Eldercroft Care Home Limited

The Hollies

Inspection report

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Essex
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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

This comprehensive unannounced inspection was carried out on 1 August 2018. This was our first inspection of the service since it was registered with the Care Quality Commission in May 2017.

The Hollies 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.

The Hollies is registered to support up to ten people who have a learning disability, an autistic spectrum disorder and /or a physical disability. There were ten people living in the service on the day of our inspection, of which one person was in hospital.

The care service embraced the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service required, and did have, 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 service was safe. Individual risks to people had been identified, managed and reviewed to ensure their safety. There were adequate numbers of staff to meet people's individual care and support needs. Effective recruitment procedures were in place to protect people from the risk of avoidable harm. Staff understood their responsibilities in relation to keeping people safe from harm and abuse. Systems were in place for the safe management of medicines. People were protected from the risk of infection.

People received an effective service. Staff were trained and supported to fulfil their role and responsibilities. Although people were supported to have choice and control over their lives and there were systems and policies in place to support this, we have recommended that the registered provider reviews legislation and associated guidance to ensure they are acting in accordance with the Mental Capacity Act 2005. People were supported to maintain their health and well-being and were supported to access health and social care services. People's dietary needs were met by staff.

The service was caring. People were treated with kindness, compassion, dignity and respect by a consistent staff team. Staff and management knew people well and were sensitive to their individual care and support needs and were committed and passionate about supporting and enabling people to live fulfilled and meaningful lives. People's independence was promoted and, where possible, they were encouraged to do as much as they can for themselves.

The service was responsive to people's needs. There was a strong emphasis on person centred care. Care plans contained information and guidance to enable staff to support people in line with their preferences. Care plans were regularly reviewed to ensure they reflected people's current needs. People were supported to pursue their interests and hobbies, both within the home and in the community.

The service was well led. The registered manager and staff were committed to providing good quality care. There were systems and processes in place to monitor the quality of the service and drive improvements. People, relatives and staff were encouraged to share their views on the service provided.

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?

Good

The service was safe.

Safe recruitment systems were in place to safeguard people from potential harm and abuse.

There were sufficient staffing levels to meet the needs of people.

Risks to people's safety and well-being had been identified, monitored and regularly reviewed.

Staff had received safeguarding training and had a good understanding of their responsibilities in reporting any concerns.

People's medicines were managed safely. There was an on-going programme of works to improve the premises.

Is the service effective?

Good

The service was effective.

Staff received the training, supervision and support they needed to deliver effective care to people.

People were supported to maintain their health and well-being, including accessing health care services when required.

People were supported by staff to make their own decisions and choices. However, we have made a recommendation to the registered provider to ensure they to ensure they are acting in accordance with the Mental Capacity Act 2005 and associated guidance.

Is the service caring?

Good

The service was caring.

Staff were kind and caring and treated people with compassion, dignity and respect.

Staff knew people's individual needs well and positive

relationships had been formed between people, staff and management.

Is the service responsive?

Good

The service was responsive.

Care plans were person centred and regularly reviewed to ensure they reflected people's current care and support needs.

People were provided with the opportunity to be involved in the day to day running of the service.

There were effective systems in place to deal with concerns and complaints.

Is the service well-led?

Good

The service was well led.

The registered manager promoted strong values and a person-centred culture which was embraced by staff.

Staff enjoyed working at the service and felt valued and well supported.

In addition to the quality assurance systems in place, the views of people, relatives and staff were sought to ensure the service maintained its standards and to drive improvements.

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 inspection took place on the 1 August 2018 and was unannounced.

The inspection team consisted of one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our inspection, we reviewed the information we held about the service on our database. This included safeguarding information and notifications. Notifications are the events happening in the service that the provider is required to tell us about. The provider had completed a provider information return (PIR.) This is a form that asks the provider to give key information about the service, what it does well and the improvements they plan to make. We used this information to plan what areas we were going to focus on during our inspection.

During the inspection we engaged with eight people who lived at the service and two relatives. Not everyone at the service was able to communicate with us verbally. Therefore, we spent time observing the care provided by staff to help us understand the experiences of people, who were unable to tell us directly. We also spoke with four care staff, the deputy manager, registered manager, operations manager and the registered provider.

We looked at a range of records which related to people's individual care and of the running of the home. This included two people's care and support records, three staff files, training and supervision information, staff rotas, arrangements for medication, policies and procedures and information on how the safety and quality of the service was being monitored.

Good

Is the service safe?

