Mr H R & Mrs J C & Mr M J Martin

Hollymead House

Inspection report

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Tel: 01243868826

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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

The inspection took place on 14 November 2016 and was unannounced.

Hollymead House provides care and accommodation for up to 35 people and there were 33 people living at the home when we inspected. These people were all aged over 65 years and had needs associated with old age and frailty.

Thirty four bedrooms were single and there was a double bedroom which was occupied by one person at the time of the inspection. Thirty bedrooms had an en- suite toilet. There was a communal lounge and dining area which people were observed using. There was also a conservatory which people were using for craft activities. A passenger lift was provided so people could access the first floor.

The service had a registered manager who was also one of the registered providers. Another staff member was also working in the role of manager and had applied for registration with the Commission. 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. There was an acting manager who had been in post since July 2015 and had not applied to register with the Care Quality Commission.

At the last inspection we found, staff did not receive adequate supervision, appraisal and training in certain areas. This was in breach of Regulation 18 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent us an action plan of how this was to be addressed. At the inspection we found improvements had been made to the supervision, appraisal and training of staff. This regulation was now met.

At the last inspection we found the provider had not taken steps to consult people about the use of CCTV in the home. This was in breach of Regulation 10 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent us an action plan of how this was to be addressed. At this inspection we found people had been consulted and had agreed to the use of CCTV in communal areas. This regulation was now met.

The environment was generally well maintained, clean and free from any unpleasant odours. Equipment was serviced and maintained with the exception of testing of the electrical wiring, the hot water supply and measures to protect people and staff from any risks from possible legionella.

Staff were trained in adult safeguarding procedures and knew what to do if they considered people were at risk of harm or if they needed to report any suspected abuse. People said they felt safe at the home.

Care records showed any risks to people were assessed and there was guidance of how those risks should

be managed to prevent any risk of harm.

There were sufficient numbers of staff to meet people's needs. Staffing levels have been increased since the last inspection. Staff recruitment procedures were adequate which ensured only suitable staff were employed.

People received their medicines safely.
The CQC monitors the operation of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Staff were trained in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). People's capacity to consent to their care and treatment was assessed. At the time of the inspection each person living at the home had capacity to consent to their care and treatment and their choices were respected.

There was a choice of food and people were complimentary about the meals. The food was wholesome and nutritious. The provider consulted people about the food and meal choices.

People's health care needs were assessed, monitored and recorded. Referrals for assessment and treatment were made when needed and people received regular checks such as dental and eyesight checks.

Staff were observed to treat people with kindness and dignity. People were able to exercise choice in how they spent their time. Staff took time to consult with people before providing care and showed they cared about the people in the home.

People said they were consulted about their care and care plans were individualised to reflect people's choices and preferences. Each person's needs were assessed and this included obtaining a background history of people. Care plans showed how people's needs were to be met and how staff should support people.

There was a wide range of activities for people and a schedule of activities for the week was displayed in the entrance hall. These included arts and crafts as well entertainment from visiting musicians and singers.

The complaints procedure was available and displayed in the entrance hall. People said they had opportunities to express their views or concerns. There was a record to show complaints were looked into and any actions taken as a result of the complaint.

Staff demonstrated values of treating people with dignity, respect and as individuals. People's views about the quality of the service were sought. Staff views were also sought and staff were able to contribute to decision making in the home. The culture of the service was based on involving people in the running of the home.

A number of audits and checks were used to check on the effectiveness, safety and quality of the service.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

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.

The hot water and electrical wiring was not adequately serviced and maintained.

The service had policies and procedures on safeguarding people from possible abuse. Staff knew what to do if they suspected any abuse had occurred.

Risks to people were assessed and guidance recorded so staff knew how to reduce risks to people.

Sufficient numbers of staff were provided to meet people's needs.

People received their medicines safely.

The home was clean and generally well maintained.

Is the service effective?

Good

The service was effective.

Staff were trained and supervised so they could provide effective care to people.

People's capacity to consent to care and treatment was assessed and staff were aware of the principles and procedures as set out in the Mental Capacity Act 2005 Code of Practice.

People were supported to have a balanced and nutritious diet. Health care needs were monitored. Staff liaised with health care services so people's health was assessed and treatment arranged where needed.

Is the service caring?

Good

The service was caring.

People were treated with kindness and dignity by staff who took time to speak and listen to people.

People were consulted about their care and their privacy was promoted by staff.

