

M & J Care Homes Limited

The Hollies Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

The Hollies Care Home is a residential care home providing personal and nursing care up to 18 older people. At the time of our inspection visit there were 13 people living in the home. The home is an adapted house situated in a residential part of Castle Cary. There are stairlifts to enable people to access all areas of the home.

People's experience of using this service and what we found

The staff and registered manager were committed to supporting each other and promoting person centred care. There were systems in place to monitor standards and plan improvements.

People felt safe and spoke highly of the staff who supported them. The staff understood their responsibilities and how to protect people from abuse. There were enough staff to meet people's needs and keep them safe.

There were organised activities, informal chats and entertainment which provided people with meaningful things to do some of the time. We received mixed feedback about the sufficiency of support with things to do and ways people could fill their time. The registered manager told us they would consider seeking focussed feedback and ideas from people about this. People were supported to maintain contact with friends and family members.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff respected people's choices and preferences.

People were cared for by staff who knew them well and were kind and compassionate. Staff were committed to the home and wanted to provide the best care they could. People had built strong relationships with staff and appreciated the familiarity they had.

People were supported to eat and drink safely.

People received care and support in a way that met their personal needs and enabled them to live the way they chose to. The recording of some aspects of care was not detailed. The registered manager told us they would address this.

Rating at last inspection

The last rating for this service was good (published August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

The Hollies Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

The Hollies Care Home is a 'care home'. 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.

There was a registered manager running the home at the time of our inspection. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We looked at all the information we have received from, and about, this service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used this information to plan our inspection.

During the inspection

During the inspection we spoke with ten people who lived at the home, two visiting relatives, three members of staff. We also spoke with the owner and the registered manager. Throughout the visit we were able to observe staff interactions with people in the communal areas. We looked at a selection of records which included;

Six people's care records

Complaints and compliments.

A sample of accidents and incident records.

Medication Administration Records (MARs.)

Health and safety records

Policies and procedures

We asked the provider to send us some information about decorative and cleaning work following the inspection. They sent us this information as agreed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People said they felt the service was safe. Comments included: "I feel safe – I know the girls (care staff) can handle it – They don't let it happen before it does." and "I feel safe because I feel cared for. There are always people around if I need them."
- People were protected from the risk of abuse and avoidable harm. Staff had received training in relation to safeguarding adults. They understood their responsibility to report any concerns to the registered manager and were confident action would be taken if they raised a concern. They also knew where information was kept in the home about whistleblowing and which other agencies they should report concerns to.

Assessing risk, safety monitoring and management

- People were supported by staff who understood the risks they faced. Risks were identified, and staff had guidance to help them support people to reduce the risk of avoidable harm. Risk assessments covered individual risks including falls, keeping skin protected and eating and drinking and care plans described the actions needed to reduce these risks. One person told us about a recent fall and how staff reminded them about safe footwear. Another person explained how staff noticed any changes in their skin and stopped it getting sore by applying creams appropriately.
- Where people needed assistance to eat and drink safely staff understood these risks and provided appropriate support. One person's guidance around eating and drinking safely needed to be reviewed because their ability to swallow safely had improved. The registered manager addressed this immediately.
- One person who had just moved in did not have an emergency plan. This person would be able to evacuate themselves and told us they knew what to do if an alarm sounded. The registered manager explained why this had happened and told us they would put temporary personal emergency evacuation plans in place before the computerised care record system generated one along with a full care plan. At present this did not happen until the person's needs had been fully assessed.

Staffing and recruitment

- Staff were not rushed during our inspection and were able to support people when requests were made. People told us they did not have to wait long for staff to come if they rang their bells.
- The registered manager explained that no changes had been made to the recruitment process in the home since the last inspection. There was a low turnover of staff and only one new appointment had been made in that time period.

Using medicines safely

- People told us they received their medicines as prescribed.
- Staff administering medicines had received the necessary training to support their responsibilities in administering medicines and where necessary undertook refresher training.

- There were reporting systems for any incidents or errors. These were investigated, and actions put in place to try to prevent them happening again. There were ongoing improvements being made to medicines management.
- Medicines were audited regularly with action was taken to follow up any areas for improvement.

Preventing and controlling infection

- People lived in a home which was mostly clean, but we noted a skirting board and mattress had not been cleaned effectively. Some parts of the home required painting to ensure that infection control standards could be maintained. We spoke to the owner about this and they sent us information detailing that this had been addressed.
- There were gloves, aprons and gel around the home for staff to use. The correct use of protective equipment, such as gloves and aprons when providing personal care helps to protect people from the spread of infections

Learning lessons when things go wrong

- Staff had recorded accidents, incidents or concerns and the actions they had taken. Senior staff reviewed these records and monitored for trends, to ensure lessons could be learned.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's individual health and social care needs were assessed before they moved in to the home.
- Assessments were comprehensive and reflected people's wishes and preferences.
- Care records were regularly reviewed and updated to reflect changes in people's needs. Staff understood people's current needs and were able to describe these confidently.

Staff support: induction, training, skills and experience

- People told us that staff had the skills and knowledge they needed to do their jobs well. One person said, "They are very good, they anticipate what I might need."
- Staff told us they were up to date with training. New staff undertook shadow shifts to make sure they had the skills and knowledge they needed to support people.
- Staff felt supported by their colleagues and the registered manager. Staff commented on how good their colleagues were and told us they could ask questions about anything.

