

# Shawlmist Limited

# The Hollies

## Inspection report

11 St Catherines Road  
Broxbourne  
Hertfordshire  
EN10 7LG

Tel: 01992445044

Date of inspection visit:  
16 November 2016

Date of publication:  
13 December 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?	Requires Improvement ●

# Summary of findings

## Overall summary

The Hollies is registered to provide accommodation and personal care for up to 27 older people some of whom are living with dementia. At the time of our inspection 19 people were living at The Hollies.

The home had a registered manager in post who had been registered since October 2010. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 inspection took place on 16 November 2016 and was unannounced. At our previous inspection on 28 April and 09 May 2016 we found breaches of regulations 09, 11, 12, 13, 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people were not always supported to maintain their independence as their needs and individual preferences were not consistently met. People were not supported by sufficient numbers of suitably trained and skilled staff. Staff had not acted in line with the requirements of the MCA 2005 when dealing with matters of consent and best interest decisions. People's medicines were not managed safely and people were unlawfully restrained. Governance systems were not sufficiently robust to allow management to review, monitor and respond to identified concerns.

At this inspection we found significant improvements had been made in areas relating to safe care and treatment, staffing levels, supporting and developing staff and people were no longer unlawfully restrained. However we also found improvements were still required in governance systems to ensure the service was well led and records relating to people's care were accurate.

People were supported by sufficient numbers of staff who responded promptly when they required assistance. Staff we spoke with were knowledgeable in relation to keeping people safe from harm and reporting incidents to management. People were supported by staff that had undergone a robust recruitment process to ensure they were of good character. People's medicines however were not consistently managed safely and we found an incident where one person had not received their medicines as intended by the prescriber.

Staff felt supported by the registered manager and management team who enabled them to carry out their role effectively. Staff had received training relevant to their role and where further training was required this had been organised. People's consent was sought prior to care being carried out and staff took time to explain the tasks they wished to carry out. People's nutritional needs were met and their food and fluid intake and weight were monitored, although not always documented. People were able to choose what they ate from a varied menu. People's health needs were met and they had access to a range of health professionals when needed.

Staff spoke with people in a kind, patient and friendly way and respected people's dignity. People felt

listened to and told us they felt they could shape their own care to reflect their own personalised choices. Staff were aware of people's needs, choices and we saw that a friendly rapport had developed between people and staff who cared for them.

People received care that responded to their needs. People told us they felt able to shape and direct the care they received and that staff listened to their views. People were supported to remain independent and pursue individual hobbies and pursuits. People and relatives felt able to raise complaint or concerns with management, and regular forums were held for people to do so. The Registered Manager operated a robust complaints process that when required reviewed and responded to complaints appropriately.

Governance systems and updates in people's care records continued to be an area that was under development, however the registered manager was able to demonstrate to us how they were addressing these issues. People were positive about the management team and told us that significant improvements had been made across the home by the management team and the provider.

## 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.

People were supported by enough staff to meet their needs in a timely manner. Staffing levels were monitored regularly to meet people's changing needs.

People's medicines were managed safely and where concerns were identified these were addressed quickly.

People felt safe and staff were aware of how to identify and respond to any suspicion of abuse or harm to a person.

Risks to people's health and well being were identified and staff were aware of these needs and responded accordingly.

### Is the service effective?

Good ●

Staff felt supported by the management team, training had been provided where required and a development plan was in place.

Staff were observed to seek people's consent for day to day tasks, and where people lacked capacity to make their own decisions staff acted in accordance with the Mental Capacity Act 2005.

People's nutritional needs were met. There were sufficient choices of appropriate foods and drinks for people.

People were supported by a range of healthcare professionals.

### Is the service caring?

Good ●

The service was caring.

People's personal preferences or choices were met in a timely manner and how people wished to receive this.

People told us they were treated with kindness and compassion by staff.

People and their relatives were involved in reviewing their care

and felt listened to and advocacy was available for those people who required this service.

### Is the service responsive?

**Good** ●

The service was responsive.

