

Hollywell Court Limited







# Hollywell Court Residential Home

## Inspection report

Hollywell Court  
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Leicester  
Leicestershire  
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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?	Requires Improvement	

### Overall summary

This inspection took place on 14 and 15 October 2014 and was unannounced.

Our last inspection took place 8 July 2014 when we identified breaches in the regulations. We required the

provider to take action to ensure the safety and suitability of the premises. Since that inspection the provider had taken all the necessary action to meet the compliance actions.

Hollywell Court provides accommodation for up to 12 people who need support with their personal care.

# Summary of findings

The service 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.

Staff knew what the standard of care was expected by the registered manager. People were supported to be as independent as possible whilst maintaining their safety. People felt safe living at the home and with the staff who supported them.

Staff told us how they recognised signs of abuse and what they would do to ensure people were kept safe. They knew what arrangements were in place to protect people from the risk of harm.

The manager monitored staffing levels to ensure they met the needs of people who used the service. They also ensured all staff received the training they needed to support people who used the service to maintain their safety and meet their needs.

Medication was managed safely to ensure people received their medication when they needed it.

Staff supported people's assessed needs and what training they received to ensure they understood how best to meet those needs.

The registered manager and staff had recently received training on the Mental Capacity Act 2005 and were working with health care professionals to have a better understanding on how this may impact on people who used the service.

People had enough to eat and drink and they enjoyed the meals they had. People were provided with a choice of freshly prepared meals and were given choices. Staff monitored people to ensure they had enough to eat and drink and would refer people to the health care professionals where they identified people at risk of poor nutrition.

Staff received regular training but did not receive individual supervision or appraisals. This meant that staff did not always receive the support and guidance they needed. However the registered manager worked alongside people each day and was able to offer guidance during these times.

People saw doctors or nurses if they felt unwell or had specific needs such as pressure care needs. People were seen by appropriate health care professionals and staff followed up referrals. The registered manager contacted relevant professionals such as social workers and mental health care workers to make sure people received the support they required to meet their changing needs.

We observed staff during the inspection talking to people in a kind and patient manner. People who used the service told us staff were kind and caring. Where people showed signs of distress staff spent time comforting them.

People said staff treated them with dignity when they provided personal care. People's privacy was respected. Bedrooms had been personalised and each room was decorated to the person's choice before they moved into the home. Visitors told us they were encouraged by the manager to visit when they wanted to.

People could pursue their hobbies and interests. However people did tell us they would like to be able to go out more often.

People felt the registered manager was very good and they felt able to speak with them if they had concerns. The registered manager spent time talking to people who used the service to gather their views and develop the service. However the manager did not record these discussions, this meant there was no evidence to show what action may have been taken as a result of these discussions.

The registered manager regularly worked alongside staff they were able to offer guidance and keep an eye on staff attitude and behaviour. Most staff felt the manager was approachable and offered good advice about how to improve care practice.

The registered manager was aware of their duties and responsibilities to maintain a safe and effective service for people who lived there.

Staff were aware of the standard expected of them and were given guidance by the manager throughout the working day.

The manager had not recorded any audits that were carried out on the service and so was unable to show how improvements in the service were made.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

The provider had systems in place to make sure they were protected from abuse and avoidable harm.

People told us they felt safe and staff were aware of the signs of abuse and how to report them.

The provider had systems in place to make sure suitable people were recruited to work in the home.

Good



### Is the service effective?

The service was effective.

People received effective care because staff understood people's individual needs and had the information they needed to care for them.

People were supported to have sufficient food and drink and were supported to access healthcare professionals when they needed them.

Staff did not receive formal supervision to support their personal development but the registered manager worked alongside staff to ensure standards of care were maintained.

Good



### Is the service caring?

The service was caring.

People were supported by staff who were kind and caring. Staff showed consideration for people's individual needs and provided support and care in a way that respected people's individual wishes and preferences.

Staff respected people's privacy, dignity and independence

Good



### Is the service responsive?

The service was responsive.

Assessments were carried out prior to a person moving to the service and care plans were developed that identified people's health and personal care needs. Plans were reviewed regularly to show where people's needs changed.

The registered manager spent time talking with and listening to people's views about the service. Although these conversations were not recorded people who used the service told us that manager did listen to them and made changes.

Good



### Is the service well-led?

The service was not well led.

Requires Improvement



## Summary of findings

Some improvements were required to ensure that improvements identified through the provider's quality assurance systems were acted upon.

The registered manager was well regarded by people who used 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 checked 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.

One inspector carried out the inspection.

Prior to the inspection we reviewed information we held about the provider. We looked at any incidents the service had notified us about and reviewed what had been happening at the service since the last inspection, which took place in July 2014.

Before the inspection the provider was asked 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.