Adapting service, design, decoration to meet people's needs

- The Hollies Care Home is an adapted residential home and the building presents some challenges. Stair lift had recently been fitted to improve accessibility. People told us the Hollies Care Home felt homely. This was very important to everyone with comments made such as, "Really it is home from home, and if you feel at home that is worth a lot."
- People's rooms were personalised with items of furniture, pictures, photos and ornaments.
- There was a garden that was used by people and visitors in good weather.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink in ways that met their nutritional and safety needs.
- People said they mostly liked the food and could make choices about what they had to eat.
- People's dietary needs and preferences were clearly documented in the kitchen to ensure they received food they liked safely.
- The majority of people chose to eat in their rooms. People who ate communally shared a social experience at a table set with a choice of drinks and condiments.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to maintain good health and were referred to appropriate health professionals as

required. A district nurse told us they were confident they were called in appropriately and that the staff followed guidance to support people's wellbeing.

- Referrals were made to external professionals and people's care plans were updated as required.
- Oral care was provided as described in people's care plans. People told us they were helped to clean their teeth if they needed this help.

Ensuring consent to care and treatment in line with law and guidance

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.

In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Mental capacity assessments were completed appropriately. Where consent was required to support a person with personal care or continence care, a mental capacity assessment had determined if people could make the specific decision involved.
- The management team had a clear understanding of their responsibilities in relation to DoLS. No one living in the home at the time of our visit lacked the capacity to choose to live there.
- Staff understood that people had the right to make unwise decisions when they had the capacity to do so.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff were seen to speak with people with kindness and humour when appropriate. One person told us, "The staff are lovely, very kind." Another person explained that they thought the staff were so nice they would have wanted the home for their own parents.
- People valued their relationships with staff they had got to know well. Staff also valued these relationships and described the people as their motivation for doing their jobs. One member of staff reflected on the fact that that they cared about the people in a way that made them feel they were caring for their own family.
- People's relatives and friends were able to visit when they chose. A relative told us they, and their family, were made welcome in the home. Another relative described how supportive the staff in the home had been to them at a difficult time.

Supporting people to express their views and be involved in making decisions about their care; respecting and promoting people's privacy, dignity and independence

- People were encouraged to decide how they spent their day, a lot of the people living in the home told us they preferred to spend time in their rooms preferring their own company to being in a group. Those who made this choice were visited and checked on regularly. Where people wanted to spend time in communal areas they were supported to do so.
- Staff asked people for their consent before any care was delivered. Staff offered people assistance in a discreet and dignified manner. People said they felt respected and liked by staff.
- Staff knew people's individual preferences well and told us they wanted people to be cared for as they would want a relative of theirs cared for.
- People told us staff encouraged them to retain skills. They described how staff did not take over personal care tasks that they could do for themselves.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People appreciated care and support delivered by a core team of staff that knew them well; cared for and respected them as individuals.
- Care records on the provider's computerised system contained, risk assessments, likes and dislikes, medical history and medicine details. Care delivery records were not always fully reflective of the needs described in these plans. We discussed this with the registered manager who told us they would work to improve this with the staff team.
- Staff were able to describe the support they and their colleagues provided to people. People told us this support changed to meet their needs. One person described how their needs had changed as their health improved, another person described the additional support they received following a fall.
- Staff communicated with each other to ensure they understood people's current needs. They ensured they were aware of any changes and regularly interacted throughout the day to share information.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs had been assessed and details of their needs were recorded. For example, information about the use of hearing aids and glasses was recorded. People were wearing clean glasses and had their hearing aids if they chose to use them.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- We received mixed feedback about the availability of meaningful activity from people and visitors. Most people told us they were happy with the way they spent their time, but some people felt they would like more to do. One person said they missed cooking, another said they needed more to exercise their mind. The registered manager told us they would consider how they could monitor people's feedback and views on how they would like to spend their time.
- People told us they enjoyed activities or spending time chatting with staff. One person described how they helped with household tasks, such as folding napkins. They explained they liked to help but only did what they wanted to do.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy which was available to people and visitors.
- People and relatives knew how to make complaints should they need to and told us they were comfortable to raise concerns. One person said, "I can talk with them about anything."
- There were no recorded complaints in the year prior to our inspection visit.

End of life care and support

- People, who chose to, had plans in place which recorded their decisions about how they wanted to be cared for if their health deteriorated.
- Staff in the home had received acknowledgements of their kindness, thoughtfulness and consideration when people were at the end of their lives. One relative had written to the staff thanking them for all the care and attention over the years and especially in his last few days. They continued that the care their loved one had received was "beyond the call of duty".

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture. At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. Continuous learning and improving care; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The staff all appreciated the open working culture that they described existed in the home. Staff commented that they found the registered manager and their colleagues to be supportive.
- The whole team were committed to ensuring people received care in a way that suited them and made them felt at home. Feedback from people indicated that they were successful in achieving this. The registered manager was present in the service and described how they monitored that people's wishes were being respected.
- Staff and the registered manager were clear about their roles and understood the statutory framework they worked within.
- The registered manager monitored and reviewed all incidents within the home and ensured that any trends were identified and acted upon.
- The registered manager had ensured that statutory notifications were made appropriately to the care quality commission (CQC). A statutory notification is information about the running of the service and people's experience of care and safety that is legally required to be submitted CQC.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics. Working in partnership with others

- The staff team worked in partnership with health and social care professionals to promote people's health and wellbeing.
- People and their relatives were asked about their views of the service. People told us they felt listened to by staff and managers. There were regular opportunities for relatives to share their views informally.
- Staff felt able to share their views. One member of staff told us, "We had a meeting last month, we were asked re ideas and problems. We have very good communication. We talk all the time."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider was present in the service. The registered manager explained they kept up to date with legal requirements through membership of organisations and receiving updates from the CQC.