People we spoke with told us they felt staff listened to them and their views about their care mattered.

Care was provided to people in a manner that met their individual needs and preferences.

People were supported to pursue interests and engage in social events and activities both in and out of the home.

People we spoke with were aware of how to raise any concerns they had.

### Is the service well-led?

**Requires Improvement** ●

The service was not consistently well led.

People's care records were not consistently completed when required.

Staff meetings were held, although did not always ensure the Registered Manager received feedback on the management of the home.

People's views and opinions about the management of the home had been sought.

People and relatives felt the management team were open, honest and transparent.

# 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 16 October 2016 and was unannounced. The inspection team consisted of one inspector and one expert by experience.

Before the inspection we reviewed information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us. We reviewed a copy of the action plan that was submitted to us after the inspection, and also sought feedback from professionals within the local authorities safeguarding and commissioning teams.

We carried out observations in communal lounges and dining rooms and used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us due to their complex health needs.

During the inspection we spoke with nine people who lived at the home, four relatives, four members of care staff, the cook, the care manager, the deputy manager, the registered manager and a representative of the provider. We looked at care records relating to three people together with other records relating to the management of the home.

# Is the service safe?

## Our findings

At our previous inspection, staff had not been provided with sufficient training to enable them to administer medicines safely. The Registered Manager had contacted a local training provider and had ensured all staff were now sufficiently trained. As part of a review of the medicines management, the pharmacy that supplied the medicines had been changed. This had been a recent development; however, the home received a higher level of both support and governance of the medicine arrangements.

People told us they received their medicines when required, and confirmed these were not late. One person said, "I am very happy with them organising and giving me my medicines, there has not been an issue for a very long time now." However, we did identify one person who had not received a sleeping tablet on two subsequent occasions. This was the only missed medication identified and in response the Registered Manager addressed the issue with staff subsequent to our inspection, and the care manager has increased monitoring of medicines.

People's medicines were regularly reviewed by the GP, and staff were aware of the side effects of medicines used to reduce anxiety or agitation in people. The Care Manager conducted regular audits that had identified gaps in recording which had been reported to the Registered Manager for review through supervisions.

Where at the last inspection people did not receive their medicines when they needed them due to a lack of staff available, at this inspection people's medicines were given at times prescribed. Where people refused their medicines staff had recorded this, and the reason for refusal on the rear of the MAR chart. Handwritten entries onto MAR charts were countersigned to minimise the risk of errors and medicines either checked into the home or returned were carried out by two staff. This meant that people's medicines were managed in accordance with the prescriber's instructions and where errors did occur the provider acted to ensure the risks were mitigated.

People, relatives and staff told us there were enough staff to meet their needs. One person said, "I should say so, they seem to have really pushed the numbers up lately, it's much better." One staff member told us, "After the last inspection the manager added a carer in the morning to help us and it has made such a difference, we can spend the time we need to with them now and do nice things like make up and nails."

Since our last inspection the Registered Manager had introduced a dependency assessment that gave them a guide of the amount of care people required. They reviewed this regularly which enabled them to flex staffing based on people's changing needs. They also monitored the call bell records to check that people's alarms when triggered were responded to quickly. They had used this information, in addition to their own observations to increase staffing at morning peak periods, and also increase their own presence in the home along with other members of the management team. The Registered Manager was able to demonstrate to us where they had both increased and decreased staffing hours in response to people's needs.

Staff we spoke with demonstrated to us their knowledge of keeping people safe and identifying signs of

potential abuse. Staff were able to describe to us the actions they would take if they suspected someone was at risk of harm. One staff member said, "We know these people so well that if anything wasn't right I would tell [Care Manager] or [Registered Manager] straight away. If they didn't do anything I know I can also go to you [CQC] or Hertfordshire [Social Services]. We saw from records of incidents that when they occurred these were reported and investigated. Although few people sustained any falls within the home we found one person with bruising to their legs. The Registered Manager had investigated this and concluded it was due to the bed frame the person was knocking their legs on. They had covered the edges in the interim period whilst awaiting delivery of a new bed. There were no serious injuries reported since the last inspection, which was further confirmed by health professionals.

