to day lives.

People were encouraged to make decisions about their day to day lives. People's care plans provided information for staff as to what the support people required, so that people's independence was recognised and not undermined by staff.

People's health and welfare was promoted through a range of assessments and the development of care plans which were regularly reviewed. People with the support of staff accessed the services of a range of health care professionals who monitored and promoted their health. People's nutritional needs were assessed and met and were regularly reviewed. People spoke positively about the homemade meals and

how they were regularly offered and encouraged to eat and drink well.

People spoke positively about the attitude and approach of staff towards them, stating staff were friendly and helpful and provided care and support when they needed it. We found people were consulted about their care and their views and needs were recorded within a care plan which was regularly reviewed.

People considered Hollywell Court to be their home and took pride in the environment in which they lived, its friendliness and homely atmosphere. People were relaxed within the home and spent their time as they chose, watching television, listening to music and reading.

The provider had quality assurance systems, which included a range of audits that were carried out by the registered manager, which meant the provider could assure themselves people received a high quality service. People's views about the service were sought and used to provide information to people who used the service and their relatives.

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.

The registered manager and staff undertook training and had systems in place to ensure people were protected from avoidable harm.

Risk assessments were in place and followed to minimise risk to people to promote their safety.

People were supported and cared for by sufficient numbers of staff to ensure their individual needs were met.

There were safe systems in place for the management of people's medicines.

Is the service effective?

Good 

The service was effective.

People received support and care from a staff team who were trained to meet their needs and who were knowledgeable their individual needs.

Staff were aware of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards and supported people to make decisions about all aspects of their care.

People spoke positively of the meals provided and people's dietary needs were monitored and recorded.

Staff were proactive in supporting people to maintain their health, with people having access to a range of health care professionals.

Is the service caring?

Good 

The service was caring.

People were supported by staff that were kind and caring and who spent time getting to know them.

Staff encouraged people to make decisions about their day to day lives and about the care and support they received. Staff respected people's privacy, dignity and independence.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed prior to them moving into the home and care plans detailed the care and support people required, These were regularly reviewed to ensure they were reflective of people's needs.

People told us that the registered manager and staff team were approachable should they have any concerns.

Is the service well-led?

Good ●

The service was well-led.

The registered manager and staff had a clear view as to the service they wished to provide which focused on providing good quality care and support.

A registered manager was in post who worked alongside staff providing support and guidance.

The registered manager undertook audits to check the quality of the service, which included seeking people's views. Information was shared and used to develop the service.

Hollywell Court Residential 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.

This inspection took place on 14 December 2016 and was unannounced.

The inspection was carried out by one inspector.

We contacted commissioners for social care responsible for funding some of the people that live at the service. We reviewed the information that the provider had sent to us which included notifications of significant events that affect the health and safety of people who used the service.

We spoke with four people who used the service and a visiting family member. We spoke with the registered manager and two members of care staff and a visiting community nurse. We looked at the records of two people, which included their plans of care, risk assessments and medicine records. We also looked at the recruitment files of three members of staff, maintenance records of equipment and the building, quality assurance audits and the minutes of meetings.

Is the service safe?

Our findings

We asked people who used the service for their views about their safety at Hollywell Court. They told us, "It's friendly here. The staff listen to you which provides me with reassurance." "I'm safe here as the staff look out for me."

Staff were trained in safeguarding as part of their induction so they knew how to protect people. When we spoke with them they were knowledgeable about their role and responsibilities in raising concerns with the management team and the role of external agencies. We asked staff how they would identify whether someone may be experiencing abuse. Staff told us that in addition to physical signs such as bruising they would note changes to people's behaviour, such as becoming withdrawn and quiet. This meant people using the service could be confident that the welfare and safety of people was understood by staff and that staff would take the appropriate action.

We asked staff how they promoted people's safety, they told us. "We promote safety by carrying out risk assessments and we support people where needed to mobilise around the home." "We ensure they (people using the service) have access to and use equipment, such as walking sticks and frames." A member of staff told us. "We support people to move around the home as they wish, without restricting their choice, but we encourage people to use their walking frame or stick so as they are safe."

Staff had received training to support the safety and welfare of people using the service, which included the use of moving and handling equipment, such as a hoist. We observed staff supporting people to move around the home during the inspection and found staff used equipment safely and always provided reassurance to the person.

There were systems in place to reduce risks to people using the service. Assessments of any potential risks had been carried out and guidelines put in place so that any risks could be minimised, whilst recognising the rights of people to make decisions about their day to day lives. For example risk assessments were carried out to identify whether people were at risk of falling, and where falls did occur that people's care plans and records showed that the person had been referred to the 'falls clinic.' This included the number of staff required, which recognised that the number of staff needed could fluctuate dependent upon the person's health and wellbeing.

