Mr & Mrs P Dye

The Hollies

Inspection report

The Hollies Care Home
1 Tremodrett Road
St Austell
Cornwall
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Tel: 01726890247

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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

We carried out an unannounced comprehensive inspection of The Hollies on 13 February 2018. The Hollies is a 'care home' that provides care for a maximum of 20 adults. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. At the time of the inspection there were 18 people living at the service. The accommodation is spread over two floors. A shared lounge and dining room are on the ground floor. There are two sets of stairs to the second floor and one has a stair lift in place.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

On the day of the inspection there was a relaxed and friendly atmosphere at the service. People and staff welcomed us into the service and were happy talk to us about their views of living and working there. People told us they were happy with the care they received and believed it was a safe environment. Comments from people and visitors included, "Very homely, relaxed and happy atmosphere", "Open approach to any issues raised" and "I'm very happy here, it was my choice to come."

Many people living at the service had lived in the local area before moving into the service and most staff also lived locally. This meant the people and staff had shared knowledge and interests which had helped people to develop meaningful relationships with staff. We saw that staff interacted with people in a caring and compassionate manner. Comments from people included, "I've always lived in Roche and lots of the people who work here live in the village, so I know a lot of the carers here", "I have no faults with anyone, they are all very good" and "My key worker is lovely, we have a joke."

Staff supported people to keep in touch with family and friends. People told us, "Lots of friends from the village and family visit me; they can come whenever, it's like having your own flat; I can Skype all my family in America, the carers set it all up for me each time" and "Family come to visit me; they come when they want, one comes to see me every day." Relatives told us they were always made welcome and were able to visit at any time. One relative said, "No restrictions at all, we come a lot, around 3-4 times a week."

People received care and support that was responsive to their needs because staff were aware of the needs of people who lived at The Hollies. Safe arrangements were in place for the storing and administration of medicines. Staff supported people to access healthcare services such as occupational therapists, GPs, chiropodists, district nurses, opticians and audiologists.

People were supported to eat a healthy and varied diet. Where people needed assistance with eating and drinking staff provided support appropriate to meet each individual person's assessed needs. Comments

from people about their meals included, "It's good food", "It's pancake day today and we are going to have pancakes at teatime" and "I enjoy all the food and if you don't like anything they'll always get you something else.'

Care plans were well organised and contained personalised information about the individual person's needs and wishes. Care planning was reviewed regularly and whenever people's needs changed. People's care plans gave direction and guidance for staff to follow to help ensure people received their care and support in the way they wanted.

People were able to take part in a range of group and individual activities. An activity coordinator was employed for two days a week and arranged regular events for people. These included baking, craft work, exercises and board games as well as external entertainers and religious services.

Management and staff had a good understanding of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). Where people did not have the capacity to make certain decisions the service acted in accordance with legal requirements. Applications for DoLS authorisations had been made to the local authority appropriately.

There were sufficient numbers of suitably qualified staff on duty to meet people's needs in a timely manner. Staff knew how to recognise and report the signs of abuse. Staff were supported through a system of induction, training, supervision and staff meetings. This meant they developed the necessary skills to carry out their roles. There were opportunities for staff to raise any concerns or ideas about how the service could be developed.

Staff had a positive attitude and told us the management team provided strong leadership. Staff told us they felt supported by the management commenting, "I would be happy for a relative of mine to live here", "We are a good team, we have low sickness levels because we don't want to let our colleagues down", "I love it here, wouldn't want to work anywhere else" and "The owners are good to us."

People and relatives all described the management of the home as open and approachable. Comments included, "Yes, I would definitely recommend the home, I chose here because it is central for my visitors", "The owners sometimes come around and when they do they talk to everyone individually to see if we are all ok", "I would recommend it here, they are very good" and "The managers are often around the home."

People and their families were given information about how to complain. There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed.

Further information is in the detailed findings below.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

The Hollies

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 unannounced inspection took place on 13 February 2018. The inspection was carried out by one adult social care inspector and an expert by experience. An expert by experience is a person who has experience of using or caring for someone who uses this type of service. Their area of expertise was in older people's care.

We reviewed the Provider Information Record (PIR) and previous inspection reports before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We also reviewed the information we held about the service and notifications of incidents we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with eight people and six visiting relatives. We also spoke with the registered manager, deputy manager and five care staff.

We looked at four people's care plans and associated records, Medicine Administration Records (MAR), three staff recruitment files, staff duty rosters, staff training records and records relating to the running of the service.

Good

Is the service safe?