People and relatives told us staff cared for them in a safe manner. One person's relative said, "[Person] is cared for, they are safe and they look after them very well." This was confirmed by a person who said, ""They look after us very well, whatever I want they get for me – they are very lovely to us"

Where staff identified risks to people`s health and well - being they ensured the concerns were reviewed and measures were put in place to mitigate the risks. For example, one person was observed during the inspection to have their legs elevated to minimise the risks of fluid developing in their lower limbs. A second person was at the time being cared for in bed and had been provided with the appropriate profiling bed, and pressure mattress. Care staff were aware of the need to monitor, and report any changes in the persons skin condition and this person had their position regularly changed to minimise the risk of their skin becoming damaged. Care records we looked at were clear and had been updated to reflect the current needs of these people and how care needed to be provided. People who alone and identified as being at risk of falls had their call bell within reach. One person sat reading in the conservatory with their call bell told us, "They make sure that I have it and when I sit on the toilet they make sure that I can reach the buzzer, I do feel safe and they treat us well."



# Is the service effective?

## Our findings

People and their relatives thought that staff were well trained and supported to carry out their roles. One person said, "Staff are very good and very helpful, it is good here, it is nice." A health professional told us, "There seems to have been an up skilling in staff knowledge, but mostly I think the support given from the newly structured management team has had a dramatic improvement with staff feeling supported."

Staff we spoke with told us they received regular supervision with the newly promoted Care Manager. They told us these supervisions allowed them to discuss people's needs and also their own performance and development. One staff member said, "I feel very supported, training is going on and with [Care Manager] now in post, I think they are doing a great job."

Since our previous inspection the Registered Manager had linked with a local training provider and had reviewed their training program. Areas of training had been provided to staff who required this and a plan of training was in place and under regular review. The Registered Manager had also made available specialist training for staff champions in dementia, and at the time of inspection was looking at other areas, as well as enrolling the Care Manager on a nationally recognised leadership course.

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).

At our previous inspection we found that decisions for people were not made in line with the principles of the MCA 2005. The Registered Manager had undertaken a review of their processes and had made stark improvements.

Decision for people who lacked capacity were made in line with the MCA 2005. For example, where people used bed rails to keep them safe, staff had followed the required process in assessing capacity and considering what was both in people's best interest and least restrictive option. There were at the time of the inspection four people using bed rails, two of whom were considered to lack capacity to decide for themselves whether they needed bedrails. The registered manager told us that assessments had been carried out for those that required them. Bed rail risk assessments and care plans were put in place to manage the bed rails safely, and staff were aware of the need to frequently check the person when in bed to keep them safe. This meant that the registered manager had worked in line with the MCA 2005, and considered the least restrictive options to act in the person's best interests. Where DoLS were in place, for example to keep someone from leaving the home unescorted, the Registered Manager had ensured people left the home. For example, one person subject to a DoLS had recently been taken out to the local town to purchase clothing for a party they were having in the home.

Previously relatives had informed the home that they held Power of Attorney to make decisions in relation to financial or health matters for people. The registered manager had not verified this by ensuring they had seen a copy of the relevant documents. At this inspection, all those relatives had been written to and asked to bring a copy of the documents for verification and a copy was now held on file for all those who had a relative hold power of attorney for them.

People we spoke with were positive about the food and we observed staff offering people a range of meals at lunchtime, and then ensured people were provided with ample drinks and a range of fresh fruit and snacks throughout the day. One person told us, "Food is good, dinner time you get a choice of what you want and cups of tea you can have lots." A second person said, ""The food is nice, nicely served, servers are cheerful, I have no complaints."

Staff we spoke with were aware of people's nutritional needs and those who were at risk of either weight loss or dehydration. One staff member gave us an overview of people saying, "We have to watch [Person A] as they could possibly choke, and [Person B] remains in their room but has liquidised food. [Person C] sometimes wants normal food and sometimes wants it liquidised but that is their choice, they have capacity to make that decision. We have four on liquidised foods in total, three diabetics, but no other special diets." People's dietary needs were confirmed to us by the cook who had prepared their meals and drinks throughout the day.