Staff recruited by the provider underwent a robust recruitment and interview process to minimise risks to people's safety and welfare. Prior to being employed, all new staff had an enhanced Disclosure and Barring Service (DBS) check, two valid references and health screening. (A DBS is carried out on an individual to find out if they have a criminal record which may affect their working with people, which may impact on the safety of those using the service.).

We found the premises and equipment were well maintained and audits were regularly carried out to ensure health and safety obligations were met at the home, which meant people lived in a safe environment. The audits were carried out by external contractors with specific areas of expertise as well as commissioners,

which had included a health and safety audit carried out by the local authority. Where issues had been identified and recommended, we found action had been taken. For example, the implementation of regular flushing of cold water systems to promote people's safety and the introduction of cleaning guidelines and a schedule, which staff used to record their cleaning activities. The registered manager carried out audits on the cleanliness and maintenance of the home.

Our observations showed there were sufficient staff on duty to provide care and support for those living at Hollywell Court and that staffing numbers were flexible to meet people's needs. Staff were visible to people using the service and were able to provide timely support and care. People's care plans provided information as to the number of staff required to support people safely, and stated the number of staff required may alter dependent upon the person's well-being and health on a day to day basis. The registered manager told us at night there was a member of staff on duty who had 24 hour on-call support. The registered manager stated that where required a member of staff slept at the service to support the staff on night duty, this flexible approach was in place to adapt to people's needs, for example if someone was unwell.

People's medicine was kept safe within a lockable facility along with their medicine administration records. We found the management of people's medicine was robust and records reflected the safe management of people's medicine. We found medicine administration records had been signed by staff when they had administered people's medicine and records accurately reflected the quantity of medicine on site. Records were in place where medicine was returned to the supplying pharmacist. For example, when a person's medicine had been changed by a health care professional, or when people had chosen not to take their medicine. This meant people could be confident that medicine was managed safely.

Staff told us they had received training on the safe management of medicine from a pharmacist and that the registered manager assessed their competence to administer medication safely. This meant people could be confident that they were being supported by staff that were knowledgeable and had the appropriate skills to support people with their medicines. One person spoke of their involvement about the taking of their medicine, they told us. "I have pain killers prescribed; staff always ask if I want them."

Is the service effective?

Our findings

People we spoke with shared with us their views about the service with regards to their care and support provided by staff and its impact on their quality of life. "They (staff) help me with getting in and out of bed and with my personal care. The staff are helping me get my independence back after being in hospital."

Staff spoke about the training they received stating it had enabled them to provide effective care to people as the knowledge gained was used to support people well. A member of staff told us how receiving training on moving and handling people, and using equipment meant they were able to promote people's safety and independence. A second member of staff told us how training had raised their awareness as to how they could promote and support people's choices and decisions in everyday activities of living, such as choosing what they wanted to wear or what they wished to eat.

The provider was committed to staff development and training, and had a programme of training in place for staff. Records showed staff had received training in a range of topics to support the health, safety and well-being of people, which included attaining qualifications in health and social care. The registered manager provided us with records that showed there was a programme of training for all staff, this included cleaning staff. The registered manager told us all staff were included as they often had as much contact with people who used the service as care staff and so needed to understand what care should be provided to people. This showed a commitment by the provider to deliver and provide high quality care through staff training

Newly appointed staff completed an induction programme upon their initial appointment. Staff were required to read the services policies and procedures. Newly appointed staff worked towards attaining The Care Certificate, which is a set of standards for staff that upon completion should provide staff with the necessary skills, knowledge and behaviours to provide good quality care and support.

The registered manager worked alongside staff, which meant they were able to observe the care and support staff provided to people. The registered manager, supported by an external trainer, was in the process of implementing observed practice which would enable them to formally record their observations, to further support and develop staff. The registered manager provided formal supervisions, through one to one meetings; this provided an opportunity for staff to talk about their role within the service, their training as well as providing an opportunity to share their thoughts and concerns. A member of staff shared with us how the registered manager had responded to comments they had made about their professional development within their supervision. They told us, "[registered manager's name] has organised for me to undertake training in management and leadership as part of my development." This showed the registered manager was effective in the development of staff with a view to promoting quality care for people.

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 are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found no one was required to have a DoLS authorisation in place. We found people's competency to make informed decisions about key aspects of their day to day care and support was considered, consistent with the MCA. This ensured people's human and legal rights were respected.