Is the service responsive?

Good

The service was responsive.

People's needs were comprehensively assessed and reviewed. Care plans were individualised and reflected people's preferences.

There was a daily activities programme for people.

The service had a complaints procedure and people knew what to do if they wished to raise a concern.

Is the service well-led?

Good

The service was well-led.

The provider sought the views of people, staff, and, stakeholder professionals regarding the quality of the service and to check if improvements needed to be made.

Staff demonstrated a commitment to treating people with dignity and as individuals.

There were a number of systems for checking and auditing the safety and quality of the service.

Hollymead House

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. The 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.

The inspection took place on 14 November 2016 and was unannounced.

The inspection team consisted of an inspector.

Before the inspection, the provider completed 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 any improvements they plan to make. We reviewed information we held about the service, including previous inspection reports and notifications of significant events the provider sent to us. A notification is information about important events which the provider is required to tell the Care Quality Commission about by law.

During the inspection we spoke with three people, one relative and one representative of a person who lived at the home. We also spoke with three care staff, the deputy manager, the manager and the registered manager.

We spent time observing the care and support people received in communal areas of the home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

We looked at the care plans and associated records for four people. We reviewed other records, including the provider's internal checks and audits, staff training records, staff rotas, accidents, incidents and complaints. Records for six staff were reviewed, which included checks on newly appointed staff and staff supervision records.

We spoke with a community nurse who treated people at the home. This professional gave their permission for their comments to be included in this report.

This service was last inspected on 29 and 30 September and 6 October 2015 when we identified concerns regarding staff supervision, appraisal and training as well as respecting people's privacy.

Requires Improvement

Is the service safe?

Our findings

People told us the hot water system did not work properly in certain areas of the building. We spoke to the registered manager about this who confirmed there were ongoing but intermittent problems with the hot water supply which was being addressed with a plumber. The hot water supply to baths was not affected but there were interruptions in the hot water supply to bedroom wash basins. The registered manager told us hot water was carried to people's rooms if the hot water supply to their wash basin had failed. The gas heating was checked and certificated as safe by a heating engineer in May 2016, but was not working properly at the time of the inspection.

There were no procedures for taking measures to combat the risk of legionnaires' disease such as water being at safe temperatures. The need for this to be addressed was made more important by the fact the hot water system did not always work correctly. We also identified the electrical wiring test was out of date of the recommended timescales of being tested every five years as it was last carried out in 2010. Following the inspection the provider wrote to us to confirm the arrangements had been with qualified person for the risks of legionella and an electrical wiring check to be carried out in the near future.
The provider had not adequately maintained and checked the premises and equipment. This was in breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt safe at the home and were looked after well. For example, one person described how staff supported them with their mobility needs so they could move around safely. Another person said the staff were effective in dealing with pressure injuries to their skin, which had healed. This person said staff were vigilant in checking for any skin redness to prevent any deterioration in skin tissue. People and their relatives said there were enough staff on duty and that staff responded promptly when they asked for help by using the call point in their room. People showed us their call point was in easy reach so they could ask for help when they needed it.

Staff were trained in procedures for reporting any suspected abuse or concerns. Staff said they would report any concerns to their line manager and knew they could access safeguarding procedures in the home which contained guidance on reporting such concerns to the local authority safeguarding team. The service had policies and procedures regarding the safeguarding of adults, including a copy of the local authority safeguarding procedures.

Risks to people were assessed and recorded. There were corresponding care plans so staff had guidance on how to support people to reduce the risk of injury or harm. These included the risks of falls, the risk of pressure areas developing and risks when moving people. The risk assessments showed any risks to people regarding their room environment were also assessed to identify if any preventative action needed to be taken. For example, one risk assessment referred to the person's chair needing to have adaptations to help the person get up. Care plans, including risk assessments, were reviewed on a regular basis so any changes in people's needs regarding risks could be identified. For example, risk assessments regarding people's safety in their rooms was reviewed each month.

A dependency tool was not used by the provider to calculate the staffing levels needed to meet people's needs. Since the last inspection the numbers of people living at the home had increased from 29 to 33. Staffing levels had increased from between four to five staff from 8am to 2pm to six care staff at this inspection. From 2pm to 8pm care staff levels had increased from three to four staff. Staffing was organised on a staff roster which showed staffing levels were planned for at these levels. Night time staff consisted of three staff on 'waking' duty. Staff said they considered there were enough staff on duty. Staff said they worked well as a team to ensure people's needs were met. The hours worked by the registered manager, the manager and the deputy manager were in addition to these staff hours. There were also additional staff for cooking, catering, cleaning and laundry.