We observed the lunch time meal and found that this was a sociable, and friendly environment, with people sitting in groups with friends and happily talking. People who required assistance were provided this appropriately. For example one person refused their meal when placed in front of them. The staff member spent time gently encouraging them to eat, and soon was able to leave them eating away contentedly until they finished the plate, and subsequently the pudding.

Staff used cutlery that had been adapted for people who had difficulty gripping the handles to allow them to eat independently, although we shared with the provider that using plate guards would allow people to remain further independent.

When meals were served to people that may be living with dementia, staff did not visually show them an example of each meal on offer. This is considered an area of good practise to support people with either dementia or memory problems make informed decisions about the meal they wish to have. When people finished their meal, they were then asked if they had eaten sufficient and offered second helpings. We saw that the chef observed lunch and sought feedback on the quality of meals provided to people. One person said, "The dinners are lovely, all home cooked, fresh and tasty, and if I want something else then it's no bother to them to make me something."

People at risk of dehydration or malnutrition were monitored and weighed regularly. Staff were quick in referring people to the relevant professionals such as the GP or dietician, and the recommendations from these professionals were followed. We saw that if people had been prescribed supplements to aid weight gain staff ensured these were provided. A range of health professionals regularly visited the home; including two GP's and district nurses, chiropodists and a visiting optician. One health professional told us, "It's a lovely small home and the team are very close, when I arrive everything is ready and they have up to date information for me which is very useful."

## Is the service caring?

### Our findings

People told us they were treated in a caring manner by staff who knew their individual needs well. One person told us, "I feel like they treat me like they would their own relative, they are all very caring and sensitive individuals." One person's relative said, "When you are here you can see that they are caring, [Person] is always clean and tidy and dressed in all the right colours, with their beads on, staff make sure their jewellery matches their clothes"

Staff had clearly developed long standing relationships with people and knew each of their needs and preferences about their care well. We saw through our inspection that staff and people shared smiles, jokes and conversation. People looked to be comfortable and at ease with the staff which promoted a relaxed and comfortable atmosphere within the home. We observed throughout the inspection that staff spoke to people in a respectful and friendly manner and treated them in a dignified manner. One person whilst eating lunch required assistance with their continence needs. Staff observed this, but intervened very calmly, without alerting others in the room and very discreetly escorted the person to their room. They were brought back to the dining area smiling and clearly content, and were sat to continue their meal.

A second person told us in detail how the staff met their needs and promoted their dignity. They said, "I have a bath, they put my leggings on to protect my legs, I have bubbles and have a little soak and then they help me, but they don't rush me. They do my back, wash my hair if I want, and then they put a bit of makeup on me. I don't know of anyone here who has complained about the staff, they say don't worry, you take any long as you like when I am in the bath or on the toilet. They ask if I want them to leave you for a few minutes so I don't feel rushed. They say, you ring the buzzer, don't get up and we will come back and help you." This demonstrated that people's dignity, choice and independence were met by staff who supported them positively and in a caring manner.

When we arrived at The Hollies, those people who were up and dressed were presentable, well-groomed and dressed in clean clothing. When people ate their meals and required assistance because they may have spilled some of their food staff quickly ensured they were attended to. Staff were seen to constantly ensure people's privacy and dignity was maintained. For example, one person had spilled a drink over themselves. Staff spotted this quickly and discreetly took the person to their room to get cleaned and changed. Later in the day, we saw one staff member sensitively remove a person from the lounge to assist them with personal care. They did this in a manner that did not alert others to their need and was very sensitively carried out.