We spoke with eight of the nine people who used the service. We spoke with visiting relatives, three care staff and the registered manager. We looked at a range of records about people's care and how the service was managed. This included three people's care plans, three staff records and records in relation to the management of the service.

We contacted the local authority prior to the inspection and spoke with one social worker and the local environmental health inspector to ask for their views of the service.

# Is the service safe?

## Our findings

At our inspection on 8 July 2014 we identified some concerns with the environment where radiator covers and window restraints were not fitted to minimise risks to people who used the service. This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We saw that the provider had made the necessary improvements to ensure people's safety.

We spoke with eight people who used the service and they told us they felt safe in the home. Comments included, "I feel completely safe here," and "I don't think I could do better than being here." A visitor we spoke with told us "My relative is absolutely safe here, I have never witnessed anything of concern, the staff are really good." We were also told "The manager is very approachable I would not hesitate to raise concerns if I had any."

Staff told us they had recently received updated safeguarding training and they were able to explain what they would do if they witnessed anything of concern. They told us they would contact social services or the provider if they had any concerns as well as report to the Care Quality Commission if they were not satisfied. One staff member told us "The registered manager is very clear about what she expects of us."

We were told that some staff may not always have consistently learned from incidents and may have attempted to get people to a standing position without help. This would have placed both the person and staff member at risk. We investigated this further by looking at accident records and discussing this with the registered manager. We were told where incidents happen they would observe staff practice to ensure people were being cared for according to their care plans. Where concerns were raised it would be discussed in team meetings or supervision to ensure staff understood how to minimise future risk. The registered manager also gave guidance on a day to day basis as the need arose.

We observed staff throughout the day and saw how they put their training into practice. Staff took their time and did not rush people when they assisted in transferring them using the hoist. They explained what they were doing and

gave reassurance to the person. This meant that staff were able to put their training into operation and ensure people's safety and wellbeing providing them with effective care.

Risk assessments were in place and kept in people's care plans. These identified what staff should do to minimise risk without restricting people's independence. For example staff assisted people to use walking frames safely ensuring they were not rushed and moved the frames temporarily during meal times. They returned the frames as soon as the meal was complete, or sooner if requested, to ensure that their absence did not restrict movement.

The registered manager had ensured there were enough staff available to meet people's needs by assessing people's dependency. A rota was produced detailing how many staff were needed to provide care. Staff told us that they felt there were enough staff with skills and experience to ensure people were kept safe. A staff member told us, "We always have staff on who are trained in first aid and can give the medication." When we spoke with people who used the service they told us, "I don't have to wait long before I get help when I press my call bell." Another person said, "They work very hard, if I don't feel well they would come straight away." A visitor told us "You couldn't just be lost here, there is always someone around, and you are never made to feel a nuisance." This meant there were sufficient staff to meet people's needs.

We looked at recruitment records and found that appropriate checks were undertaken before staff began working in the home. Records showed pre-employment checks had been carried out. These included an application form, two references and police checks as well as photographic evidence of their identity. This meant people who used the service could be confident that staff had been screened as to their suitability to care for the people who lived there.

We observed the medication being administered and staff followed good practice as they observed people take their medication before signing the records to say they had been administered. We heard staff ask people if they needed anything for pain, this helped to ensure that people received pain relief when they needed it. People told us "We only have to say we are in pain and we are asked if we

## Is the service safe?

want some paracetamol.” Staff spoken with told us that only trained staff were allowed to administer medication. Records showed that relevant staff received the necessary training to ensure they could administer medication safely.

Medication was stored safely in a locked cupboard in a locked room. However we found that medication stored in the fridge was not kept locked. The manager made arrangements during the inspection for these to be stored securely.

Medication records showed that people received the medication they needed at the time they needed it. The provider had safe procedures in place for the storage and administration of medication. Controlled medication was stored in a separate locked container and records showed that they were administered according to good practice with two staff signing each time they were administered.

# Is the service effective?

## Our findings

People we spoke with who used the service told us “If staff see you aren’t well they come straight away to help you.” A visitor told us “The slightest concern and they get on the phone to let you know, they follow up with the nurse and GP.”

Staff told us that all staff had received an induction when they started working at the service and the manager told us that all staff were sent on the National Qualification Framework (NQF) level 2. (The National Qualification Framework is a nationally accredited healthcare training qualifications that is suitable for those working within a health and social care job role.) This ensures new staff understand how the service operates.

Staff received ongoing training including regular training on best practice in moving and handling and health and safety. Staff also told us they received specific training to help meet the needs of people who used the service. For example diabetes care and bereavement and loss. Staff were able to explain what they would do when providing care to people with specific care needs. However we were told that the training they received for dementia awareness was a basic half day course and staff felt that as some people’s needs were changing that this course might not prepare them. We discussed this with the registered manager who told us they would look at more in depth training for staff to support them as people’s needs changed.