Our findings

People told us they were happy with the care they received and believed it was a safe environment. Comments from people and visitors included, "Very homely, relaxed and happy atmosphere", "Open approach to any issues raised" and "I'm very happy here, it was my choice to come."

People were protected from the risk of abuse because staff knew the action to take if they suspected abuse was taking place. They told us they would have no hesitation in reporting it to the registered or deputy managers and were confident their concerns would be acted on. If necessary they would report concerns outside of the organisation, either to CQC or the local authority safeguarding team.

There were effective systems in place to help people manage their finances. With people's, or their advocates, agreement the service held small amounts of money for them to purchase personal items and to pay for the visiting hairdresser and chiropodist. One of the managers carried out regular audits of the monies held.

Each person's care file had individual risk assessments in place which identified any risks to the person and gave instructions for staff to help manage the risks. These risk assessments covered areas such as the level of risk in relation to nutrition, pressure sores, and falls and how staff should support people when using equipment. These had been kept under review and were relevant to the care provided. Staff had been suitably trained in safe moving and handling procedures.

Records of incidents and accidents showed that appropriate action had been taken and where necessary changes made to learn from the events. Events were audited by the managers to identify any patterns or trends which could be addressed, and help to reduce any apparent risks. Care records were accurate, complete, legible and contained details of people's current needs and wishes. They were accessible to staff and visiting professionals when required.

There were safe and robust recruitment processes in place to ensure only staff with the appropriate skills and knowledge were employed. Staff recruitment files contained all the relevant recruitment checks to show staff were suitable and safe to work in a care environment, including Disclosure and Barring Service (DBS) checks.

There were enough suitably qualified staff on duty and additional staff were allocated if peoples' needs increased, such as when someone was unwell. On the day of the inspection there were three care staff on duty. In addition there was a cook, a domestic and the registered and deputy managers. People and visitors told us they thought there were enough staff on duty and staff always responded promptly to people's needs. People had a call bell in their rooms to call staff if they required any assistance. People said staff responded quickly whenever they used their call bell. We saw people received care and support in a timely manner.

Medicines were managed safely at The Hollies. Staff were competent in giving people their medicines. They

explained to people what their medicines were for and ensured each person had taken them before signing the medication record. Medicines Administration Record (MAR) charts were fully completed and appropriate medication audits had been conducted. Some people managed certain aspects of their own medicines and this had been appropriately agreed with the individual and any potential risks explained.

All medicines were stored appropriately. Medicines which required stricter controls by law were stored correctly and records kept in line with relevant legislation. Some people had been prescribed creams and these had been dated upon opening. This meant staff were aware of the expiry date of the item, when the cream would no longer be safe to use.

The environment was clean and well maintained. The service employed a maintenance person who carried out regular repairs and maintenance work to the premises in a timely way. All necessary safety checks and tests had been completed by appropriately skilled contractors. There were smoke detectors and fire extinguishers in the premises. Fire alarms and evacuation procedures were checked by staff and external contractors to ensure they worked. Records showed there were regular fire drills.

Good

Is the service effective?

Our findings

People's need and choices were assessed prior to moving into the service. This helped ensure people's needs and expectations could be met by the service. Staff were knowledgeable about the people living at the service and had the skills to meet their needs. People and their relatives told us they were confident that staff knew people well and understood how to meet their needs. Staff demonstrated that they were aware of their responsibility to help protect people from any type of discrimination in the way they provided care for people.

Staff completed an induction when they started employment with the organisation which involved them completing the Care Certificate. The Care Certificate is a national qualification designed to give those working in the care sector a broad knowledge of good working practices. There was also a period of shadowing more experienced members of staff. Training identified as necessary for the service was updated regularly. This included safeguarding, mental capacity and dementia awareness.

Staff told us they were well supported by the management team. Supervision meetings were held regularly as well as annual appraisals. These were an opportunity to discuss working practices and raise any concerns or training needs. The registered and deputy managers shared responsibility for completing supervisions.

Staff supported people to access healthcare services such as occupational therapists, GPs, chiropodists, district nurses, opticians and audiologists. People and visitors told us they were confident that a doctor or other health professional would be called if necessary. People told us, "If I have a need, the carer reports to one of the managers and the doctor will come " and "I see a chiropodist every 6 weeks; I put it on my calendar. The optician comes and an audiologist. "

Staff supported people to eat a healthy and varied diet. People were provided with drinks throughout the day of the inspection and at the lunch tables. People who stayed in their bedrooms all had access to drinks. We observed the support people received during the lunchtime period. Staff asked people where they wanted to eat their lunch and most people chose to eat in the dining room. There was an unrushed and relaxed atmosphere and people talked with each other, and with staff. People were given plates and cutlery suitable for their needs and to enable them to eat independently. Where people needed assistance with eating and drinking staff provided support appropriate to meet each individual person's assessed needs. Comments from people about their meals included, "It's good food", "It's pancake day today and we are going to have pancakes at teatime" and "I enjoy all the food and if you don't like anything they'll always get you something else."