People and their relatives had been fully involved in the planning and reviews of the care. We were told by both relatives and people that staff would regularly keep them informed about their care needs with updates and feedback around appointments or their general well-being. One person's relative said, "They ring us if anything happens, we are kept informed." One person said, "My care is how I want it, we talk about different ways of doing things, but only change it if I say so." The Registered Manager told us that they had recently supported one person to engage with an advocacy service to help with reviewing their care. This person had support needs that made it difficult for them to leave the home for long periods, but also lacked capacity to fully understand the implications. The advocate was working with the management and person

to find solutions to enable them to leave the home comfortably and with support in a manner that met their wishes.

## Is the service responsive?

### Our findings

People and relatives told us they felt involved with planning and reviewing their care. One person said, "Whatever I like, and however difficult that may be, the staff all listen and find a way to make it happen." One relative said, "I am so happy that [Person] is here, they were very thorough when [Person] came here asking all sorts of questions, but listened to our responses and the care given is just right for us."

People told us that they were able to contribute to the assessment and review of their needs. They said that staff completed a thorough assessment and that both themselves and their family were consulted. Care records we looked at were detailed, up to date and provided key information for staff about how to meet people's needs that included areas such as maintaining safety, providing personal care and eating and drinking. Each area assessed had documented clearly people's preferences, dislikes and preferred routines to enable staff to offer care and support for people in a personalised way. Staff we spoke with were aware of people's particular individual needs, and were able to clearly describe to us how they met these needs.

When we previously visited we found that people's individual social needs were not met as there were not always enough staff to support them. However at this inspection we found improvements had been made and people's choices and preferences were now met in line with their preferences. People were able to choose freely how they spent their day and with whom. One person said, "This morning I just decided to have breakfast in bed, so I did. I'll go to the dining room for lunch later, and see what happens with my day. When I wanted to get up and dressed, I just called to the girls and when they were ready they helped me, not that I need too much help, just with getting myself up and the bits washed I can't reach, but they don't rush along and do things my way."

Various activities were taking place throughout the home on the day of our inspection. People were encouraged to join in, but staff respected the views of those who chose not to and sat talking with them or showing an interest in what they were doing. For example, one person chose to continue to sit by the window with their paper, staff returned to the person later talking about a variety of topics that the person was clearly interested in. This person told us later, "'Sometimes I like to listen to what goes on, they will chat with me, or we can have a hand massage or do my nails if I want, you would never be lonely here, they wouldn't allow it."

For those who went to the group activity in the communal lounge, they filled the home with music, laughter and enthusiasm. People were all positive about the activities and how staff supported them individually. One person said, "We do keep fit, make cakes, made pottery, I join in everything, [Staff member] helps us do finger exercises by using big crayons and we made pictures of bonfire night and they put them up for all to see." A second person then continued to say, "There has been lots of entertainment throughout the year, we had a May Fair in the garden, been to three garden parties with buffets, we felt included as a family."

People told us they were able to keep contact with relatives and friends whilst living at The Hollies. During the inspection we saw a number of people's relatives visiting freely, with some also joining in with the activity. People were contacted via the telephone by their loved ones and given a private area to hold their

conversations. The Registered Manager and Provider told us their ethos was that this was a family home, and all the people and relatives we spoke with felt welcome and part of the home. One person told us, "My family visit when they want and there is no restrictions on them, it's important to me that I can keep up contact with those I love." One person's relative told us, "It has a family feel, very inviting and the staff are very welcoming whenever we visit."

People we spoke with were aware they could approach the Registered Manager to raise a concern or complaint and were provided with the provider's policy in doing so should they wished to. People's relatives knew who to contact and one relative told us they had recently done so which was positively managed. They said, "I didn't think they got enough drinks a couple of times and had been given a late breakfast meaning [Person] then had missed the tea trolley. The Manager was not aware of this but they spoke to staff and things instantly improved. I have got no qualms and you can go and speak to them [Management] and deal with things."

The Registered Manager used the opportunity when concerns or complaints were raised to discuss these with staff, and look for areas that they could improve upon or learn from. Information about external organisations including advocacy were provided to people and relatives, who all felt comfortable in raising concerns.

