

Ellerash Limited

# Little Holland Hall

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Little Holland Hall is a residential care home providing personal and nursing care to people aged 65 and over. The care home accommodates up to 41 people in one adapted building over two floors. There were 37 people accommodated at the time of the inspection.

There was 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.

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

Staff treated people with compassion and kindness. People and relatives spoken with were consistently positive about the caring attitude of staff; one person summed it up, "Good home, good food and very good company – I like it here a lot!"

The atmosphere of the service was comfortable and homely. Staff understood people's care and support needs, wishes and choices and any associated risks to their health and welfare. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible, and in their best interests; policies and systems in the service supported this practice. Staff treated people as individuals, quickly responded to their changing needs and delivered planned and sensitive care and support.

The service was open and inclusive. Staff encouraged and supported people to keep relationships that were important to them and arrangements were in place to meet people's social and emotional needs. Staff worked well with external health care professionals to ensure people received joined-up care. People received their medicines safely.

The service was consistently well-managed, the culture of the service was positive and person centred, with a clear vision and values.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 28 April 2017).

### Why we inspected

This was a planned inspection based on the previous rating.

### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Little Holland Hall

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

This inspection was carried out by one inspector over two days.

#### Service and service type

Little Holland Hall 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.

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. This information helps support our inspections.

#### During the inspection-

We spoke with five people who used the service and four relatives about their experience of the care provided. We spoke with eleven members of staff including the registered manager, the clinical lead, nurses, senior care workers, an agency nurse and the activity co-ordinator.

We reviewed a range of records. This included three people's care records, medication records and a variety

of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse or harm. People told us they felt safe and staff supported them well. One person said, "I'm very happy here or I wouldn't stay here." Another person said, "I could not dislike it here, it is so comfortable and friendly. I was destined to come here, and it couldn't be better." A relative told us, "The first thing [family member] said to us was they felt safe here."
- The service had effective safeguarding systems, policies and procedures. Staff had received training on the subject and understood their responsibilities to act on and report any concerns.
- The registered manager managed safeguarding concerns promptly using local safeguarding procedures and liaised well with the local safeguarding team.
- Interactions between people and staff were comfortable and relaxed. People who raised concerns received the right support with no recriminations.

Staffing and recruitment

- The provider carried out safe recruitment practices. All the necessary checks were carried out on staff suitability before they begun work at the service.
- There were enough staff deployed at the time of our inspection to meet people's needs and keep them safe throughout the day.
- Staff were visible and responded promptly to people who called out or rang their bells for assistance. Some people were cared for in bed and staff often checked on their wellbeing.
- However, staff raised concern about there not being enough activity time to meet everybody's social needs daily. They told us there were a lot of people who were unwell and spent a lot of time in their bed which could lead to isolation. There was not always enough time to spend talking and reading to them. Daily records identified for staff those at risk of isolation and to be vigilant and ensure their social and emotional needs were met.

Assessing risk, safety monitoring and management

- There were strategies in place for staff to respond effectively to people's heightened anxiety which resulted in unsettled or aggressive behaviours.
- Staff were aware of risks to people's wellbeing and how to manage them. Assessments were carried out and management plans guided staff on how to support individuals in a safe way and reduce any risk identified.
- Maintenance, environmental and health and safety checks were regularly carried out to ensure the premises, equipment and services were safe and fit for purpose.

### Using medicines safely

- People received their prescribed medicines as they should. The service had recently changed over to an electronic medicine management system which helped to ensure staff managed medicines safely. The service was working collaboratively with the local pharmacist to ensure a smooth transition. The system provided daily audits and identified any issues directly.
- Staff received training and were assessed as competent before they administered medicines. Medicines were stored securely, and records were completed correctly.
- Records showed staff were open and reported any medicine errors for immediate action to ensure safety.

### Learning lessons when things go wrong

- When something goes wrong, lessons were learned and communicated to staff.
- The provider had a system for reporting and recording incidents, accidents, falls and complaints. The registered manager reviewed each one and took suitable action to address them. An overview of the information was monitored for any emerging trends or patterns which needed to be addressed to reduce likelihood of reoccurrence, and to learn lessons. The registered manager collated lessons learned from other services within the organisation regionally and shared them with staff to inform best practice and change.