A health care professional told us they considered there were enough staff to look after people, adding, "Staff are always available."

During the inspection we observed there were enough staff to help people when they needed assistance. For example, staff were available to help people at busy times such as at lunch time.

We looked at the staff recruitment procedures. References were obtained from previous employers and checks with the Disclosure and Barring Service (DBS) were made regarding the suitability of individual staff to work with people in a care setting. There was a record of staff being interviewed to assess their suitability for the post.

There was a photograph of each person in the medicines administration records (MARs) so staff knew who to give medicine to. A signature of each staff member was maintained so it could be identified which staff member administered medicines. A record was maintained of any incoming medication stock. The service used a monitored dosage system whereby medicines were supplied by the pharmacist in blister packs instead of containers. The MARs and the blister packs of medicines showed staff administered medicines as prescribed. Staff recorded their signature on the MARs each time they administered medicines. Guidelines were recoded so staff knew the symptoms indicating when 'as required' medicines needed to be given. We identified one person was prescribed medicine for pain relief four times a day but frequently refused this, according to the manager. Rather than record that the person had refused the medicine the provider had changed the MAR to say the medicine was to be given on an 'as required' basis. This was discussed with the manager who agreed to amend the MAR to its original instruction and to contact the person's GP for a review if the person continued to refuse their pain relief medicine.

The service was found to be clean and free from any odours. Infection control measures included the availability of hand sanitising cleanser around the home which staff were observed to use. Staff had access to, and, used protective gloves and aprons when they needed. Infection control training was provided for staff. The service had a sluice room for the disposal of waste. People and their relatives commented that the home was kept clean.

Checks were made by suitably qualified persons of equipment such as the passenger lift, hoists, fire safety equipment and alarms and electrical appliances. Each person had a personal evacuation plan so staff knew what to do to support people to evacuate the premises. First floor windows had restrictors on them to prevent people from falling out. Temperature controls were in place to prevent any possible scalding from hot water. Radiators had covers on them to prevent any possible burns to people.

Good

Is the service effective?

Our findings

At the inspection on 29 and 30 September and 6 October 2015 we found the provider was in breach of Regulation regarding staff training, supervision appraisal. The provider submitted an action plan of how they were to address this. At this inspection we found action had been taken by the provider and this regulation was now met. Additional training and supervision had been provided to staff such as training in the management of diabetes.

Staff told us they received regular supervision form their line manager. Staff said this consisted of one to one discussions as well as appraisals of their work by observation by their manger of their work with people. Staff said the supervision was helpful and allowed them to identify any areas of practice they needed to improve. Staff said they felt supported in their work. Records were maintained of staff supervision and appraisals and showed this was taking place on a regular basis. There were records to show staff competency to safely administer and handle medicines was assessed including observation of staff. Records and discussion with the management team showed they also received regular supervision. Staff received an induction when they started work to prepare them for their job. This included the completion of an induction pack and an assessment that staff were competent to carry out their role.

People and their relatives stated the staff were skilled in providing care. For example, one person and a relative said how the care provided by the staff was effective in improving specific health conditions. One person's representative also said how people were treated well by the staff and that prompt arrangements for assessment or treatment by community health services were arranged. A community nurse said staff were attentive to people's needs and that people were looked after well.

Staff told us they had access to a range of training courses such as in the moving and handling of people, first aid, the Mental Capacity Act 2005 as well as nationally recognised training in care such as the National Vocational Qualification (NVQ) in care and the Diploma in Health and Social Care. The provider confirmed 21 of the 28 staff were trained to NVQ level 2, 3 or 4. A further four staff were completing a Diploma in Health and Social Care. These are work based awards that are achieved through assessment and training. To achieve these awards candidates must prove that they have the ability to carry out their job to the required standard. Staff said the training was of a good standard and equipped them for their role and that training was regularly updated

We looked at the training records for staff on duty. Staff completed training courses considered mandatory to their role such as health and safety, infection control, diet and nutrition, fire safety, equality and diversity and death and dying. Training was also provided in more specific care needs such as dementia awareness. 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).