We asked staff if they received regular supervision and we were told that they could talk to the registered manager whenever they wanted to and they had received help and support with training. However we were told that they had not received formal supervision or appraisals where comments were recorded. We discussed this with registered manager who confirmed that they were aware that they needed to carry out supervision for all staff but they had not done them. The registered manager told us because they worked alongside staff they often dealt with queries and training needs on a day to day basis so were able to deal with queries and concerns promptly.

We observed a shift handover and staff shared with the next shift what had happened during the day. This included

if someone had seen the district nurse or was unwell, who needed closer observation and generally how each person had been during the day. This ensured that all staff had the information they needed to provide care effectively.

We saw that people were offered drinks and snacks throughout the day, this included hot drinks as well as cold drinks such as juice or water. One person told us “I like a Horlicks before I go to bed and they always bring one to me.” A person using the service had a special dietary requirement regarding their fluid intake and all staff spoken with were fully aware of what this was and what it meant for the person. This was fully documented in the person’s care plan and daily records.

We observed the midday meal and saw that people were encouraged to eat their meals. People had the necessary equipment such as plate guards and special cutlery where needed to ensure they could eat their meals independently. We heard people ask for small meals and staff complied with their request. We also heard people say what a lovely meal it was. Comments included. “That was a lovely piece of meat.” Another said “I really enjoyed my dinner.” We saw that people were given a choice and where people had specific dietary requirements, such as diabetes, these requirements were met. People we spoke with told us the food was very good and they had plenty to eat and drink. A visitor told us “They even know what I like to drink when I visit, they are that good.”

Care plans identified where people may have been at risk of malnutrition. Where this was identified they obtained professional advice from the dietician. People who were prescribed build up drinks were encouraged to have them. Staff recorded people’s dietary intake in daily records. Fluid intake charts did not specify how much people should consume. After we discussed this, the registered manager added new information to the fluid charts providing clearer guidance on what each person’s fluid intake should be. This meant staff had the information they needed to ensure people received the fluid they needed to remain healthy.

A visitor told us that staff were in regular contact with health care professionals for advice and to ensure their relative received appropriate care. They told us. “I know my relative has had a pressure sore and I know the staff have been chasing the district nurse to get it sorted.” This was confirmed when we looked at the daily records and spoke with the registered manager.

## Is the service effective?

Daily records showed that people saw their GP when they needed to and other healthcare professionals such as optician and chiropodist. A person who used the service told us. "All I have to say is, I don't feel well and they call my doctor."

Staff told us if people had several falls they would refer them to the NHS falls clinic and they were able to describe what action they took when they had the district nurse in to support people with their pressure care needs.

CQC is required by law to monitor the operation of the Deprivation of Liberty safeguards (DoLS). The registered manager was aware of the changes in DoLS practice following recent training and was in liaison with the local authority and mental health professionals to ensure the appropriate assessments were undertaken to ensure people who used the service were not unlawfully restricted.

People we spoke with said that staff always asked them if they needed help and supported them when they needed it, in the way they wanted. During the two days of the inspection we observed staff asking people about their care. Staff were able to describe how they ensured that people were asked how they wanted to receive their care.

The registered manager and staff had recently undergone Mental Capacity Act 2005 training. The registered manager was able to describe how they believed one person may need an application to restrict their movements and they were in discussion with mental health professionals regarding this issue. The registered manager kept up to date with changes in legislation to protect people and acted in accordance with their wishes.

# Is the service caring?

## Our findings

People who used the service described staff as “kind” and “lovely”. A visitor told us, “When I came to look round I was told it was like a family here and it is. We have a laugh and a joke. The bereavement side is very good; if someone dies you can see the staff are genuinely upset.” Staff told us that how they would support people who were at end of their life and the registered manager said that they would make sure they had extra staff on each shift so a person at the end of their life would never be alone.

Staff spoke kindly to people. During the afternoon a person became anxious. Staff were aware of this and spent time with the person to help reassure them. The registered manager then stayed with the person and talked with them this helped the person become less anxious.

On the second day of the inspection one of the lounges was being decorated and people were seated in different areas. Staff were aware that this caused some people to become anxious. This information was mentioned during handover so staff coming on the next shift were aware that people may be agitated. Where people had anxiety, staff were patient and understood how best to support them to minimise their distress.

We heard staff explain that the lounge was being decorated, which was why people were sat in different areas of the home. People told us that staff listened to them and they were given information about the home and any changes that might happen such as the lounge being decorated. One person told us “Staff are very good they talk to us and they let us know when things happen.”

People who used the service told us that staff were always respectful, such as knocking on doors before they entered their bedrooms and in the way they spoke to them. A person told us. “They [staff] always knock on my door before coming in and they never treat me disrespectfully.” Another person said “The staff are lovely, they are very respectful but you can have a laugh as well.” We were also told. “Staff are very kind they always ask me what help I need, they really listen to you, I can make decisions for myself.” A visitor told us “The staff always make sure I know what is going on and I am involved in my relative’s life.”

