Hollymede Cottage Limited

Hollymede Cottage

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?	Requires Improvement

Summary of findings

Overall summary

Hollymede Cottage is a 'care home'. People in care homes receive accommodation and personal care under a contractual agreement. CQC regulates both the premises and the care provided and both were looked at during this inspection. Hollymede Cottage accommodates up to fourteen people in an adapted building. At the time of our inspection, 12 people were using the service.

This inspection took place on 7 March 2018. The inspection was unannounced, this meant the staff and provider did not know we would be visiting. At the last inspection on 13 October 2015 the service was rated 'Good'. At this inspection, we found the service remained good.

The was no registered manager in post, but a person had been recruited to this role who was looking to register with the CQC. 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.

Staff received regular supervision and had been given the training they needed to meet people's needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Arrangements were made for people to see a GP and other healthcare professionals when they needed to do so.

People were cared for and supported by staff that understood their needs and knew them well. Staff treated people with dignity and respect and were sensitive to their needs regarding equality, diversity and their human rights. The care and support people received was individualised.

The service had appropriate systems in place to keep people safe and staff followed these guidelines when they supported people. There were a sufficient numbers of care staff available to meet people's care needs and people received their medicine as prescribed and on time.

The provider had a robust recruitment process in place to protect people from the risk of avoidable harm. They had been recruited safely with the skills and knowledge to provide care and support to people.

People's health and emotional needs were assessed, monitored and met in order for them to live well. The service worked closely with relevant health care professionals and people received the support they needed to have a healthy diet that met their individual needs.

Audits were carried out and people were asked their views about the service. This information was used to look at how the service could be improved.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

There were enough staff to meet people's needs effectively.

Risk assessments were in place which included information relating to the risks posed to people who used bed rails or who were at risk of choking.

People received their medicines in a safe way and on time.

Is the service effective?

Good

The service was effective.

Staff were appropriately trained to meet people's needs. Staff had regular supervision and an annual appraisal of their overall performance.

The dining experience for people was positive and people were supported to have adequate amounts of food and drinks.

People's healthcare needs were met and people were supported to have access to a variety of healthcare professionals and services.

Is the service caring?

Good

The service was caring.

People and their relatives were positive about the care and support provided at the service by staff and our observations confirmed that staff were friendly, kind and caring towards the people they supported.

Is the service responsive?

Good

The service was good.

People were supported to enjoy and participate in social activities of their choice or abilities.

Complaints management was robust and people using the service and those acting on their behalf felt confident to raise concerns.

Is the service well-led?

Requires Improvement

The service was not always well led.

The service did not have a registered manager in post, but someone had been recruited and there were plans for them to take over this statutory function.

An effective quality assurance system was in place. The quality of the service was monitored regularly and people were asked for their views.

Hollymede Cottage

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 checked 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 comprehensive inspection took place on 7 March 2018 and was unannounced. The inspection was carried out by one adult social care inspector and one 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. We last inspected Hollymede Cottage in 13 October 2015. At that time, we found no breaches of the legal requirements.

Prior to this inspection, we looked at the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events, which the service is required to send us by law. We also reviewed the information the provider had given us in their Provider Information Return (PIR). This form asks the provider to give some key information about the service, what the service does well and the improvements they plan to make.

Some people were able to talk with us about the service they received but others could not. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We observed care and support in the communal areas, the midday meal, and we looked around the service.

We spoke with six people, three relatives, five staff, including the manager. We also spoke with one health and social care professional. We looked at the care records of four people using the service, three staff personnel files and training records for all staff, staff duty rotas, and other records relating to the management of the service.

Good

Is the service safe?

Our findings

At our last inspection, this key area was rated good. At this inspection, this remained good. Every one we spoke with said they felt safe and well cared for. One person said, "It's nice and safe here alright. The girls are all lovely and could not do more for you. I do most things myself, but I do need a bit of help sometimes." One relative said, "It's always nice here. We like the way that they let people stay independent and give people respect."

People were safe in the service because there were arrangements in place to manage and maintain the premises and the equipment both internally and externally. We saw that health and safety, maintenance, emergency procedures, fire drills, accidents and incidents were all recorded and the necessary action taken. The service had a CCTV system in place to monitor the communal areas and outside of the premises in order to keep people who used the service safe. People had consented to this being used.

We observed that staff supported people to walk and move around the building, maintaining their independence through prompts and supportive statements whilst they were walking. People had freedom to access the home and the garden safely.

There was enough staff on duty to meet people's needs. We saw that staff were not rushed and assisted people in a timely and unhurried way. One staff member explained, "You have time to spend with people here. This is based on the relationships you have not the amount of tasks you can get done."