The service monitored people's weight in line with their nutritional assessment. Records showed that people were regularly weighed and action was taken should their weight change. If people lost weight food and fluid intake charts were put in place, with clear instructions for staff as to the target amount of fluid each person needed. Once the person's weight had returned to their ideal weight monitoring was ceased.

People made their own decisions about how they wanted to live their life and spend their time. We observed

throughout the inspection that staff asked for people's consent before assisting them with any care or support. Some people living at the service had bed rails in place for their safety and other people, who were at risk of falls, had pressure mats in place to alert staff when they were moving around their bedroom. It was clear why these restrictions had been put in place and some people were able to tell us they had agreed to it. However, there were no records to show if people's consent had been sought, or if the person lacked capacity, that the decision had been made in their best interest. We were assured by the registered manager that records would be put in place to evidence that consent had been sought.

The management and staff had a clear understanding of the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS). 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). 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. Applications for DoLS authorisations had been made to the local authority appropriately.

Care plans detailed the type of decisions people could make and where decisions would need to be made on a person's behalf. When decisions had been carried out on behalf of a person, the decision had been made in their best interest at a meeting involving key professionals and family where possible.

The design, layout and decoration of the building met people's individual needs. Corridors and doors were wide enough to allow for wheelchair access and there was a stair lift to gain access to the first floor, where some bedrooms were located.

Good

Is the service caring?

Our findings

On the day of the inspection there was a relaxed and friendly atmosphere at the service. People and staff welcomed us into the service and were happy talk to us about their views of living and working there. We spent time in the shared areas of the service to observe how care was delivered and received. We observed people were comfortable in their surroundings. Staff were kind, respectful and spoke with people considerately. Throughout the inspection staff were observed to stop and engage with people when moving through lounge and dining areas. We saw many examples of interactions between people and staff that enhanced people's well-being. For example, we observed a member of staff comforting one person when they became upset. This interaction was kind and gentle and the person quickly became calmer and was laughing with the member of staff.

Many people living at the service had lived in the local area before moving into the service and most staff also lived locally. This meant the people and staff had shared knowledge and interests which had helped people to develop meaningful relationships with staff. We saw that staff interacted with people in a caring and compassionate manner. Comments from people included, "I've always lived in Roche and lots of the people who work here live in the village, so I know a lot of the carers here", "I have no faults with anyone, they are all very good" and "My key worker is lovely, we have a joke."

People were able to make choices about their daily lives. People's care plans recorded their choices and preferred routines for assistance with their personal care and daily living. People told us people were able to get up in the morning and go to bed at night when they wanted to. Some people chose to spend time in the shared areas and others in their own rooms. People were able to move freely around the building as they wished to. Staff supported people, who needed assistance, to move to different areas as they requested. We saw staff asked people where they wanted to spend their time and what they wanted to eat and drink.

Staff supported people to keep in touch with family and friends. People told us, "Lots of friends from the village and family visit me; they can come whenever, it's like having your own flat; I can Skype all my family in America, the carers set it all up for me each time" and "Family come to visit me; they come when they want, one comes to see me every day." Relatives told us they were always made welcome and were able to visit at any time. One relative said, "No restrictions at all; we come a lot, around 3-4 times a week."

People's privacy was respected. Bedrooms had been personalised with people's belongings, such as furniture, photographs and ornaments to help people to feel at home. Bedroom, bathroom and toilet doors were always kept closed when people were being supported with personal care. Staff always knocked on bedroom doors and waited for a response before entering.

Most records were stored securely to help ensure confidential information was kept private. All care staff had access to care records so they could be aware of people's needs. However, people's care plans were kept in a room that, while mostly only used by staff, was sometimes used by people living at the service. We discussed with the registered manager that there was a risk that people's confidential information was not protected appropriately in accordance with data protection guidelines. We were assured by the registered

manager that a locked cabinet would be purchased so care plans could be stored appropriately.

People and their families had the opportunity to be involved in decisions about their care and the running of the service. People were involved in monthly care plan reviews and managers regularly spoke with people to ask for their views about the service.

Good

Is the service responsive?

Our findings

People received care and support that was responsive to their needs because staff were aware of the needs of people who lived at The Hollies. Staff spoke knowledgeably about how people liked to be supported and what was important to them.