Our findings

People told us they felt safe living at home. One person told us, "It's wonderful living here. I am not frightened I am safe." Another said, "Nobody hurts me." Relatives also said their family member was safe living at The Hollies and had confidence in the staff to look after them well. One relative told us, "Our relative is safe. [Name] doesn't leave their room much. The windows have restrictors on them and staff keep an eye on [name]."

People were protected from the risk of harm and abuse. Up to date guidance on local safeguarding procedures was available to the registered manager and staff. Staff had received training in safeguarding adults, demonstrated an understanding of safeguarding procedures and when to apply them. Staff were confident any concerns would be listened to and actioned appropriately by management. Staff were aware they could also contact external agencies such as the Police or the Care Quality Commission (CQC) to report any concerns if they thought their concerns had not been dealt with appropriately. The service had a whistle blowing policy in place which was clearly displayed. Staff told us they would feel confident to 'whistle blow' if required. There had been one safeguard alert raised by the service, and records showed they had dealt with the incident appropriately.

Risks to people's health, safety and welfare had been appropriately assessed, managed and reviewed. Where risks had been identified, management plans had been put in place to minimise these; for example, in relation to eating and drinking, mobility and falls. For people diagnosed with epilepsy, seizure monitoring charts were in place and guidance was available for staff in how to respond to incidents and keep people safe. Staff had a good knowledge of people's identified risks and described how they would manage them. Staff told us that people's care plans and risk assessments contained sufficient information and guidance to help them keep people safe. Personal emergency evacuation plans (PEEPs) were in place for people. A PEEP provides guidance to staff and emergency services if people needed to be evacuated from the premises in the event of an emergency. Records showed that staff were trained in first aid and fire awareness and how to respond to emergencies.

Safe recruitment systems were in place to ensure staff were suitable to work with people. The registered provider carried out pre-employment checks; these included obtaining references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service (DBS). New staff were required to undergo a three month probationary period, and there were staff disciplinary procedures in place to respond to any poor practice.

There were enough staff to meet people's care and support needs. The registered manager told us, and records showed, people were supported by a consistent team of staff. The registered manager undertook an assessment of people's dependency needs to ensure there were enough staff at all times to meet the individual needs of people living at The Hollies. During our inspection, a person was due to be readmitted to the home following their discharge from hospital. The registered manager told us, in addition to ensuring the necessary equipment was in place before the person was discharged back to the home, they would be

reviewing staffing levels as the person would have higher care needs. The staffing levels on the day of our inspection were adequate to meet people's needs, with the majority of people being seen to be supported on an individual basis and in a timely way.

People received their medicines safely and as prescribed. All staff who administered medication had received medication training and had their competency checked. In the registered provider's PIR they informed us they would be making improvements to the safe storage of medicines by installing a medicines cupboard and purchasing a medication trolley which would be securely locked. At our inspection, we noted these improvements had been made and medicines were stored safely. The medication administration records (MARS) we looked at were completed appropriately. Where people had been prescribed medicines on an 'as required' basis for example for pain relief, there were protocols in place for staff to follow. The registered manager undertook audits to ensure people were receiving their medication safely and correctly.

Systems were in place to record and monitor incidents and accidents. These were monitored by the registered manager and senior management. During our discussions with the registered manager, they informed us they would be implementing an overarching monitoring form as this would be more effective in identifying any trends and to take prompt action to prevent reoccurrence. There had been no significant incidents since registration of the service. The registered manager told us lessons learned from incidents and accidents would be shared with the staff team to aid lessons learned and improve the quality and safety of the service.

Appropriate monitoring and maintenance of the premises and equipment was on-going. There were up to date safety certificates in place, such as for the electrical and gas systems. The registered provider had a refurbishment plan in place to improve the internal and external environment of the home to ensure the premises were safe and well maintained. The registered provider told us, "We have done a significant amount of work since taking over the service. There is a lot of work to be done but it is necessary and will take time." We noted a narrow spiral staircase leading off from the first floor. The registered manager told us no one living at The Hollies had tried to access this staircase. Whilst there had been no negative impact on people living at the service, we recommended measures are put in place to prevent people from accessing the staircase and being placed at risk of avoidable harm. We have also recommended that wardrobes are securely fixed to the walls in people's rooms.

People were protected from risks associated with infection control. Staff had been trained in infection control and were provided with personal protective equipment (PPE). An infection control policy was in place which provided staff with information relating to infection control. During our visit, we noted the environment of the home was clean and there were no malodours.

Good

Is the service effective?

