

Mr & Mrs P Dye

The Hollies

Inspection report

The Hollies Care Home
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Cornwall
PL26 8JA

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 this unannounced inspection on 14 December 2015. The service was last inspected in April 2014; we had no concerns at that time.

The Hollies is a care home that provides personal care for up to 20 older people, some of whom had a diagnosis of dementia. At the time of our inspection there were 17 people living in the service.

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 and associated Regulations about how the service is run.

Relatives told us they were happy with the care and support their family member received and believed it was a safe environment. One relative said, "[person's name] has settled in really well, staff are very kind to her."

We met with several people living in the service but most were unable to tell us their views about the care and support they received. However, we observed people were relaxed and at ease with staff, and when they needed help or support they turned to staff without hesitation.

On the day of our inspection there was a calm and relaxed atmosphere in the service. We observed people had a good relationship with staff and staff interacted with people in a caring and respectful manner. Staff were clearly passionate about their work and told us they thought people were well cared for. Staff told us, "I treat people like they are my own family" and "We [staff] fit around the people who live here, it's their home and it's about what they want."

People were able to take part in a range of activities of their choice. There were sufficient numbers of suitably qualified staff on duty and staffing levels were adjusted to meet people's changing needs and wishes.

Staff completed a thorough recruitment process to ensure they had the appropriate skills and knowledge. Staff knew how to recognise and report the signs of abuse.

Health professionals told us staff had good knowledge of the people they cared for and made appropriate referrals to them when people needed it. People and visitors told us they were confident that a doctor or other health professional would be called if necessary. One visitor said, "[Person's name] looks really well, much better than when she first moved in."

Staff supported people to maintain a balanced diet appropriate to their dietary needs and preferences.

People were able to choose where they wanted to eat their meals, in either the lounge, dining room or in their bedroom. People were seen to enjoy their meals on the day of our visit.

Care records were up to date, had been regularly reviewed, and accurately reflected people's care and support needs. Details of how people wished to be supported were personalised to the individual and provided clear information to enable staff to provide appropriate and effective support. Any risks in relation to people's care and support were identified and appropriately managed.

Where people did not have the capacity to make certain decisions the service acted in accordance with legal requirements under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People and their families were given information about how to complain. There was a management structure in the service which provided clear lines of responsibility and accountability. Staff had a positive attitude and the management team provided strong leadership and led by example. Staff said, "Management are very supportive" and "I very much enjoy working here."

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed. 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.

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. There were sufficient numbers of suitably qualified staff on duty to keep people safe and meet their needs.

Staff completed a thorough recruitment process to ensure they had the appropriate skills and knowledge. Staff knew how to recognise and report the signs of abuse.

People were supported with their medicines in a safe way by staff who had been appropriately trained.

Is the service effective?

Good ●

The service was effective. Staff had a good knowledge of each person and how to meet their needs. Staff received on-going training so they had the skills and knowledge to provide effective care to people.

People saw health professionals when they needed to so their health needs were met.

The registered manager and staff understood the legal requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards.

Is the service caring?

Good ●

The service was caring. Staff were kind and compassionate and treated people with dignity and respect.

People and their families were involved in their care and were asked about their preferences and choices. Staff respected people's wishes and provided care and support in line with those wishes.

Is the service responsive?

Good ●

The service was responsive. People received personalised care and support which was responsive to their changing needs.

Staff supported people to take part in social activities of their choice.

People and their families told us if they had a complaint they would be happy to speak with the registered manager and were confident they would be listened to.

Is the service well-led?

Good ●

The service was well led. There was a positive culture within the staff team with an emphasis on providing the best possible care for people.

Staff said they were supported by the management and owners and worked together as a team.

People and their families told us the management were very approachable and they were included in decisions about the running of the service.

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 14 December 2015. The inspection was conducted by one inspector.

We reviewed the information we held about the home such as notifications of incidents. A notification is information about important events which the service is required to send us by law.

Due to people's health care needs most people were not able to verbally express their views of living in the service. Instead we observed staff interactions with people. We met eight people, the registered manager, deputy manager, six care staff, three relatives and a visiting GP.

We looked at four records relating to people's individual care. We also looked at four staff recruitment files, staff duty rosters, staff training records and records relating to the running of the service.

Is the service safe?

Our findings

Relatives told us they were happy with the care and support their family member received and believed it was a safe environment. One relative said, "One relative said, "[person's name] has settled in really well, staff are very kind to her."

Due to people's complex health needs they were unable to tell us verbally about their views of the care and support they received. However, we observed people were relaxed and at ease with staff, and when they needed help or support they turned to staff without hesitation.

People were protected from the risk of abuse because staff had received training to help them identify possible signs of abuse and knew what action they should take. Staff told us if they had any concerns they would report them to management and were confident they would be followed up appropriately. Staff received safeguarding training as part of their initial induction and this was regularly updated. We discussed two recent safeguarding referrals the service had made to the local authority. We found the service had reported these concerns appropriately and had provided information for the investigation that took place.