Care plans were personalised to the individual and gave clear details about each person's specific needs and how they liked to be supported. These were reviewed monthly or as people's needs changed. People, who were able to, were involved in planning and reviewing their care. Where people lacked the capacity to make a decision for themselves, staff involved family members in writing and reviewing care plans. Some people told us they knew about their care plans and staff would regularly talk to them about their care. Care plans gave direction and guidance for staff to follow to meet people's needs and wishes.

Staff told us care plans were informative and gave them the guidance they needed to care for people. Staff attended daily handovers which were led by either the registered or deputy managers. These provided staff with clear information about people's needs and kept staff informed as people's needs changed. Staff wrote daily records detailing the care and support provided each day and how people had spent their time. Staff told us handovers were informative and they felt they had all the information they needed to provide the right care for people. This helped ensure that people received consistent care and support.

Some people had difficulty accessing information due to their health needs. Care plans recorded when people might need additional support and what form that support might take. For example, some people were hard of hearing or had restricted vision. Care plans stated if they required hearing aids or glasses. People who had capacity had agreed to information in care plans being shared with other professionals if necessary. This demonstrated the service was identifying, recording, highlighting and sharing information about people's information and communication needs in line with legislation laid down in the Accessible Information Standard.

Where people were assessed as needing to have specific aspects of their care monitored staff completed records to show when people were re-positioned, their skin was checked or their food and fluid intake was measured. Monitoring records were kept in people's rooms, or close to where they spent their time, so staff were able to access them easily at the point when care was delivered. We found records were accurately completed.

Some people required specialist equipment to protect them from the risk of developing pressure damage to their skin. Relevant equipment was provided and records showed staff monitored this equipment to ensure it was set according to people's individual needs.

When needed the service provided end of life care for people. People's wishes regarding this were documented appropriately.

People were able to take part in a range of group and individual activities. An activity coordinator was

employed for two days a week who arranged regular events for people. These included baking, craft work, exercises and board games as well as external entertainers and religious services. On the day of the inspection some people were making valentine's day decorations, one person played dominoes with the activities coordinator and another person played cards with their family. People told us, "I go down to listen to the singers and they have a chat with us" and "You can go out whenever you like; I play cards until 11pm sometimes at night."

Where people had particular hobbies or interests prior to moving into the service they had been able to continue with them. One person said, "I love knitting, I've knitted lots of tops for the African Children's Charity and crocheted lots of blankets for the Children's Hospice." Another person told us, "I read a lot and I always have a newspaper every day."

People and their families were given information about how to complain and details of the complaints procedure were displayed in the service. People told us they knew how to make a complaint and some people told us they had raised concerns. These people said the managers had listened to their concerns and appropriate action been taken to resolve their complaints.

Good

Is the service well-led?

Our findings

There was a registered manager in post who was responsible for the day-to-day running of the service. 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 a management structure in the service which provided clear lines of responsibility and accountability. The registered manager was supported by a deputy manager and the owners. Staff had a positive attitude and told us the management team provided strong leadership. There was a stable staff team where many staff had worked at the service for a number of years. Staff told us they felt supported by managers commenting, "I would be happy for a relative of mine to live here", "We are a good team, we have low sickness levels because we don't want to let our colleagues down", "I love it here, wouldn't want to work anywhere else" and "The owners are good to us."

People and their relatives all described the management of the service as open and approachable. Comments included, "Yes, I would definitely recommend the home, I chose here because it is central for my visitors", "The owners sometimes come around and when they do they talk to everyone individually to see if we are all ok", "I would recommend it here, they are very good" and "The managers are often around the home."

Staff told us they were encouraged to make suggestions regarding how improvements could be made to the quality of care and support offered to people. Staff told us they did this through informal conversations with management, at daily handover meetings, staff meetings and one-to-one supervisions. There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed. The managers worked alongside staff to monitor the quality of the care provided by staff. If there were any concerns about individual staff's practice managers would address this through additional supervision and training. The managers and owners carried out audits of falls, medicines, and care plans. The owners were visible in the service and regularly observed and talked to people to check if they were happy and safe living at The Hollies.

People and their families were involved in decisions about the running of the service as well as their care. The service gave out questionnaires regularly to people, their families and health and social care professionals to ask for their views of the service. We looked at the results of the most recent surveys. The answers to all of the questions about the service were rated as good or excellent. Where suggestions for improvements to the service had been made the registered manager had taken these comments on board and made the appropriate changes.

People's care records were kept securely and confidentially, in line with the legal requirements. Services are required to notify CQC of various events and incidents to allow us to monitor the service. The registered manager had ensured that notifications of such events had been submitted to CQC appropriately.