Our findings

People received their care from staff who had the knowledge and skills to support them effectively. One person told us, "They [staff] are well trained and are very, very, very kind." Staff told us they had received an induction when they started working at the service which included shadowing other staff, an orientation of the building, fire safety and emergency procedures and getting to know people.

Staff told us they had received appropriate training to enable them to fulfil their duties and meet people's care and support needs. One member of staff told us, "Yes, I feel I have had all the training I need to support people. I am doing NVQ Level 3, I'm almost finished. We are encouraged to do training and we can ask for more training if we see something we want to do. I recently did this as I wanted to learn more about mental health and it was agreed." The registered manager told us new staff were required to complete the Care Certificate. The Care Certificate is a nationally recognised training programme for staff who are new to working in the care sector. Although we observed no poor moving and handling during our inspection, on review of training records, we noted staff had completed on line training for moving and handling people, and had not completed practical training. Staff should receive practical training as safe manual handling techniques are important to mitigate the risk of significant injury to people and staff. We discussed this with the registered manager who advised they would immediately arrange for practical training to be sourced. Most of the training staff received was undertaken via e-learning. The registered manager told us they recognised the importance of face to face training and were in the process of sourcing 'in-house' training to enhance staff's training and development. We noted, the district nursing team were delivering 'in house' sepsis training to staff on 7 August 2018.

Staff told us they felt supported in their roles and enjoyed their work. They said the registered manager was approachable and available for support and guidance at any time. They went on to say, and records showed, they received regular supervision and a yearly appraisal of their performance. This meant staff had a structured opportunity to discuss their responsibilities, reflect on their performance and to discuss how they can further improve their practice.

People were supported to access healthcare professionals and services, such as GPs, district nursing team, dentists and chiropodists. They were also supported to attend annual healthcare reviews. One person told us, "I see the doctor when I need to. If I am worried, I see the counsellor at the doctors. The opticians come here too." Care records showed staff worked in partnership with other organisations to ensure people received effective care and support. We saw several examples of improvements to people's health and wellbeing, for example one person no longer required a catheter and another person who was at risk of self-neglect was now taking showers with the encouragement and support of staff.

The registered manager informed us they were in process of completing and reviewing hospital passports. Hospital passports are documents which include information about people's medical and support needs and are used as a quick reference guide for sharing information with other healthcare professionals. This ensures continuity of care and reduces people's anxiety, for example if they were to be admitted to hospital.

People were supported to drink and eat enough and maintain a balanced diet. On the day of the inspection, the weather was very hot and we observed a choice of drinks being offered to people throughout the day. A menu board was displayed in the lounge and care plans recorded people's dietary needs and preferences. We observed the meal time experience. Where people required their food to be pureed or mashed, we noted the food types were served separately on the plate. Adapted cutlery and dignity plates were available if required. Alternative menu options were available if people choose not to have what was on the planned menu. People were able to choose where they wanted to eat. Where people were being supported to eat their meals, this was done sensitively and at the person's own pace. One person told us, "The food is very good and I can choose [what I want to eat]. I can choose shepherd's pie." Another said, "The food is excellent." Staff were aware of people's dietary needs and explained to us how they ensured these were met. Minutes of resident meetings showed people's views on the meals provided had been sought and, where necessary action taken following feedback.

The Hollies is a two-storey building. People were free to access all areas of the home and garden area, including a communal lounge/diner on the ground floor. A relative told us they were concerned about the narrow spiral staircase to the first floor where three of the seven bedrooms were located. The registered provider had installed a stair lift since taking over the service. As indicated in the Safe section of this report, the registered provider was undertaking an ongoing programme of works to make improvements to the building.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Where required, we saw appropriate DoLS authorisations were in place to lawfully deprive people of their liberty for their own safety. The registered manager had a system in place to monitor the status of DoLS authorisations and DoLS applications that were in progress.

We noted assessments of people's mental capacity were overdue for review. We also saw that one person had bedrails and, although a risk assessment had been completed regarding the use of bedrails, a MCA assessment had not been completed. Although the use of bedrails is intended to keep people safe, if a person has capacity a record of the consultation regarding the use of bedrails should be held. However, if the person lacks capacity a 'best interest' decision should be taken. Wherever possible, the best interest decision should involve relatives, other relevant health and social care professionals and staff. It is important staff are clear on the reasons as to why the restriction is in place, and there should be evidence that other options had been considered as part of the best interest decision. The registered manager was not aware MCA assessments were required to be undertaken for the use of bed rails. They went on to explain they were in the process of arranging to meet with a representative from the local authority to support them with the completion of MCA assessments. When we discussed this with the operations manager, they informed us they would provide support to the registered manager to complete the assessments.