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. The registered manager carried out regular audits of the money held and records kept by staff.

There were risk assessments in place which identified risks and the control measures in place to minimise risk. For example, how staff should support people when using equipment, reducing the risks of falls and reducing the risk of pressure ulcers. Records about any risks included a manual handling plan. This plan gave staff clear guidance and direction about how to use the identified equipment to support people safely when assisting them to mobilise. Staff assisted people to move from one area of the home to another safely. Staff carried out the correct handling techniques and used equipment such as walking frames or wheelchairs as appropriate to the individual person.

Incidents and accidents were recorded in the service. We looked at records of these and found that appropriate action had been taken and where necessary changes made to learn from the events. Events were audited by one of the owners to identify any patterns or trends which could be addressed, and subsequently reduce any apparent risks.

There were enough skilled and experienced staff to help ensure the safety of people who lived at The Hollies. People and visitors told us they thought there were enough staff on duty and staff always responded promptly to people's needs. On the day of the inspection there were four care staff on duty from 8.00am to 2.00pm and three from 2.00pm to 10.00pm for 17 people. In addition there was a worker who was the cook for that day, one of the owners, the registered manager and the deputy manager. People had a call bell in their rooms to call staff if they required any assistance. We saw people received care and support in a timely manner.

Staff had completed a thorough recruitment process to ensure they had the appropriate skills and knowledge required to provide care to meet people's needs. 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.

Medicines were managed safely at The Hollies. All medicines were stored appropriately and detailed records kept of the support people had received in relation to the management of their medicines. Medicines Administration Record (MAR) charts were fully completed and appropriate medication audits had been conducted. Action points from a recent pharmacy audit had been carried out in a timely manner.

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. There were records that showed manual handling equipment had been serviced. There was a system of health and safety risk assessment. There were smoke detectors and fire extinguishers in the premises. Fire alarms and evacuation procedures were checked by staff, the fire authority and external contractors, to ensure they worked.

Is the service effective?

Our findings

Staff were knowledgeable about the people living in the service and had the skills to meet people's needs. Relatives told us they were confident that staff knew people well and understood how to meet their needs.

Staff told us there were good opportunities for on-going training and for obtaining additional qualifications. All care staff had either attained or were working towards a Diploma in Health and Social Care. There was a programme to make sure staff received relevant training and refresher training was kept up to date. The service provided training specific to the needs of people living in the service such as dementia awareness. Staff said, "There is a lot of training and if we ask for any training we can have it" and "We have all just completed a dementia awareness course."

Staff told us they felt supported by managers and they received regular one-to-one supervision. This gave staff the opportunity to discuss working practices and identify any training or support needs. Staff also said that there were regular staff meetings which gave them the chance to meet together as a staff team and discuss people's needs and any new developments for the service.

Staff completed an induction when they commenced employment. New employees were required to go through an induction which included training identified as necessary for the service and familiarisation with the service and the organisation's policies and procedures. There was also a period of working alongside the more experienced staff until such a time as the worker felt confident to work alone. The service had not employed any new staff recently and were in the process of updating their induction in line with the Care Certificate to implement for new staff in the future. The Care Certificate replaced the Common Induction Standards in April 2015. This is designed to help ensure care staff have a wide theoretical knowledge of good working practice within the care sector. The Care Certificate should be completed in the first 12 weeks of employment.

Health professionals told us staff had good knowledge of the people they cared for and made appropriate referrals to them when people needed it. People and visitors told us they were confident that a doctor or other health professional would be called if necessary. Visitors told us staff always kept them informed if their relative was unwell or a doctor was called. One visitor said, "[Person's name] looks really well, much better than when she first moved in."

The service monitored people's weight in line with their nutritional assessment. People were provided with drinks throughout the day of the inspection and at the lunch tables. People we observed in their bedrooms all had access to drinks.

Staff supported people to maintain a balanced diet appropriate to their dietary needs and preferences. 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. For example one person had their meal cut up into

small pieces and served in a bowl with a spoon and this enabled them to eat their meal without assistance from staff.

Staff asked people for their consent before delivering care or treatment and they respected people's choice to refuse treatment. We observed throughout the inspection that staff asked for people's consent before assisting them with any care or support. People were involved in making choices about how they wanted to live their life and spend their time.

The registered manager and deputy manager were clear on the Mental Capacity Act 2005 (MCA) and the 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. At the time of our inspection the service did not have anyone who required a DoLS authorisation. Staff had received training in the Mental Capacity Act (2005) and associated Deprivation of Liberty Safeguards (DoLS).