Comprehensive risk assessments were in place and provided detailed information to staff. Risk assessments covered areas important to people and aimed to protect people from harm. Staff had a good working knowledge of risk assessments and measures to be taken to keep people safe. Risk assessments and management plans were regularly reviewed with the involvement of relevant professionals.

Staff knew about the different types of abuse to look for and what action to take when abuse was suspected. They were able to describe the action they would take if they thought people were at risk of abuse, or being abused. There was a safeguarding procedure for staff to follow with contact information for the local authority safeguarding team. Staff had completed training in keeping people safe. Staff knew about 'whistle blowing' to alert management to poor practice.

Relevant checks were carried out before staff started work. These checks included a Disclosure and Barring Service (DBS) check. A DBS check allows employers to check an applicant's police record for any convictions that may prevent them from working with vulnerable people. References were obtained from previous employers. Recruitment procedures were understood and followed by the manager.

Medicines were stored securely and in line with the provider's policy. People had their medicines given to them on time and in the correct way. Some people were prescribed medicines to be given 'as required'. These were to be administered when people needed them for medical emergencies, pain relief or to reduce anxiety. We saw clear guidelines were in place for staff to follow to determine when and how these

medicines should be offered to people. Staff had received training in administering medicines and had their competence assessed regularly, which meant they remained competent to provide people with their medicines in a safe way.

Records of any accidents and incidents were completed and kept. These were analysed and considered what had happened before, during and after the incident or accident. This also included what preventative measures could be taken to reduce the risk of reoccurrence when they were identified.
Staff had access to the equipment they needed to prevent and control infection. This included protective gloves and aprons. The provider had policies relating to the prevention and control of infection and staff had been given training in food hygiene. Cleaning materials were stored securely to ensure the safety of people.

Good

Is the service effective?

Our findings

At our last inspection, this key area was rated good. At this inspection, this remained good.

People told us their needs were met. One person said, "The girls are lovely. Nothing is too much trouble. They have time to stop and chat with me. It's really nice." One relative said, "This is lovely, we can't fault it. They are considerate and caring. They are very good." We observed that staff provided the care and support people required when they wanted and needed it.

People were cared for by staff who had received the training required to meet people's needs. We viewed the training records for all staff. These identified when staff had received training in specific areas and, when they were next due to receive an update. All staff received core training which included; first aid, infection control, fire safety, food hygiene, equality and diversity, administration of medicines and safeguarding vulnerable adults. In addition, the provider offered additional training such as experiential learning in relation to dementia. This training aimed to equip staff with an understanding of what it is like to have dementia.

Newly appointed staff completed induction training, including the completion of the Care Certificate. The Care Certificate was introduced in April 2015 for all new staff working in care and is a nationally recognised qualification.

Staff received the support required to effectively carry out their roles. The service had a programme of staff supervision in place. Supervision meetings are one to one meetings a staff member has with their supervisor. Staff members told us they received regular supervision and records showed that supervisions were held regularly.

People chose what they wanted to eat and we saw people had access to a variety of drinks throughout the day. Meal times were flexible and we saw people choosing when and where they wanted to eat and drink. Some people sat together at tables, others choose to stay in their seat and other ate in their rooms. One person said that they did not like what was on offer for lunch that day and asked for 'two eggs, turned over, a slice of ham and 6 chips.' We noted that they got exactly what they had asked for. The chef said, "Sometimes they ask for 6 chips, but I have cooked a few extra just in case they want them."

Some people had been identified as being at risk of malnutrition and there was detailed guidance in place relating to the processes staff would need to follow to make sure the person was being supported to eat in the correct way. People's weights were regularly monitored and information from speech and language teams (SLT) was clearly recorded. Staff were knowledgeable regarding this and people's food and fluid intake was carefully monitored and recorded. When people were at risk of choking information for staff about how to manage this in the event of emergency was available.

People's day to day health needs were being met. People's care records showed relevant health and social care professionals were involved with people's care. Plans were in place to meet people's needs in these

areas and were regularly reviewed. There were detailed communication records in place and records of hospital appointments. People had health plans in place that described how they could maintain a healthy lifestyle. People were registered with the local GP surgery and staff assisted them to make and attend appointments when needed.

One person said, "I can't grumble at all. I am being looked after very well. In fact, it is marvellous here. The girls are all lovely, and they can't do enough for you." This person then said, "Go on ask me some more. I'll say marvellous to all your questions."

People were happy and satisfied with the environment. The décor of the accommodation was traditional, it was clean, and odour free. The new manager told us that they were planning to redecorate and look at ways they could brighten it up. People had access to appropriate space and the garden and outdoor area was in good condition and could be easily accessed.