### Preventing and controlling infection

- The prevention and control of infection was managed effectively.
- Personal protective equipment (PPE) such as gloves and aprons, paper towels and liquid soap were available to staff throughout the home to prevent and control infection.



# Is the service effective?

## Our findings

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

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

Staff support: induction, training, skills and experience

- All new staff were provided with induction training, included if necessary, support to undertake the Care Certificate. The Care Certificate identifies a set of standards and introductory skills that health, and social care workers should consistently adhere to and includes assessments of competency.
- Staff training was managed and monitored effectively. Staff received training in core subjects relevant to their role by e learning or face to face delivery, with competency assessments. Staff told us they would like and had requested more substantial training to support development and meet people's needs more effectively, such as End of Life care, but so far this had not materialised.
- Staff told us, supervision or formal support was not a regular arrangement and was mostly received if they had done something wrong.
- The registered manager told us they were introducing regular supervision for staff to give effective and open support in their day to day work and develop reflective practice.

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

- People liked the food and choices offered to them.
- The service promoted 'Dining with Dignity' a new initiative to improve people's mealtime experience. Tables and trays were dressed to a high standard and clothes protectors were replaced with napkins. The meal time experience was a very calm social event. Staff prompted and assisted people to eat in a very dignified and relaxed manner. They sat beside people and supported them to eat at their own pace.
- Where people's nutritional intake was a concern staff recorded their food and drink and checked their weight. Unplanned weight loss was supported with high calorie snacks and drinks, and fortified foods and supplements. The service worked collaboratively with the chef, the dietician and the GP.
- Where people were at risk of choking due to swallowing difficulties they were assessed by the speech and language therapist (SaLT) and the best level of food and drink texture was prescribed. This was given to them to keep them safe. Moulds were used to improve the appearance of pureed foods.

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

- The registered manager and clinical lead carried out detailed and comprehensive needs assessment prior to any person being admitted to Little Holland Hall, to fully consider their diverse needs, preferences and choices. This helped to determine the type and level of care and support they needed and ensure it could be delivered.
- Nationally recognised assessment tools were used to assess any risk to the individual's health and welfare.
- The management team kept up to date with guidance and best practice to ensure staff delivered the right care and support. For example, for people needing specific textured diets the service was implementing the

new International Dysphagia Diet Standardisation Initiative (IDDSI), a new global standardised terminology and definition to describe texture modified foods and thickened liquids for individuals with swallowing difficulties (dysphagia). The initiative provides a diet framework to guide people with dysphagia, caregivers, clinicians and food industry for consistency and safety.

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

- Records showed staff worked in partnership with health and social care organisations. They shared information about people to ensure care and support delivered was correct and effective, and achieved best outcomes.
- Staff knew people well and identified when people's needs changed and sought professional advice accordingly. Two relatives put in writing their extreme thanks for the prompt and professional reaction to their [family member's] collapse and, "...without a doubt saved [their] life". They said the staff worked efficiently as a team and at once commenced emergency interventions, "Everything that was done could not have been done better.... a great testament to their skills...and very much appreciated."

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff supported people to make choices and decisions throughout the day and respected them.
- Where people lacked mental capacity and where decisions needed to be taken in their best interest legal process was followed and appropriate people involved.

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

- The service had beautiful gardens and a lake. People enjoyed the views and accessing the outside on the warmer days.
- People were encouraged to personalise their rooms with their own items. Rooms looked individual and homely.
- There wasn't enough storage facilities and staff told us it hard to declutter the home. Others told us some bedrooms were small and they struggled to manoeuvre equipment.