Staff were told us how they supported people to make choices in their day to day lives including what time people got up or went to bed. We were told “We help them choose their clothes by showing them what they have, we don’t rush people, they choose in their own time.” This meant that people are supported by caring staff.

# Is the service responsive?

## Our findings

A visitor told us “People are really well looked after, they spend time with them, they cater for individual needs, the way they treat them is right for each person.” People who used the service told us “Staff ask me if I need more help and if my care plan is alright, if I am unwell they call a doctor, they sort everything out.”

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. Staff were able to describe how they maintained people’s independence. One member of staff told us “We involve people by asking them what help they want and we don’t assume they need everything done for them”. People who used the service told us they were supported to spend the day as they wanted. “The staff are very good, they help me when I need help, but I can do a lot for myself.”

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 service. A care plan was created from the assessment, each care plan was personalised and described how people wanted to receive their care. For example, care plans described how people preferred to transfer, detailing what equipment a person may need and exactly what support a person required if any. It also described what to expect on good and bad days as described by the person themselves. This meant that support could be modified to ensure the person received the help they needed.

People told us they had a positive relationship with staff and staff understood their preferences and need. They did not have to wait long before staff came to assist them and they always helped them when they needed help. People also said they would like to go out on trips but they felt there were not always enough staff available to support them to go. The registered manager told us that when they had trips out more staff were made available to ensure

those who wanted to go out could. However, during the winter months people did not want to go out as much so they did not arrange extra staffing. The registered manager said she would talk to people to see what activities they were interested in and make arrangements to support them to go out.

During the first day of our inspection the hairdresser was visiting and all the people who used the service were having their hair done. People told us they liked this activity. “I always feel better when I have my hair done.” On the second day of our inspection an aroma therapist had visited and carried out a variety of treatments. People spoken with told us they enjoyed this. Staff told us that if people wanted to go to church arrangements were made for them to attend or there was a Communion service once a month held at the home.

People we spoke with told us they knew who to complain to if they were unhappy. One person told us, “I would speak to [the manager], she would sort it out.” There was information on how to complain or raise concerns. Staff spoken with understood their responsibility to support people to make a complaint. We were told, “If someone tells me something I would tell the manager.” This ensured that people had the information they needed if they wished to raise concerns.

The registered manager told us they spent time in each lounge area talking with people to find out their views of the service and any changes they might want. However this was not recorded this meant it was not clear what action if any they had taken as a result of these conversations. The registered manager agreed that it would be useful if they recorded these conversations to show what decisions people who used the service had been involved in making. A visitor told us “The manager asks your opinion about the service, I have no concerns. I have regular chats with the manager, they are open to suggestions.” People who used the service also told us that the registered manager sat in the lounge with them and ask what they think about the service. One person told us the staff talk to them all the time and ask them about their care “Staff listen to us, they support us to see our family and friends visit.”

# Is the service well-led?

## Our findings

People who used the service and visitors told us they found the registered manager approachable and open. One person told us “I could tell the manager anything.” Most staff told us they found the registered manager approachable and felt confident they would deal with any concerns raised.

The registered manager provided us with records that showed there was a programme of training for all staff, this included cleaning staff. The manager told us that ancillary 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 and how.

People we spoke with were very positive about the registered manager. One person said. “The manager is approachable and I could tell them anything.” We were told by people who used the service. “The manager is fantastic.”

Staff understood who took responsibility for different aspects of the running of the home and understood their personal responsibility to ensure the safety and wellbeing for each person who used the service.

Staff also told us that there were no staff meetings. The registered manager told us that although there were no formal meetings as she worked alongside staff she could

discuss concerns and training needs as they arose. This meant that although staff did not have a formal setting to raise issues they opportunities to discuss issues relating to the service with the registered manager.

The registered manager showed us what processes they had in place for reporting incidents and we saw that these were being followed. All incident reports included details of the incident and any follow up action taken. We saw that incidents were reviewed by the registered manager and identified any patterns that needed to be followed up and involve other healthcare professionals where necessary.

We looked at what systems were in place to monitor the quality and safety of the building. Audits that should be carried out on the building such as water temperatures were not carried out. The registered manager had started to create a system but had not actually started to carry out any monitoring. This meant that problems may have arisen in the safety of the building and the manager may not have been aware of them. The manager used informal methods to find out what people felt about the quality of the service they received but did not record what improvements were made as a result of these conversations. This meant that the provider may not be able to ensure the service was continually improving.

We spoke with other professionals about the service prior to us visiting the home and we were told that the manager worked with them and when they had raised issues around lack of radiator covers it was dealt with promptly.