We saw from the minutes of resident and relative meetings that the management team openly discussed matters relating to the home. They gave people the opportunity to raise concerns and took away actions from the meeting to make improvements.

## Is the service well-led?

### Our findings

When we previously inspected The Hollies we found there were not robust or effective systems in place to assess monitor and review the quality of the service provided. The Registered Manager did not have an improvement plan to develop the service, and audits were not carried out in key areas such as falls, accidents or looking for patterns and trends. Where medicine errors occurred, the Registered Manager had not reviewed or investigated these where needed. At this inspection we found improvements had been made, however some further areas continued to require development.

The Registered Manager and Provider had developed a service improvement plan since our last inspection. This documented areas that required improvement and was regularly reviewed. A key part of this plan was to reorganise the management team, and the provider had undertaken and completed this action. The Provider told us they felt that the roles and responsibilities of the members of management required reviewing to ensure all staff were aware of the key accountabilities and responsibilities of each manager. As part of this review they had created a care services manager role, who oversaw the senior and care staff, and carried out a range of audits. Staff told us this newly implemented system was beneficial. One staff member said, "I think it's a lot better, we now know that we just report any issues to [Care Manager] but then can refer up the line if we need to."

Where previously there had been a number of medicine errors, an unsafe management of medicines, the provider had recently completed a changeover of pharmacy. This changeover had brought a more robust system of governance and support for the staff, alongside advice and auditing by an external pharmacy that had not been in place previously. Staff we spoke with told us they felt that the management of medicines had improved dramatically, and although they were still getting used to the new systems and forms, felt it enabled them to administer medicines more efficiently. However we did identify some gaps in the MAR records, that although did not mean when checked the person had not received their medicine, did mean it was a recording error. For those people who had difficulty communicating whether they were in pain or needed assistance, staff had yet to develop guidance that informed staff when to administer the persons as required medication. However, the new pharmacy was providing these documents for staff to review and complete.

When we looked at people's care records we found that some lacked description when describing how to provide care. For example, the Care Manager described to us how one person communicates with them by blinking, however guidance about this was not in the accompanying care plan. People's nutritional assessment tools were not always calculated accurately, although no person was receiving inappropriate care, and where staff completed incident reports for injuries or bruising they had not completed a body map in all examples.

Where regular meetings were held both between members of management and care staff, accurate descriptive minutes were not held. For example, where staffing matters had been discussed, this was recorded merely as, "Discussed staff rotas." It gave no description of follow up actions of what was discussed and why. Where actions were set, they were not then subsequently reviewed and signed off as completed.

These actions also did not feed into the service improvement plan for follow up, so risked being overlooked and not acted upon. The provider was reviewing the manner in which staff meetings were held. It was identified in the inspection that senior carers held meetings with their small teams, which discussed people's needs, however this did not always mean that information relating to the management of the service was then shared and discussed. The Registered Manager said they would implement a system that cascaded information from senior management meetings through the different teams to ensure key messages were delivered, and also feedback was obtained for them to act upon. Although the service had made significant improvements in many areas, improvements continue to be required in areas relating to accurately completing people's records, and governance systems.

The registered manager had sought the views of people who used the service using an independent organisation. We saw the results of the recent survey carried out, which demonstrated people felt the service they received was of high quality. People had responded positively about the care they received along with professionals and relatives who visited the service.

People, relatives, staff and health professionals told us that the registered manager was approachable and willing to listen to their views about the running of the home. They told us that the changes to the home recently had been positive and had been shared and discussed with them. Upon publication of the report, the Provider and Registered Manager had written a comprehensive action plan, and shared this with all concerned. This plan and accompanying letter, openly described the areas needed for improvement, and the reasons why, however also focused on areas that were provided positively. When we spoke with staff they were all aware of the improvements required, and were positive about the manager's approach. One staff member said, "Staff morale is good and we are there to support the staff, the staff are as important as the residents are they respond well to praise." This open approach by the management team helped staff feel included and valued. One staff member said, "I now love my job, I find it very rewarding and I love gaining the residents confidence."