

RKL Care Ltd

The Hollies Residential Home

Inspection report

19-23 London Road, Retford,
DN22 6AT
Tel: 01777 707750
Website: www.holliescare.com

Date of inspection visit: 7th December 2015
Date of publication: 22/02/2016

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 

Overall summary

The Hollies residential home is situated in the market town of Retford and is registered to provide accommodation for 22 persons who require nursing or personal care. At the time of inspection 16 people were using the service.

This inspection took place on 7 December 2015 and was unannounced.

The service has 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.

The risk to people experiencing abuse at the home was reduced because staff had received training on safeguarding of adults and knew who to report concerns to. Risks were assessed and any accidents and incidents were investigated. There were enough staff with the right skills and experience to meet people's needs. Medicines were stored, administered and handled safely.

People were supported by staff who had received the appropriate training to support people effectively. They

Summary of findings

spoke positively about the food they received and were supported to eat and drink independently. People's food and fluid intake was monitored when required. People had regular access to their GP and other health care professionals.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The DoLS are part of the MCA. They aim to make sure that people are looked after in a way that does not restrict their freedom. The safeguards should ensure that a person is only deprived of their liberty in a safe and correct way, and that this is only done when it is in the best interests of the person and there is no other way to look after them. The registered manager had applied the principles of the MCA and DoLS appropriately.

People were supported by staff who were caring and treated them with kindness, respect and dignity. Where

people showed signs of distress or discomfort, staff responded to them quickly. There were no restrictions on friends and relatives visiting their family members. People could have privacy when needed.

People and their relatives were involved with the planning of the care and support provided. People were able to access the activities and hobbies that interested them. A complaints procedure was in place and people felt comfortable in making a complaint if needed.

There was a positive atmosphere within the home. Staff understood the values and aims of the service and were aware of how they could contribute to reduce the risk to people's health and safety. People spoke highly of the registered manager. The registered manager had clear processes in place to manage the risks to people and the service. Auditing and quality monitoring processes were in place. The service continually strived to improve the quality of the service that people received.

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.

People were supported by staff who could identify the different types of abuse and knew who to report concerns to.

Risks to people's safety were assessed and any accidents and incidents were thoroughly investigated.

People were supported by a sufficient number of staff who had been appropriately recruited.

People's medicines were stored, managed and handled safely.

Good



Is the service effective?

The service was effective.

People received support from staff who had the appropriate skills, training and experience.

People spoke highly of the food and were supported to eat independently.

Staff applied the principles of the Mental Capacity Act 2005 appropriately when providing care for people.

People were supported to access external healthcare professionals when needed.

Good



Is the service caring?

The service was caring.

People were supported by staff in a respectful, kind and caring way.

People's dignity was maintained and staff responded to people quickly when they showed signs of distress or discomfort.

There were no restrictions on people's friends and family visiting them.

People could have privacy when needed.

Good



Is the service responsive?

The service was responsive.

People were involved in decisions about their care and were able to access activities they enjoyed.

A complaints procedure was in place, people felt confident in making a complaint and felt it would be acted on.

Good



Is the service well-led?

The service was well-led.

There was a positive, friendly atmosphere at the home and there were good links with the local community.

People were supported by a registered manager and staff who had a clear understanding of their role.

Good



Summary of findings

There was a process in place to check on the quality of the service.	
--	--

The Hollies Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 7 December 2015 and was unannounced. The inspection team consisted of one inspector.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A

notification is information about important events which the provider is required to send us by law. 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 improvements they plan to make.

During our inspection we spoke with six people who were using the service, five visitors, six members of the staff team and the registered manager. We also observed the way staff cared for people in the communal areas of the building.

We looked at all or parts of the care records and other relevant records of four people who used the service, as well as a range of records relating to the running of the service including four staff files, medication records and quality audits carried out at the service.

Is the service safe?

Our findings

People were protected from the risk of harm and staff ensured people's safety was maintained. The people we spoke with told us they felt safe at the care home. One person said, "I like it here – yes, I'm safe here." Another person told us, "We are all safe, we are all happy." We spoke with relatives who told us that they were confident that their family members were safe in the home. "[My family member] is safe here – very safe," one person told us. A visiting healthcare professional also told us they felt that people were safe at the home.

One staff member described how knowing those they cared for contributed towards each person's safety, telling us, "We know people. If we see they are unhappy we will ask why and find out." Staff had confidence in the registered manager and told us they felt the registered manager would act appropriately in response to any concerns. They told us "I have no concerns about people's safety here, if I had I would speak to [the registered manager]."