People's care plans provided clear information as the support they needed, and included the tasks people could undertake themselves to ensure their independence was maintained. Where people's ability to complete tasks for themselves fluctuated dependent upon their health, this was documented to ensure the support provided by staff was effective.

Staff had undertaken training on the MCA and DoLS and fully understood their role to uphold the MCA and the need to act in a person's best interests if the person had difficulty making a decision for example about their care, which included where the ability to make a decision was temporarily impaired. For example, as a result of illness.

In some instances people had made an advanced decision about their care with regards to emergency treatment and resuscitation, which meant they had a DNACPR (Do Not Attempt Cardio Pulmonary Resuscitation) in place. This had been put into place with the involvement of the person, their relative or representative and health care professionals. This showed that people's choices and decisions were supported and would be acted upon when needed as agreed by all parties involved.

When we arrived at Hollywell Court, we entered the home by the side door into the kitchen and were welcomed by the cook, who was preparing the vegetables for the lunchtime meal. As we were shown through the home, some people were sitting in the dining room finishing their breakfast. People were regularly offered snacks and drinks throughout the day, which included cake, mince pies and biscuits. Fruit bowls were in place in all communal areas of the home, providing a selection of fresh fruit for people.

People using the service spoke favourably about the food at Hollywell Court and how snacks and drinks were regularly offered, they told us. "The meals are all good." "There's a good choice of food, they encourage you to drink fluids to keep you healthy and drinks and snacks are always being offered." "Staff know I like to spend the afternoon in my room so they always bring me a drink and snack to me, without me having to ask." "Everything is homemade, traditional food which we like, such as casserole and corned beef hash. Today we had jam and coconut sponge or apple crumble."

People nutritional needs were assessed and care plans provided information for staff as to people's dietary needs, which included the recommended daily fluid intake for each person. Records showed staff recorded what people ate and drank, and people's weight was monitored. This meant any changes to people's appetite or weight were noted and action taken if required for example a referral to an appropriate health care professional.

We spoke with a community nurse who was at the home to visit a number of people to provide health care. We asked them for their views as to the quality of care people received and whether in their view people's

health needs were recognised and people's health promoted by the actions of staff. They told us the staff were approachable and friendly and contacted them where they had concerns about people's health in a timely manner. They told us staff had a positive approach to people's care and followed through on the advice they provided. When asked about the care provided they told us, "Nothing but praise."

We spoke with one person about their health and they told us how it had improved following the involvement of a community nurse and the care of staff following their discharge from hospital. They told us this was because the care they had received was good. "Everyone is attentive, my health is returning all thanks to them (staff)."

Records showed staff referred people to health care professionals when required to ensure people's health needs were met, which included opticians, doctors, dentists and community nurses. We found comprehensive records were kept of the involvement of health care professionals. This included who had visited, the outcome of the visit, for example if medicine had been prescribed or where staff were required to monitor people's health and update health care professionals of any changes in people. This showed the effectiveness of staff in promoting people's health and wellbeing.

Is the service caring?

Our findings

People using the service told us staff were very caring in their approach towards them and provided the care and support they needed. "I have a laugh and joke with the staff, all are very friendly." "Being here means I'm helped in anything I want. The staff are very pleasant indeed, nothing to complain about at all."

Many of the staff had worked at Hollywell Court for several years, which meant for some of the people living at the home strong relationships had been developed. We saw how staffs understanding and knowledge of people's needs meant they were able to provide individualised and tailored support and care. On several occasions we saw a member of staff support a person to go to the foyer so they could see the pet bird 'Geoff'. We saw the person interact with the bird which they clearly gained pleasure from.

Staff spent time with people talking with them and sharing jokes. People said of Hollywell Court. "It's not just a house, it's a home." "It's so homely here, ornaments, pictures and lovely armchairs, it makes it cosy."

We asked staff whether the care and support provided to people made a difference to people's lives. One member of staff told us, how a person's health and well-being had improved since they had returned hospital. They told us the person's appetite had improved, their physical health had improved and that the person was now bubbly and had 'their sparkle back'. We spoke with the person who told us how staff had encouraged them and as a result they were gaining their independence.

People's care records provided information about their lives, which included information about their family, work life, hobbies and interests, which provided information to staff to support them in talking about topics of interest to people. One person told us how staff supported them to take a walk around the grounds as they liked to stretch their legs and take in some fresh air. Whilst a second person told us they received Holy Communion with the home, which was important to them.