We checked whether the service was working within the principles of the Mental Capacity Act MCA) 2005 and whether any conditions on authorisations to deprive a person of their liberty were being met. The 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 are called the Deprivation of Liberty Safeguards (DoLS).

The provider had policies and procedures in place and staff had received training on the MCA and DoLS. Care plans contained an assessment of people's capacity to make specific decisions. These were individual to the person and identified when the person was most likely to be able to make a decision and how it should be explained to them to maximise their understanding.

Some people had been assessed as not having the capacity to consent to their care arrangements. They were also subject to continual supervision to ensure they were safe and their needs met. The manager and staff had recognised this amounted to a deprivation of their liberty and had submitted applications to the appropriate authorities.

Staff actively encouraged people to make their own day to day choices and decisions. We saw they asked for people's consent before providing care and support, gave them options to determine what they wanted to do and, respected their decision if they changed their mind. Care records gave clear information to staff about areas where people could make their own decisions and how people could be supported to make those decisions.

Good

Is the service caring?

Our findings

At our last inspection, this key area was rated good. At this inspection, this remained good.

People said the staff were caring. One person told us, "I am 102, and I like to do my own thing and sit out here as its nice and bright. All the staff are lovely, and I get on well with them all. They treat me like a proper person, not a little child. It's very nice." One relative said, "Because this is not too big, they get to know people's ways."

We saw people being treated in a kind, caring and respectful way by staff. Staff were friendly, sensitive and discreet when providing care and support to people. They clearly knew people well and respected them. They were able to tell us about people's interests and individual preferences.

During the inspection, we saw that whilst the staff was very busy, they did deliver care in a compassionate and personal way. We observed a number of positive interactions and saw how these contributed towards people's wellbeing. After lunch, people moved back into the lounge and after a short break, some people chose to do some flower arranging, whilst others decided to put a film on. One person said they did not mind a film being watched but only if it wasn't on too loud. The staff member reacted to this by immediately turning the TV volume down a little, but turning on the subtitles so that other residents could follow somewhat. There was a lot of chat in the afternoon between people, and we could see that they had formed good relationships with each other.

Staff spoke to people in a calm and sensitive manner and used appropriate body language and gestures. One person, who was staying for a short period, was worried because they could not remember their address. The staff recognised that this person was worrying about this and dealt with it very well. They sat down calmly with the person and helped them to speak about the details that they could remember. This quickly helped to reduce this person's anxiety.

Another person told us that they liked to help the staff out with housework and later that day we saw them folding washing. This person got great satisfaction and purpose out of doing this job. They said, "Well I've been doing it all my life, why stop now. I can't do much but I like to help out when I can."

People were supported to maintain relationships with family and friends. People's care records contained contact details and arrangements. Staff said they felt it important to help people to keep in touch with their families and friends. People who did not have any direct involvement from family members were supported to access advocacy services.

Staff knew what external stimuli would trigger some people's behaviour and told us about what action they needed to take if someone became agitated. Staff understood how to speak with people taking it at their pace. One staff member explained, "The person has been a little more agitated than usual today, but we know them, and they settle down after a few minutes if we chat with them."

The service operated a keyworker system, where a staff member was identified as having key responsibility for ensuring a person's needs were met. Staff told us this system allowed them to get to know the person and ensure the needs of the person were met.

Staff looked for different ways to communicate with people, and the care plan provided detailed guidance for staff. In one care plan it stated that, [Name] will pat their tummy if they want to go to the toilet, and will put their hand to their mouth if they want a drink."

People were treated with dignity and respect. Staff knocked on people's doors and sought permission before they entered people's own rooms. Staff told us what they did to make sure people's privacy and dignity was maintained. This included keeping people's doors closed whilst they received care, telling them what personal care they were providing and explaining what they were doing throughout. Staff carefully and sensitively sought people's views. This was achieved by observation of people's reactions and where possible discussion with keyworkers and by carrying out regular care plan reviews which had been clearly recorded.

People's care records included an assessment of their needs in relation to equality and diversity. For example, the assessment considered how people sexual, cultural and religious needs could be met.

Staff said they felt the care people received was good and, when asked, all said they would be happy for a relative of theirs to use the service. One staff member said, "We get to know the residents very well. There are a nice group of residents here, most are all very capable and we help them keep their independence."

Good

Is the service responsive?

Our findings

At our last inspection, this key area was rated good. At this inspection, this remained good.

The service provided to people was flexible and responded to people's needs. One person said, "I can get up when I like, and I have breakfast in bed then come into the lounge with my paper." One staff member explained, "We cater for everyone individually because everyone here is so individual. This is not just somewhere to stay. It is their home." Another staff member said, "It's small and homely here. We can get to know people really well because we are able to spend time with them."