The atmosphere in the home was calm and relaxed. We saw people interacting confidently with one another and with staff. Staff had received training on safeguarding of adults and could describe the different types of abuse which may occur. They told us they would act to protect people if they suspected any abuse had occurred. Information about safeguarding was available in the home and a safeguarding adults' policy was in place.

People were protected and their freedom was supported and respected because risks were assessed and managed. When we spoke with people, they told us that, "The staff help keep us safe." The risks to people's safety were reduced because the registered manager conducted thorough investigations when accidents or incidents had occurred. We spoke with someone who described how staff had checked the carpets after someone fell recently, saying, "When [someone] fell, they made sure they know what happened so no-one else does the same."

A visitor confirmed this saying, "I have no concerns, I know my [family member] is in safe hands." We also saw care records which showed that risks to people's safety had been assessed and plans put in place for staff to follow to assist them in maintaining people's safety.

Staff told us, "The building may not be as smart as others in the area but we make sure it is safe and secure for people." The building is spread out. We asked staff how they knew that people were safe if they were in their room and they told us, "We have monitors and mats for people in their rooms so we know if someone is moving around and can make sure that they are okay." They went on to describe how staff would talk to each other so that they all knew if someone was in their room so they could check on them. Staff described how checks were made at night, and the records we saw confirmed these took place.

Staff were observed supporting people in a safe and inclusive manner which reduced the risks to people's safety. For example, we saw staff using a variety of equipment to assist people getting up out of chairs and moving about the home. Staff appeared confident in using the equipment and reassured people throughout the process.

People's safety was protected because checks were carried out to ensure that the premises and equipment were well maintained. Before our inspection the provider told us about these checks and our observations of the equipment used within the home during our inspection supported this. Records showed that external contractors were used when checks on equipment such as fire detectors or gas appliances were needed.

People told us there were enough staff to keep them safe. One person said, "Oh yes – we have plenty of staff, and we know them all." Another person confirmed this saying, "There's always someone asking if there is anything I need, or if I want to do anything." Relatives visiting the service also confirmed this. One relative told us, "I am in and out of here at all hours and there is always enough staff." Another said, "There is enough staff – different staff over the years, but always enough staff".

The staff we spoke with told us there were enough staff available to keep people safe. One staff member told us, "We have plenty of staff!" Another staff member added, "Yes, there are enough staff here, even at night."

Throughout the inspection we observed staff support people in a safe way. People were not left alone for long periods of time and when people needed support this was provided.

The registered manager told us they planned the duty rota to allow for any planned activities or events so that there

Is the service safe?

were always sufficient staff available. The duty rota we saw confirmed this. The registered manager told us they were proud of never needing to use agency staff to cover shifts as the employed staff always volunteered to cover shifts if needed. This ensured people received support from a consistent staff team and reduced the risk to people's safety.

We looked at the recruitment files for four members of staff. These files had the appropriate records in place. The provider had taken steps to protect people from staff who may not be fit and safe to support them. Before staff were employed the provider requested criminal records checks, through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks assist employers in making safer recruitment decisions.

People's medicines were stored and handled safely. The people we spoke with told us they got their medicines as prescribed and in a timely fashion. "I get my medicines as regular as clockwork," one person told us, and we saw this on the day of our inspection.

We observed staff administer medicines in a safe way. Staff were patient when required and ensured people had the time they needed to take all of their medicines. We saw that staff stayed with each person to be sure that they had

taken their medicines after being given them. Staff correctly recorded the medicines they had administered to each person on their medication administration records (MARs). These records were used to record when people took or declined their medicines and showed that the arrangements for administering medicines were working reliably. The MARs included useful information about each person, including whether they had any allergies and the name of their GP.

Medicines were stored securely in a locked trolley and kept at an appropriate temperature. Any medicines which were unused or no longer required were removed from the trolley and stored in a locked office. We spoke with the registered manager about the storage arrangements for disused medicines and they immediately identified a lockable cabinet so that they would be more secure.

There were processes in place to protect people when 'as needed' medicines were administered. 'As needed' medicines are not administered as part of a regular daily dose or at specific times but are given when they are needed. There were clear protocols in place for staff to follow before they administered these medicines and we saw staff observing these when they administered medicines.

Is the service effective?

Our findings

The people we spoke with felt that staff were competent and provided effective care. One person told us, “The staff know what they are doing.” This was also confirmed by the relatives we spoke with. One of them said, “The staff here always seem to be aware of people’s needs.” A visiting healthcare professional was particularly complimentary about the senior care staff that they liaised with, telling us, “The senior staff here are brilliant.”