Care records showed the service recorded whether people had the capacity to make specific decisions about their care. For example care records stated, "[person's name] is able to make small decisions regarding what she wants to eat or wear, however, is unable to make major decisions regarding finance or health." Where people did not have the capacity to make certain decisions the service acted in accordance with legal requirements. Where decisions had been made on a person's behalf, 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.

Is the service caring?

Our findings

On the day of our inspection there was a calm and relaxed atmosphere in the service. We observed people had a good relationship with staff and staff interacted with people in a caring and respectful manner. Staff were clearly passionate about their work and told us they thought people were well cared for. Staff told us, "I treat people like they are my own family" and "We [staff] fit around the people who live here, it's their home and it's about what they want." A relative said, "Staff are very kind to [persons' name]."

The care we saw provided throughout the inspection was appropriate to people's needs and enhanced people's well-being. Staff were friendly, patient and discreet when providing care for people. They took the time to speak with people as they supported them and we observed many positive interactions that supported people's wellbeing. For example, we observed staff moving one person from their wheelchair into an armchair using a hoist. Staff were patient and gentle explaining every step of the manoeuvre and talking to them throughout the procedure to prevent them from becoming anxious.

People were able to make choices about their day to day lives. People's care plans recorded their choices and preferred routines for assistance with their personal care and daily living. Staff 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 lounge, dining room or the garden 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.

Some people living at the Hollies had a diagnosis of dementia or memory difficulties and their ability to make daily decisions could fluctuate. The service had worked with relatives to develop life histories to understand the choices people would have previously made about their daily lives. Staff had a good understanding of people's needs and used this knowledge to enable people to make their own decisions about their daily lives wherever possible. For example, a care worker said, "We give some people a limited choice of clothes because this means they are not overwhelmed and can make their own decisions."

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.

Staff supported people to maintain contact with friends and family. Visitors told us they were always made welcome and were able to visit at any time. People were able to see their visitors in the lounge, dining room or in their own room. Relatives told us staff always made a point of coming up to them to have a chat with them when they arrived.

Is the service responsive?

Our findings

People who wished to move into the service had their needs assessed, prior to moving in, to help ensure the service was able to meet their needs and expectations. The registered manager was knowledgeable about people's needs and made decisions about any new admissions by balancing the needs of any new person with the needs of the people already living at The Hollies.

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. Care plans gave direction and guidance for staff to follow to meet people's needs and wishes. For example, one person's care plan described in detail how staff should assist the person with their personal care including what they were able to do for themselves.

Staff told us care plans were informative and gave them the guidance they needed to care for people. For example one person's care plan described how they may display behaviour that was challenging for staff and others when they became anxious. Their care plan explained how staff should walk away and encourage them to spend time in their room until they felt calmer. Daily records detailed the care and support provided each day and how they had spent their time. Staff were encouraged to give feedback about people's changing needs to help ensure information was available to update care plans and communicate at handovers.

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. People told us they knew about their care plans and managers would regularly talk to them about their care.

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.

People were able to take part in activities of their choice. Staff facilitated a different activity each afternoon and one member of staff worked as an activities co-ordinator between 14-21 hours per week. Activities included bingo, board games, craft work, baking and regular visiting entertainers. A local church visited regularly to conduct church services. The activities co-ordinator told us, "They [people] love baking. We take a tray with all the baking items on to people who like to stay in their rooms so they can still take part."

Care plans described the type of activities each person might want to take part in and how they liked to spend their time. For example, one care plan instructed staff to, "As [person's name] does not have any visitors it is important to spend time chatting with her." We saw staff spent one-to-one time chatting with this person and other people during the inspection.

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 raise a concern and they would be

comfortable doing so. However, people and their relatives said they had not found the need to raise a complaint or concern.

Is the service well-led?

Our findings

There was a management structure in the service which provided clear lines of responsibility and accountability. A registered manager was in post who had overall responsibility for the service. They were supported by a deputy manager and the owners.

People, visitors and healthcare professionals all described the management of the service as open and approachable. Managers were clearly committed to providing good care with an emphasis on making people's daily lives as pleasurable as possible. The management team led by example and this had resulted in staff adopting the same approach and enthusiasm in wanting to provide a good service for people. Staff said, "Management are very supportive" and "I very much enjoy working here." A visitor told us, "I would recommend this home to anyone."

There was a stable staff team and many staff had worked in the service for a number of years. Staff told us morale in the team was good. There was a positive culture within the staff team and it was clear they all worked well together. Staff said they were supported by the managers and owners and were aware of their responsibility to share any concerns about the care provided at the service. 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, regular staff meetings and monthly one-to-one supervisions.

Staff worked in partnership with other professionals to make sure people received appropriate support to meet their needs. Healthcare professionals we spoke with told us they thought the service was well managed and they trusted staff's judgement because they had the skills and knowledge to feedback to them about people's health needs.

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. The registered manager told us that if they had any concerns about individual staff's practice they 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.