Each person had detailed care plans in place that identified how their assessed needs were to be met. These also included information on their background, hobbies and interests and likes and dislikes. Care plans included detailed assessments, which took into account people's physical, mental, emotional and social needs. Care plans were regularly reviewed on set dates or when people's needs had changed. Relevant health and social care professionals were involved where required.

People's changing care needs were identified promptly and were reviewed with the involvement of other health and social care professionals where required. Staff confirmed any changes to people's care was discussed regularly at shift handovers to ensure they were responding to people's care and support needs. Staff told us this was important to ensure all staff was aware of any changes to people's care needs and to ensure a consistent approach. A hand over meeting is where important information is shared between the staff during shift changeovers.

The service was not actively identifying the information and communication needs of people with a disability or sensory loss, and no one at the service had been trained in the Accessible Information Standards. We recommend that the new manager makes themselves aware of this law and considers ways in which the standards can be applied across the service.

Staff supported people in activities, such as quizzes, games and arts and crafts. Seasonal events were also celebrated. The new manager told us that this was an area that they wanted to improve. One staff member said, "I would really like to do more in terms of the activities, but some people just want to have a sleep in the afternoon."

Staff helped people to remember significant events and people's rooms were personalised and photographs of family members and friends were on display. Staff knew people's backgrounds and looked at ways they could assist those people with memory loss to maintain their independence as much as possible. Each person had items in their room, which included things that were important to them.

People, their families and friends all said they felt able to raise any concerns they had with the manager or staff. One person said, "I did have to go to the office once to tell them about something that I didn't like. They listened to me and the good thing was that it was sorted out straightaway."
The service had not had any formal complaints in the 18 months leading up to our inspection. Numerous

compliments had been received, one more recent compliment said, "We had a tear in our eyes seeing how much of a good time [Name] was having."

Detailed information surrounding people's preferences at the end of their life was recorded and clear guidance was available for staff. Some care plans had information about decisions people had made on hospitalisation and where appropriate a DNACPR was in place. A DNACPR is a way of recording the decision a person, or others on their behalf had made that they were not to be resuscitated in the event of a sudden cardiac collapse. One compliment read, "The last few days of [Names] life were hard, but you made it so much easier with the many little touches of kindness and love that you have shown. Not just to [Name] but to us as well."

Requires Improvement

Is the service well-led?

Our findings

At our last inspection, this key area was rated good. At this inspection, this area was rated required improvement because the service did not have a registered manager and this was a requirement of their registration conditions. The service had previously had a registered manager in post for a number of years, but they had recently retired. An experienced manager had been recruited and was planning to submit an application to become the registered manager, but at the time of the inspection, this application had not yet been made. A registered manager is a person who has registered with the Care Quality Commission to manage the service.

Staff spoke positively about the new manager and described them as open and approachable. The registered manager told us they were still developing their understanding of the home, but dealt with our queries at the inspection in a professional, responsive and knowledgeable way.
The new manager understood the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and understood when notification forms had to be submitted to CQC. These notifications inform CQC of events happening in the service.

Quality assurance systems were in place to identify areas for improvement and the manager, had completed audits which looked at a number of key areas. Surveys had been undertaken to gain the views of people, their relatives and health or social care professionals and we noted positive feedback had been received.

The management structure was clear and understood by staff and staff were positive about the management changes . One staff member said, "I can't believe [the new manager] has only been here three weeks. They are positive and approachable. They have made some changes and these changes have been good and made things better."

Staff told us they were able to raise any concerns regarding poor practice with the manager and were confident these would be addressed. The new manager provided an on call system for staff to access advice and support if they manager was not present. This allowed staff access to a manager if advice and support was needed.

Accidents and incidents were appropriately reported by the service and a framework to monitor complaints and safeguarding alerts was in place, but none had been raised. The manager investigated all accidents or incidents and looked at ways they could learn from such events.

The manager spoke about how they planned to make key links with organisations and kept themselves informed of best practice by attending training and getting support from other registered managers from other managers within the providers group.

Staff meetings were held regularly. We looked at the minutes of previous meetings and saw a range of areas were discussed. These included; individual care and support arrangements and staff related issues. Staff told us they found these meetings helpful. Records of these meetings included action points, which were

monitored by the manager to ensure they were completed.

A copy of the most recent report from CQC was on display at the service. This meant any current, or prospective users of the service, their family members, other professionals and the public could easily access the most current assessment of the provider's performance. Alongside the inspection report, were some compliments, one of which read, "This is not only a residential home, but a real home."