We spoke with staff who told us they had excellent support and training. Staff pointed to the list displayed and said, “We have training every month to learn new skills.” Another staff member said how they kept up to date with their training and attended sessions every month. The registered manager told us how they had just changed to a different training provider to ensure that staff got the best training that they could source.

People were supported by staff who received regular supervision and an annual appraisal of their work. Records we saw confirmed this. The staff we spoke with told us they felt supported by the registered manager and her deputy. In turn the registered manager also told us that they felt well supported by their line manager and received regular supervision and appraisal.

The people we spoke with confirmed they had agreed to the content of their care plans and staff always asked for their consent before providing care and support for them. One person said, “Staff always ask me about my care – they don’t just do it”

Staff told us they read the information in people’s files and described how important it was to know how to support people correctly. Each section of the care planning documentation started with a description of how the person gave their input into the information that was shared with staff about how they were to be supported. This confirmed the information that the provider had sent to us prior to our inspection

Records showed that the principles of the Mental Capacity Act 2005 (MCA) had been considered when determining a person’s ability to consent to decisions about their care. The 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. While there were no applications made, the registered manager could describe when they may be needed which ensured that people were not unlawfully restricted. When we asked people and their relatives whether they felt their or their relative’s freedom was restricted, they told us it was not.

People were supported to eat and drink enough to keep them healthy. One person told us, “We have a brilliant cook.” Another person said, “They ask us every morning so we can say what we would like and the food is always good!” We spoke with a relative who told us, “[My family member] enjoys the food and can always tell me what they have had to eat.” Another relative explained their family member did not always want to eat much. They told us that the staff, “Will get whatever [my family member] wants to eat – if they don’t have it in then they will go out and buy it!”

We spoke to the cook who told us that local suppliers were used so that produce was fresh. They also said how they cooked food to ensure it was appetising, tender and easy for people to eat. A menu was on display which showed the range of food that was offered during the month. The cook told us “I ask people what they want when I arrive and then cook what people want.” They explained how the menu was adapted each day to take account of people’s preferences and dietary needs, such as soft or gluten free foods. We saw that there were records of people’s dietary requirements in the kitchen for ease of reference.

People chose where they sat at lunchtime and enjoyed their meals which looked and smelled appetising. Someone was not hungry at lunchtime and chose to eat their meal a little later. Some staff waited and ate with them so that they were not eating alone.

Is the service effective?

Drinks were offered during the meal and throughout the day. People also had access to drinks between meals and these were refreshed during the day. Records were kept to ensure that each person had enough to eat and drink. People were also weighed regularly so that any change in their weight could be monitored.

People had access to the healthcare professionals they needed, when they needed them. One person told us, "I've always lived in Retford, and I kept the same doctor when I came to live here." Another person told us how they had been supported to regain their health after illness, saying, "I came in here really ill and have made a great recovery." Relatives were also confident that people's healthcare needs were met. One relative told us, "My [family member] always has access to the doctors or the hospital when they need to." Another relative said, "They will always call the doctor if [my family member] needs them – and they call me too, to let me know." We also spoke with a visiting healthcare professional during our visit. They were complimentary about the care that people receive at the home.

Staff told us how they used their knowledge of people to observe if they might be unwell, telling us, "We don't wait until someone is unwell, we know people. If they are not happy, or look uncomfortable we can ask them if they want to see their doctor." During our inspection we saw staff use their knowledge of people. They were concerned that one person was presenting 'off form' and took action to ensure that they received the medical attention they needed.

Staff also told us how they developed good relationships with healthcare professionals, saying "We get the best from doctors and nurses because we make them so welcome." The care plans we looked at confirmed that people received regular input from visiting healthcare professionals, such as their GP or district nurse, on a regular basis. Staff noted any advice given and where changes to a person's care were required, these were put into place.

Is the service caring?

Our findings

People were supported by staff who were kind, caring and had formed positive relationships with them. One person told us, “All of the carers are good, but I do have my favourites!” Another person said, “We’re well looked after – they are all good lasses here.” We spoke with a relative who was emphatic in their view that their family member was well cared for and told us, “It’s all credit to the staff that [my family member] is still with us.”

One staff member told us, “It’s like one big family here,” while another added, “We know lots about the residents as people not just their needs.” The staff we spoke with knew people’s personal histories and we saw them using this information when interacting with people. Staff were attentive to the needs of those using the service and engaged with them; asking if they wanted a drink or making them laugh and smile.

Staff told us it was important for people to feel like this was their home. People had their photograph on their bedroom door and had personal possessions and ‘nick-knacks’ on display in their room. Some people liked to sit in the same place each day and where this was the case, they had the things that they wanted close to hand, for example, some sweets, pictures of loved ones or magazines that they liked to read on a table by their chair.