People we spoke with told us they were consulted and involved in decisions about their care and support. One person told us, "I'm involved in all aspects of my care and make choices each day about my life." Staff were seen and heard asking people about the care and support they needed, which included whether they wanted support with personal care. This was done sensitively to promote people's privacy and dignity. Staff were aware of the need to promote people's privacy and dignity, a member of staff told us. "We try to be discreet by asking people in private if they need to go to the toilet for example."

Is the service responsive?

Our findings

One person we spoke with told us they had visited Hollywell Court to help them to decide whether the home was appropriate for them. "We came and had a look around, its friendliness and homeliness is why I chose this home." A relative told us they had been made aware of the home and had chosen to visit. They told us what had influenced them in the choosing of the home, "It was more than a brick building, but a house which is a home."

People who used the service were encouraged to be as independent as possible. People's care plans explained what they were able to do for themselves and identified what support was required of staff. People we spoke told us, "They (staff) help when I need it; I don't require much support with my personal care, however all my food is prepared for me and brought to my room if that is what I want." "They (staff) clean my room every day, they help me to get up and ask me if I am okay and if I need any extra help."

Staff we spoke with knew the people who used the service very well and were able to describe how they responded to people's individual needs. We saw that assessments of people's needs were carried out by the registered manager prior to a person moving to the home. A care plan was developed from the assessment, each care plan was personalised and described how people wanted to receive their care. For example, care plans described how people wished to be supported. Care plans detailed any equipment a person may need to move around the home safely and the role of staff in providing the support. People's care plans described what to expect on a person's 'good' and 'bad' day, which was reflective of the person's health and well-being. This meant that support could be modified to ensure the person received the help they needed.

People told us how they spent their day. One person told us they enjoyed reading and that the home had a range of books which they read and in addition the mobile library visited regularly which meant there was always something available to read. A second person told us they preferred to read a newspaper and magazines which relatives brought in for them. People were seen to be watching the television or listening to music in communal rooms, whilst others chose to spend time in their room. One person told us how they spent the afternoon in their room and used their time to write letters.

People told us entertainment took place at the home, which included musicians visiting for sing-alongs and records we viewed supported this. One person told us how during the summer several of them had gone out to local attractions, which had included a visit to a garden centres. At the time of the inspection a trip for a Christmas meal was being planned, whilst invitations had been sent to people's family and friends inviting them to a Christmas buffet at the home.

People moving into the home were provided with a copy of the terms and conditions of their residence, which included information as to how to make a complaint or raise a concern. We found people were aware of how to raise concerns; however those we spoke with said they had no concerns or complaints about the home. They told us, "I'm quite happy here." "I have nothing to complain about." And, "Nothing to complain about at all." The registered manager informed us they had not received any concerns or complaints.

Is the service well-led?

Our findings

We found that the registered manager and staff promoted a positive and friendly culture which provided opportunities for people to comment upon and influence the service they receive. People and their relatives' views were sought through an annual questionnaire. The information gathered from questionnaires was used to develop a report which was displayed on the notice board in the entrance foyer. The most recent annual report showed a high level of satisfaction with all aspects of the service, which included the attitude and approach of staff, the care and the environment.

The notice board and leaflets within the entrance foyer were used to provide information to people using the service and their relatives, which included the ratings awarded by the Care Quality Commission (CQC) from the most recent inspection. We found information had been made available to people to promote people's awareness, which included leaflets about memory loss, and advice about equipment which can be used to promote people's safety and independence.

We asked staff what communications systems were in place to enable them to work well. We were told that individual supervisions (one to one meetings) took place, where staff had the opportunity to discuss the needs of people using the service, their personal training and development and suggestions as to the development of the service. Staff also told us daily 'handovers' of information between members of the staff team promoted consistency of support to people by ensuring all staff were informed about people's health and welfare and events within the home.

We spoke with the registered manager to find out how they assured themselves of the quality of the service they provided. They shared with us the audits they had undertaken, which reflected a range of topics, which included health and safety, medicines, housekeeping and the auditing of people's records. The registered manager told us where issues were identified they liaised with the provider to ensure action was taken. The registered manager told us the provider was receptive to any suggestions and supported them to bring about improvements quickly, for example when the passenger lift was broken the provider was quick to organise contractor's to carry out the necessary work, in addition a stair lift had been installed to provide an alternative for people to move between the ground and first floor.

People using the service spoke positively about the registered manager, saying they were kind and approachable. Staff told us they found the registered manager to be supportive and encouraged them to develop through training. A staff meeting had taken place and staff told us it was as a small home staff worked with each other closely, which ensured information was shared. Staff told us, "(registered manager's name) is supportive, through supervision and good management." And, "We talk about people's needs, and our opinions are listened to and discussed in daily handovers and through general conversation."