The service had policies and procedures regarding the Mental Capacity Act 2005 and the associated Code of Practice. This legislation and guidance protects those who do not have capacity to consent to their care and treatment. Staff were trained in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). DoLS authorisations are made by the local authority for those who do not have capacity to agree to their care and treatment and have their liberty restricted for their own safety. The staff used an assessment tool for determining if people had capacity to consent to their care and treatment. These were reviewed on a regular basis. The acting manager told us none of the people at the home lacked capacity to consent to their care and treatment. People told us they agreed to their care and treatment.

People had a choice of food and were asked in advance what they would like to eat. People's dietary and nutritional needs were assessed when they were admitted to the home. These were recorded and passed to the kitchen staff so they could provide the right food. Regular meetings took place between the home's management team and the kitchen staff in order that people's dietary needs and preferences were catered for. People also had opportunities at the residents' meetings to discuss the menus. People told us they liked the food. For example, one person said, "The food is very good. We have a roast dinner twice a week. There's a choice and alternatives are always available, such as vegetarian. We have curries. We can choose where we eat." Another person said, "The food is good and the menu is designed by someone who knows about nutrition. I've put on weight. I am asked every morning what I would like to eat for the meals for the day ahead. I like the homemade cakes in the afternoon." A relative said how their mother/father never ate much prior to moving into the home but now, "doesn't stop eating."

We observed the lunch being served and eaten by people. The food was served to people at dining tables, was well presented and looked appetising and was wholesome. Staff were attentive and checked people were satisfied with the meal.

People's nutritional needs were assessed regarding any risks of malnutrition and each person's weight was monitored. A drinks trolley of tea, coffee or biscuits was brought round to people in the morning and in the afternoon to ensure people had enough to eat and drink.

People said they were supported to attend appointments with their dentist, their GP and had chiropody services. Records showed people had access to medical services such as community nurses, the optician as well as a GP. The manager told us a community dentist treated people at the home. We spoke to a community nurse who visited the home on a regular basis who said the staff liaised well with them and were prompt to contact the community nursing team when this was needed. Records showed staff worked with community health services and GPs.

Good

Is the service caring?

Our findings

At the inspection on 29 and 30 September and 6 October 2015 we found the provider was in breach of Regulation regarding the privacy of people as they were not consulted about the use of CCTV in the communal areas. The provider submitted an action plan of how they were to address this. At this inspection we found action had been taken by the provider and this regulation was now met.

People told us they were treated kindly and compassionately by the staff. For example, one person said, "The staff treat me very well. Very kind. Nothing is too much trouble for them." Another person said, "The staff are so peasant…very pleasant and considerate. I regard them more as friends." A relative described the staff as having a caring nature and that their mother/father had formed positive relationships with the staff. A community nurse also commented that staff were caring.

Staff were observed to talk to people politely and respectfully. We observed the lunch time meal. Staff asked people how they wanted to be helped, if they wanted anymore food and if they wanted something different to eat. People said they were supported to be independent and said they could make choices in how they spent their time and in what they ate.

People said they were consulted about their care and were asked how they wanted to be supported. Care plans reflected people's preferences and background. There was a document called 'Getting To Know Me,' which showed people were able to choose how they spent their time. These included times people liked to get up and their daily routines. The care plans and reviews included space for people's comments to be included and their signature to acknowledge their agreement to the contents of the care plans.

People said their privacy was respected by the staff who knocked on bedroom doors before entering. People's assessments included preferences for ether a male of female staff member to help them with personal care.

The service had policies and procedures in a staff handbook regarding the values underpinning the service such as treating people with respect and helping them to maintain their independence. Staff demonstrated they had these values in their daily work. For example, staff said their role involved staff having a caring attitude and being a good listener. Staff described the home as having a family atmosphere and said they tried to bring humour into the lives of the people they looked after.

Good

Is the service responsive?

Our findings

People said they were consulted about how they wanted to be helped and that the care and support they received was based on this. For example, one person told us they were involved in the initial assessment of their needs and in discussions about their care.

Relatives and representatives said the staff were responsive to meeting people's needs which had resulted in improvements to people's well-being. For example, a relative said of their mother/father's care, "The recovery was astonishing." People were satisfied with the standard of care they received. For example, one person said the staff always kept them clean and ensured they had clean clothes. One person said they had a bath once a week and would like this to take place more frequently. This was discussed with the manager who said there was no restriction on the number of baths people could have and agreed to discuss this with the people we spoke with.