During our inspection, people were made aware of who the inspectors were and why they were there by the staff that were supporting them. Staff checked with people that they were happy for us to speak with them. We saw that staff were attentive and supportive, speaking with people in a way that made them feel like they mattered. We observed staff respond quickly when people showed any signs of distress or discomfort. For example, we saw staff respond to someone who they observed was becoming withdrawn and found they were feeling poorly. They were supported well by staff, given reassurance and soon felt better. We saw another person who was brought a glass of sherry before their dinner because this was something that they liked.

People were supported to make day to day choices such as whether they wanted to join in with activities and where they wanted to sit. One person told us, “They asked me where I wanted to sit. I chose here so I can watch my TV programs and see the garden.” Another person told us how they worry about a family member, and explained that a

staff member will call them on the telephone so that they can speak whenever they want. Relatives told us how they were involved in reviewing their family member’s care plans every year. They told us, “When [my family member] became frail, talked with the staff about what they would want and the staff put the things we thought of in place for them.” Another relative told us how their family member was able to choose how their bedroom was decorated and select their own belongings to have in their room.

During our inspection we saw staff offer people support when it was required and also encouraged people to carry out tasks independently when they were able to. Staff told us that it was important to involve people as much as possible so that they could retain their independence. The registered manager told us how they had sat with each person and rewritten the care plans with their involvement so that they could be sure people’s wishes were documented and taken into account in the way that their care was provided.

People were provided with information about how to access an advocacy service; however no-one was using this at the time of our inspection. An advocate is an independent person who can provide a voice to people who otherwise may find it difficult to speak up. Before our inspection, the provider had told how they also used an advocacy service to gain independent feedback from those living at The Hollies. During our inspection we saw the surveys used and the actions taken to act on the feedback received.

People were treated in a dignified and respectful manner by staff. One person told us, “I can do what I want, when I want, and I don’t get any more help than I need.” Another person told us “When my family come to visit me, we can sit here and not be bothered by anyone or be a bother to anyone.” We spoke with a relative who told us, “I have never once been in and found [my family member] not to be well presented and in clean bedding. Their room is always clean.” Another relative told us, “[My family member] was able to move to a room which better suited their needs and give them more peace and quiet, which is what they would want.”

Staff told us how important it was to build relationships with people and one staff member told us, “We will always talk to people while we support them.” We saw staff speak

Is the service caring?

with people close by, if they were talking about sensitive issues, so that others could not hear what was being said. People had their preferences respected and staff told us how certain people like their drinks in certain cups.

Personal details for people were kept in their files. These were stored in a cabinet so that they could only be accessed by those who needed them. This protected people's personal details. Where people required support around personal issues, this information was written in their care plans sensitively and respectfully.

People had access to their bedrooms when they wished. We saw that where people chose to share a bedroom, there was a curtain that could be drawn when needed to give each person privacy. Visitors were able to come to the home at any time and we saw people visit during the inspection. The layout of the communal areas meant that people could receive their visitors without disturbing others if they wished. There was also access to a separate quiet room which we saw people use when they did not want to sit in the main communal areas.

Is the service responsive?

Our findings

People felt that they received the care and support they required and that it was responsive to their needs. One person told us, "There is plenty to do, and lots of activities." They spoke about activities that took place within the home as well as in the surrounding area. For example, during our inspection people were able to take part in a seated exercise class which was run by a visiting tutor. People told us about a couple of recent outings to an afternoon tea dance and a meal at a local pub to celebrate bonfire night, which they had enjoyed too. We also saw someone help to lay the tables at lunchtime, "I like to help out where I can," they told us.

We spoke with a relative who told us, "I never visit and find [my family member] sat bored in a corner." Another relative described how their family member preferred peace and quiet on their own, "They do not like noise and hubbub, so peace and quiet is what they have, but the staff will always put Wimbledon on the television for them when it is on as they enjoy that." One staff member told us, "It is so person centred here." A visiting healthcare professional told us, "The staff here are amazing – there's no problems!"

Although there was a dedicated activities co-ordinator, staff told us how everyone got involved in activities. One staff member told us, "We do organised activities, but for some people just sitting and chatting with us is what they want. It's important for them. We can always find time for a quick chat!" Another staff member told us, "I love baking, so will help people make cakes for tea in the kitchen when cook has gone home," and they showed us some photographs of people engaged in this activity. The registered manager told us how Christmas presents had been individually selected for each person so that they would receive a gift from the home that they would appreciate and make a difference to them on Christmas morning.