# Is the service caring?

## Our findings

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

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

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

- The atmosphere within the service was welcoming, relaxed and tranquil.
- Staff had developed positive and caring relationships with people and they showed them warmth, understanding and kindness. One person told us, "The staff are very good to me, they are respectful, and they support me how I like to be supported." Another person said, "It is so lovely here, the staff are wonderful." A relative told us, "The staff bend over backwards to look after you here, it is a wonderful place and we are very happy with the care the staff provide to [family member]."
- We observed caring, compassionate and trusting exchanges between staff and the people they were supporting.
- The clinical lead told us, "This is Care UK's smallest home, we do things as a family and we are passionate. We carry out the small detail that makes a difference to a person's day and how they are feeling."

Supporting people to express their views and be involved in making decisions about their care

- The service worked the Resident of the Day monthly review system which gave the opportunity for extra pampering and to review the person's specific needs, preferences and choice.
- Staff knew people well and understood their ways, preferred routines and what mattered to them. They involved people in their care and facilitated choice such as when they got up, went to bed and what they had to eat.

Respecting and promoting people's privacy, dignity and independence

- Our observations of interactions between staff and people showed they consistently respected and promoted people's privacy, independence and diversity always.
- People's bedrooms reflected the person; they were individual, personalised and contained their own belongings.
- People appeared clean and well groomed.

# Is the service responsive?

## Our findings

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

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

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

- People received care and support that was planned, personalised and supported their choice and control.
- Plans for personal care considered oral care, eye care, hair care and foot care.

Meeting people's communication needs

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

- People's communication needs were identified, assessed and recorded in their care plans. Plans detailed people's individual communication skills and abilities and various methods staff should use to communicate effectively.

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

- Little Holland Hall was very welcoming and supported people to keep relationships with family and friends.
- They had two dedicated and enthusiastic activity co-ordinators to organise meaningful individual and group activity to promote wellbeing and prevent social isolation. They provided emotional and psychological support when needed to individuals and /or family members.

End of life care and support

- People received care and support that was responsive to their needs at the end of their life.
- The service had good working relationships with the local hospice, palliative care team and GP to ensure joined up care.
- The service had systems and arrangements in place to make sure it identified people in their last days of life to ensure where required they have rapid access to support, equipment and medicines for a dignified and pain-free death.
- Care plans showed advanced directives and end of life choices and preferences were discussed and planned for which included any protected equality characteristics and spiritual and cultural needs. Where required, family and friends were involved in planning, managing and decision making about their relatives end of life care.
- The service had developed a bereavement guide for families which held information for relatives following a death of their family member.

- Compliment and thank you cards showed how well staff cared for people and supported families during the last stage of life.

Improving care quality in response to complaints or concerns

- The service continued to have appropriate arrangements in place to respond to people's concerns and complaints.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- A relative told us, "I give it five stars, it is a lovely home, everyone is caring, and the manager is great. It is very inclusive – one big family."
- The registered manager said, "We have a unique service and good camaraderie of staff. We maintain our reputation by retaining valued and passionate staff delivering excellent care."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was an organisational structure in place and staff understood their roles, responsibilities and contributions to the service. The registered manager knew the service well and were aware of their regulatory requirements with the CQC. They demonstrated an in-depth knowledge of people's needs and the needs of the staff team.
- There were corporate and some service specific governance systems in place to check the quality of the service delivered and ensure it was running safely, they informed an on-going improvement plan for the provider.

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

- The registered manager understood the requirements of duty of candour that is, their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others; Continuous learning and improving care

- The 2019 Satisfaction Survey for Little Holland Hall came out at 99% complete satisfaction in quality of care and in staff responsiveness to matters of concern, 97% complete satisfaction in atmosphere of the home and in kindness, dignity and respect shown by staff.
- The registered manager operated an open-door policy and held weekly coffee mornings and evening surgeries for people, their representatives, staff and others to attend if they wished to discuss or raise an issue.
- The service positively engaged with external agencies to help people and improve outcomes for them. The registered manager was proactive and eager to develop the service further in relation to end of life care and drive continuous improvement to become a centre of excellence.

- The registered manager used information from analysis of incidents and accidents, feedback from people, their relatives and visiting health and social care professionals to continually learn and improve the service delivered.