We recommend the registered provider reviews legislation and associated guidance to ensure they are acting in accordance with the MCA.

Staff had received MCA training and understood the principles of the MCA and the importance of gaining people's consent prior to care tasks being carried out. For example, one member of staff told us, whilst a person may make a decision that they deemed to be unwise, they understood they had to accept that decision if the person had capacity. During our visit, we observed people being given choices by staff, involving them in any decision making. For example, one person with a visual impairment was offered several items of clothing to feel to help them make a decision on what they wanted to wear. This showed us

people's rights were being protected.

Good

Is the service caring?

Our findings

The service had a strong visible person-centred culture and staff had developed positive relationships with people. Each person had an assigned keyworker who helped to assist and monitor their individual needs. People and their visiting relatives told us staff were very caring and kind.

People were treated with dignity and respect. During our inspection, we observed staff being caring and kind in their approach to people and they were sensitive to each person's individual needs, giving reassurance where needed. Staff addressed people by their preferred names and spoke to people politely and engaged in appropriate conversations which created a relaxed and pleasant atmosphere. Staff, management and the registered provider were very knowledgeable about the individual needs of people, and engaged with them in a kind and respectful way. Staff were not rushed or task orientated, and it was clear the needs and well-being of people were of primary importance.

People and, where appropriate, their relatives were involved in making decisions about their care and support. For example, they were able to make choices about what they wanted to wear and how they wished to spend their time. Care plans also contained information about people's likes, dislikes and preferences. Staff recognised the limitations of each person and empowered them to be as independent as possible. They explained to us that it was important for people to do as much as they could for themselves. For example, one person was supported to continue to make their own drinks in the kitchen. This approach showed people were supported to have as much independence and control in their lives as possible.

People's diversity needs were respected and included in their care plan. People were supported to access religious support in the local community. One person told us, "I go to [name of church]. I like the Catholic one best even though I am Church of England." Another person told us they did not attend church but would like to pray with a priest at The Hollies. The registered manager told us they were in the process of trying to source pastors to come into the home to provide in-house support for people who were unable to access services in the community.

People's privacy was respected. For example, in one person's care plan it stated, '[Person] enjoys reading the paper in morning with a cup of coffee and to be left alone to read'. We also observed one person's preference to stay in their room and this was respected by staff.

The service had information on advocacy services. An advocate supports a person to have an independent voice and enables them to express their views when they are unable to do so for themselves. The registered manager told us no one was currently accessing advocacy services but they would support people to access advocacy when required.

People were encouraged to maintain relationships with friends and families. The registered manager said visitors were welcome at any time. One person told us, "My family can visit me when they want to and if they can't come they let me know." A relative said, "We can visit whenever we want to and are made to feel welcome."

Good

Is the service responsive?

Our findings

People received care and support which was responsive to their needs.

Prior to moving into the home, a pre-assessment was undertaken to identify people's health, personal care and social support needs to ensure these could be met by the service. Information from the pre-assessment process was used to develop people's care plans.

The registered provider was in the process of transitioning to an electronic care planning system. The care plans we looked at contained a mix of the current and former registered provider's care planning paperwork. Whilst the care plans contained sufficient information and guidance for staff, we found it difficult as times to follow because of the various care planning documentation being used. The registered manager and operations manager acknowledged this and informed us the new electronic care plans would be fully implemented by mid-September 2018. Notwithstanding the various care planning documentation currently being used, care plans were personalised and covered a range of care needs such as mobility, medication, mental and physical health and socialisation needs. We noted a specific example of responsive support about the management of a person should they become distressed and anxious. Clear and comprehensive guidance was available for staff to enable them to support the person in a safe and sensitive way. People's care plans were regularly reviewed and, should a person's needs change, these were discussed at staff shift handover meetings, recorded in the service's communication book and the care plan updated. This meant there was up to date information available on how staff were to support people.

From April 2016, all organisations which provide NHS or adult social care are legally required to follow the Accessible Information Standard (AIS). AIS aims to make sure that people who have a disability, impairment or sensory loss are provided with information they can easily read and understand so they can communicate effectively. People's care plans recorded any sensory and communication needs, including gestures and sounds. Guidance was in place for staff regarding how to help people with a sensory impairment and guidelines for communicating with a person with impaired hearing. The registered manager confirmed to us they would always ensure appropriate formats would be sourced if required to enable effective communication with people living at The Hollies.