We observed that staff were responsive to people's needs and requests for help. There was always a member of staff present in communal areas as well as other staff who responded quickly when people asked for help or call bells were pressed in other areas of the home.

Information about people's care needs was provided to staff in records and care plans. Staff told us that they had the time to read people's care plans and were kept informed where there had been changes. We saw staff referring to the care plans and making notes in the care records during our inspection. It was evident that staff had an understanding of people's care needs and how they had changed over time. People's care plans had all been recently rewritten and so contained up to date information.

People felt able to raise concerns and complaints and told us they knew how to do so. One person said, "Well, I've nothing to complain about – I'd say if I did!" Another person told us how, when they had suddenly been taken ill recently, one of their possessions had been lost. After looking thoroughly, the registered manager apologised to them and made arrangements for a replacement.

The relatives we spoke with told us they would feel comfortable making a complaint and knew how to do so. One relative told us "[My family member] has been here for five years and we've never had any problems." This was confirmed by another relative who said, "I've never had any complaints." We spoke with a visiting healthcare professional who told us, "I have no concerns but also no hesitation that if I had any concerns, they would be dealt with by the registered manager."

Staff we spoke with told us, "We don't wait for people to complain; we try to find out what is wrong and put things right as soon as we see someone is unhappy." People had access to the complaints procedure which was displayed in several prominent places in the home, and also some forms to help them make their complaint.

We reviewed the records of the complaints received since our last inspection. The complaints had been investigated within the timescales stated in the complaints procedure and communication had been maintained with the complainant throughout the process. The complaints had been resolved to the satisfaction of the complainant and appropriate responses were sent. This accorded with the information the provider had sent to us prior to our inspection.

Is the service well-led?

Our findings

People benefitted from the positive and open culture in the home. One person told us, “I like living here.” We saw people felt comfortable and confident to speak with the staff that were supporting them. “I know my [family member] is in the right place,” one relative told us.

Staff we spoke with during our visit were friendly and approachable, “It is so open here, you can talk to anyone about anything,” one staff member told us. They understood their roles and responsibilities and the interaction between those using the service and staff was very good.

Staff told us that they felt well supported by the registered manager and their deputy. They said they felt there was an open and transparent culture in the home and they were comfortable raising concerns or saying if they had made a mistake. Staff spoke highly of the registered manager and the team leaders. They told us that they felt that there was strong teamwork and everyone pulled together to resolve problems. For example, if someone went off sick, everyone would pull together to make sure that their shift was covered.

There was good management and leadership at the service. We spoke with a relative who told us, “I have every confidence in the manager here.” A staff member confirmed this saying, “The registered manager and deputy are always on hand to help and ask for advice.” Another staff member also told us, “You can always rely on our manager to do something if we tell them anything.”

There was a clear staffing structure in place and the manager appropriately delegated key responsibilities to staff that they felt confident and able to carry out. For example, the senior staff on duty took responsibility for ensuring everyone had their medicines.

The conditions of registration with CQC were met. The service had a registered manager who understood their responsibilities. They had been in place since November 2013. They had a good understanding of their responsibilities and also of the political and economic

climate in which the service functioned. Staff commented that the registered manager was visible the home and they saw them every day when they were on duty. The registered manager was supported at the service by a deputy, and also by the owner who made regular visits to monitor the service. Providers are required by law to notify us of certain events in the service. Records we looked at showed that CQC had received notifications in a timely way.

People could be assured that the service was of a high quality. Staff told us that they felt they had the skills they needed to deliver high quality care and could give us recent examples of how they had ensured people received the highest quality care.

There was a system of audits in place and these had been completed in areas such as health and safety, the kitchen and medicines administration to ensure that the service complied with legislative requirements and promoted best practice. Before our inspection we were told how the registered manager and their deputy worked alongside staff on duty so that they could observe practice. The staff we spoke with during our inspection confirmed that this happened which they found supportive.

People were encouraged to give feedback on the quality of the service provided. An external advocacy service was also used to facilitate this each year. The views of those using the service were sought through the service user meetings which were held regularly. This information was used to inform the planning of the service that was provided. For example, people were asked if they wanted staff to wear uniforms, and were also asked for their views on redecoration of the home. This supported the on-going programme of redecoration and refurbishment to the building, including some bedrooms, which were having en-suite facilities added where possible.

Clear communication structures were in place within the service. There were regular staff training events which were mandatory for all staff to attend. This gave the registered manager an opportunity to deliver clear and consistent messages to staff, and for staff to discuss issues as a group.