People said their views were sought, listened to and acted on. This included the provision of food and a resident's meetings where people said they could put forward their views. People said they felt able to put forward their views and said the staff were responsive if any concerns were raised.

There were a range of activities provided for people which they said they enjoyed. These included entertainment from visiting musicians and singers as well as arts and crafts. People also said they were able to attend tai chi exercises and occasional outings in the summer. A programme of forthcoming activities was displayed in the entrance hall. This included an activity for each day of the week. One person told us they organised and led a regular quiz which people enjoyed. A number of people were scheduled to go to the pantomime and for those that were unable to go a pantomime was to be staged in the home by a theatre group.

People's needs were comprehensively assessed and reviewed. Care needs were reviewed prior to people being admitted to the home so the provider could ascertain whether the person's needs could be met. These included dietary needs, mental health, continence care and moving and handling needs. The records also included assessments completed by referring social services departments so the provider had further information to assess and plan to meet people's needs. People's preferences were included in how they wished to be supported. There were details about any communication needs people had so staff could find out how people needed to be supported.

Care plans were recorded and gave staff guidance on how people should be supported, such as supporting people with personal care and more specialist care procedures such as supporting people with catheter care. These included moving and handling needs and personal care needs.

People said they knew what to do if they weren't satisfied with the service they received. The complaints procedure was displayed in the home and was also contained in the service user handbook which was provided to each person. The provider told us most issues of concern were dealt with informally usually after being raised at one of the residents' meetings. Records showed any complaints were looked into and

responded to.

Good

Is the service well-led?

Our findings

People said they had opportunities to give feedback on the they received by completing surveys questionnaires. People also said they were able to air their views and discuss issues, such as the meals and activities. For example, one person told us a residents' meeting discussed the type of sandwiches provided for the early evening meal resulting in a request for salmon. Another person said how any requests were dealt with promptly. Relatives and representatives of people, also said they had opportunities to discuss the service provision adding that the staff and management were receptive to any issues raised. For example, the manager was described as, "Excellent. Nothing is too much for her."

Records of the residents' meetings were maintained and showed people were encouraged to give their views on any aspects of the service. A record was maintained where something was raised and there was a further record to show what action the provider had taken as well as follow up checks that changes were maintained.

The provider used surveys based on the Care Quality Commission domains of Safe, Effective, Caring, Responsive and Well-Led. People, staff and stakeholders were asked to answer questions relating to the key lines of enquiry in each domain. The results of the surveys were compiled into a summary so any action or improvement could be made. The provider told us in the PIR that the service is always looking at ways it can improve, such as enhanced training for staff.

The values of the service were contained in the service user's handbook and the employees' handbook, which referred to people being treated with respect and their privacy and dignity promoted. These values were demonstrated by staff when we spoke to them and from our observations of them interacting with people. The culture of the service reflected values based on the needs and preferences of people and promoting their well-being. A relative for example, described the staff team as, "Open, friendly, hard working, jovial, having a caring nature and liking what they do."

People said how much they liked living at the home describing it as a, "Home from home." A relative described the service as, "Homely and not institutional." This reflected a culture where people were treated as individuals by caring staff.

Staff said they were able to contribute to decisions and said their views were listened to. Regular meetings took place with staff with different responsibilities in the service to discuss their work, any issues and improvements. Records of these were available for us to see.

The home had a registered manager who was also one of the providers who was present in the home each day. There was also a manager who had applied to the Commission for registration as manager. The service had a deputy manager and three senior care staff who had responsibility for supervising staff. Staff said they had access to management support during the day and night. Staff said they were supported well by the management team.

There were a number of systems of audit used to check the safety and quality of the service. For example, cleaning schedules were recorded each day which were handed to the acting manager for monitoring purposes. There were also daily and weekly audits to check that cleaning was satisfactory. Daily and monthly audit checks on infection control were carried out and recorded as well as checks on control of substances hazardous to health (COSHH). Audits of the kitchen and kitchen equipment were carried out as well as a catering audit, and, a kitchen hazard analysis. There were monthly audits of care plans and three monthly maintenance audit checks. These had not identified the shortfalls in maintenance as referred to in the Safe section of this report. A quality assurance check was carried out every three months and recorded. The acting manager told us how these audits were used to check standards were being maintained and to take action where any shortcomings were identified.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The provider had not ensured the premises and equipment were properly maintained. Regulation 15 (1) (c)