People were supported to pursue their interests and hobbies, and take part in social activities both within the home and accessing events and clubs in the local community. Regular in-house activities were available such as aromatherapy sessions, bingo, movement to music and visiting musicians. On the day of our visit, we observed people and staff dancing and clapping to music by a visiting pianist. It was clear everyone was enjoying the activity. We also observed a staff member reading with a person. The staff member offered the person a choice of which story they would like and they took turns to read to each other. When the person appeared to lack interest in the chosen story, the staff member provided a choice of different games. The interaction between the person and staff member was clearly having a positive impact on the person. Another member of staff was playing catch ball with a person with a visual impairment. This involved counting '1-2-3 catch'. The person thoroughly enjoyed this interaction and were smiling and laughing with the staff member. When the staff member explained to the person they had missed catching the ball, the

person shouted with glee, "I am the champion."

The registered manager said they were getting to know people and wanted to ensure everyone had the opportunity to participate in activities which they enjoyed. They went on to say they had had recently contacted a premier football league team to see whether one of the people living at the service could attend a home game and have a tour of the stadium. They said, "I do hope we can do this for [person]. It would make their day." The registered manager advised they were also in the process of consulting with people to see if they would like to go away on holiday later in the year.

Regular resident meetings were held where people had the opportunity to be involved in the day to day running of the service. Records showed that various topics had been discussed at meetings such as activities, outings and food menus. One person told us, "We have resident meetings and we talk about what we are going to sort out, like food, BBQ, going to the farm and down to the sea front. We went on a boat on the Thames, it poured down with rain." Regular questionnaires were also undertaken to gain people's feedback. We saw responses to the last questionnaire undertaken in February 2018 had been positive.

There were systems and processes in place to manage complaints. Information on the service's complaints was contained in the service user guide. No complaints had been received by the service since their registration in May 2017. Minutes from resident meetings showed people had been informed to let staff know if they were unhappy about anything. A visiting relative told us, "We have no complaints but would feel comfortable about making a complaint."

No one currently living at The Hollies was receiving end of life care. The registered and operations manager told us end of life care would be provided to people at the end of their life. We noted not all people had an end of life care plan in place. The registered manager told us they would make sure people's preferences and choices for their end of life care are clearly recorded, regularly reviewed and upheld.

Good

Is the service well-led?

Our findings

The service had a registered manager who had been registered with the Commission since April 2018. They were supported by a deputy manager with the day to day management of the service. The registered manager promoted a positive, person centred culture and demonstrated their commitment and passion to ensuring people living at The Hollies received good quality care. They were visible within the service and knew people well. Our observations showed people knew the registered manager, operations manager and registered provider and positive relationships had been formed.

We asked the registered manager what they knew about Registering the Right Support (RRS) Guidance, including the values that underpin it. Whilst they acknowledged RRS was not something they were familiar with, they were able to demonstrate they were working in ways which were compatible with the values such as choice, promotion of independence and inclusion.

Staff felt valued and enjoyed working at the service. They told us they were provided with support and guidance to enable them to fulfil their roles. A member of staff told us, "I love working here. It's a small [home] so it's like a family. Everyone is supportive and you can approach management at any time about anything."

Regular staff meetings were held and topics such as training, activities and the day to day running of the service were discussed. One member of staff, who had also worked for the former registered provider, told us how there had been a lot of changes however, they were always kept informed as the management team operated in an open and transparent way.

There were systems and processes in place to monitor the quality of the service. This included audits such as health and safety, medication and care plans. The registered manager informed us they also observed staff practice, however this was not formally recorded. We discussed this with the registered manager and they confirmed they would develop an observation sheet to evidence observations of staff practice. From our discussions with the registered manager and operations manager, it was evident they were committed to ensuring the quality monitoring systems in place were robust to support continuous improvement. For example, on the day of our visit, the operations manager shared with the registered provider a more detailed care planning audit tool to implement.

The registered manager also sought feedback from day to day conversations with people, meetings and questionnaires. The registered provider carried out regular visits to monitor the quality of the service provided. They had also devised a schedule of works to make improvements to the internal and external environment of the home. A member of staff told us, "The home was very tatty but [registered provider] has done a lot of work and there's ongoing work they are going to do." A relative said, "Its old (décor) but it is being renovated."

There was a strong focus on continuous learning and implementing best practice and staff were encouraged and supported to develop their learning. The registered manager also attended local care forums,

researched websites such as the Care Quality Commission and Skills for Care, and subscribed to health and social care publications. The registered manager told us they shared information and learning with the staff team.

The registered manager was supported by the operations manager and registered provider who visited the service on a regular basis.