

P B Residential Care Limited

Holly House Care Home

Inspection report

124 High Street
Burringham
Scunthorpe
Lincolnshire
DN17 3LY

Tel: 01724782351

Website: www.hollyhousecarehome.net

Date of inspection visit:
09 October 2017

Date of publication:
10 November 2017

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Holly House Care Home is a residential care home for a maximum of 38 older people, some of whom may be living with dementia. The service is situated in the village of Burringham, which is close to Scunthorpe and its facilities. It consists of three separate interlinked buildings, in which communal facilities are provided in dining rooms and various lounges. There is a passenger lift to assist people with accessing the upper floor of one building, but this is currently out of commission and so this building is not used. The two buildings in use consist of only ground floor accommodation. A secure, enclosed garden area is available and there is ample car parking space.

At the last inspection in 2015 the service was rated Good.

At this inspection we found the service remained Good.

The inspection of Holly House Care Home took place on 9 October 2017 and was unannounced. At the time of our visit there were 23 people using the service. The provider was required to have a registered manager in post. On the day of the inspection there was a manager that had been registered for three years.

People were protected from the risk of harm by systems to manage safeguarding concerns and staff were trained in safeguarding adults from abuse. Staff understood their responsibilities in managing safeguarding concerns. Risks were managed so that people avoided any harm. The premises were safely maintained with documentary evidence to support this. Staffing numbers were sufficient to meet people's need and we saw that rosters cross referenced with the staff that were on duty. Recruitment systems ensured people's safety as staff were checked for their suitability. The management of medicines was safe.

Staff employed were qualified, competent and regularly supervised. Their personal performance was checked at an annual appraisal. People's mental capacity was appropriately assessed and their rights were protected. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People received adequate nutrition and hydration to maintain their health and wellbeing.

The premises were not always suitably decorated or illuminated. Some areas needed redecoration as parts of the décor were worn and tired looking. We made a recommendation regarding the re-decoration of some bedrooms and the brightness in some areas. Other areas were suitably decorated, brighter and more airy.

People were cared for by compassionate staff that knew about their needs and preferences. Staff sought people's consent before providing support and involved them in their care wherever possible. People's wellbeing, privacy, dignity and independence were respected. This ensured people felt satisfied and were enabled to take control of their lives.

People were supported in accordance with person-centred care plans, which reflected their needs and were

regularly reviewed. Activities, pastimes and means of occupation were provided so that people were entertained and enabled to socialise. People had very good family connections and support networks. People and their friends and relatives were encouraged to maintain relationships of their choosing. An effective complaint system was used and complaints were investigated without bias.

The service was well-led and people had the benefit of a friendly culture and management style that was supportive. An effective system was in place for checking the quality of the service using meetings, audits and satisfaction surveys. People and their relatives made their views known through direct discussion with the registered manager or via the complaint and quality monitoring systems. People's privacy and confidentiality were maintained as records were held securely in the premises.

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 remains Good.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff were sufficiently trained and supervised to carry out their roles and people's nutrition and health needs were appropriately monitored. The service worked well with social and healthcare professionals so that people received the support they needed.

Signage was in place for people living with dementia to navigate around the service. Some decoration in isolated areas of the premises looked tired. Some garden areas were untidy.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Holly House Care Home

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 was 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 was a comprehensive inspection.

The inspection of Holly House Care Home took place on 9 October 2017 and was unannounced. One adult social care inspector carried out the inspection.

Information had been gathered before the inspection from notifications that had been sent to the Care Quality Commission (CQC). Notifications are when providers send us information about certain changes, events or incidents that occur. We received feedback from local authorities that contracted services with Holly House Care Home and reviewed information from people who had contacted CQC to make their views known about the service. We also received a 'provider information return' (PIR) from the provider. A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with four people that used the service, three relatives and the registered manager. We spoke with three staff that worked at Holly House Care Home. We looked at care files belonging to three people that used the service and recruitment files and training records for four staff. We viewed records and documentation relating to the running of the service, including quality assurance and monitoring, medication management and premises safety. We also looked at equipment maintenance records and records held in respect of safeguarding incidents, complaints and compliments.

We observed staff providing support to people in communal areas of the premises and the interactions between people that used the service and staff. We looked around the premises and saw communal areas and people's bedrooms, after asking their permission to do so.

Is the service safe?

Our findings

At the last inspection we found that staff maintained the safety of people that used the service. At this inspection we found this continued to be the case.

People told us they felt safe living at Holly House Care Home. They said, "I have nothing to be afraid of. The staff are the best around", "I have no worries as the staff are very caring" and "My things are safe, as am I." One person said, "I wouldn't stay here if I were unhappy." Relatives said, "I have confidence that my relative is treated well and I know they are safer here than at home" and "[Name] would tell me if they were not treated well or if they thought someone was being unkind or abusive towards them."

Safeguarding systems ensured that incidents were appropriately recorded and managed, Staff were trained in safeguarding people from abuse and demonstrated knowledge and understanding in this area. Records held in respect of handling incidents and making referrals to the local authority safeguarding team were accurately maintained. Formal notifications were sent to us regarding these incidents, which meant the provider was meeting the requirements of the regulations.

Risk assessments ensured that people were protected from the risk of harm with regard to their personal safety and their health. Maintenance safety certificates were in place for utilities and equipment used in the service and these were all up-to-date, so that the premises were safe for people to use. People had personal safety documentation in place to evacuate them individually from the building in an emergency. The provider had accident and incident policies and records in place and these were used to reduce any further risks to people.

Staffing rosters corresponded with the numbers of staff on duty during our inspection and there were several ancillary staff on duty too. People and their relatives told us they thought there were enough staff to support them with their needs. One relative said, "Whenever I visit there are staff around to call upon." One person that lived at Holly House Care Home said, "Staff seem to muck in well and are usually around. There are two staff on at night, but I try to be independent where I can".

Staff told us they covered shifts when necessary and found they had sufficient time to carry out their responsibilities to meet people's needs. We saw that the three buildings, although connected, were sprawling with intricate corridors between bedroom and communal areas. Some bedrooms were vacant and so these two issues made it less easy for staff to observe people when they were in their bedrooms. Discussion with the registered manager assured us that staffing was sufficient to meet people's needs. One of the three buildings was entirely unused and staffing levels were determined by a dependency tool. We saw that people's needs were met during our visit.

The recruitment procedures used ensured staff were suitable for the job. There was evidence that safe recruitment checks were followed regarding staff's reliability and their right to work in the United Kingdom. This meant people they cared for were protected from the risk of receiving support from staff that were unsuitable.

Medicines were safely managed within the service and the medication administration records (MARs) we looked at were accurately completed. Medicines were acquired in a timely way so that people did not run out of them. They were stored safely, administered on time, recorded correctly and disposed of appropriately. There was only one packet of a controlled drug in the service at the time of the inspection. This was left over from a person's 'anticipatory drug' supply, and it was disposed of on the day we inspected. (Controlled drugs must be handled in a particularly safe way according to the Misuse of Drugs Act 1971 and the Misuse of Drugs Regulations 2001). Management of medicines was safe and effectively monitored. One person said, "I'm happy for staff to give me my tablets as I would only get in a muddle."

Is the service effective?

Our findings

At the last inspection we found that staff provided an effective service. At this inspection we found this continued to be the case, but not with regard to the environment.

People told us the staff at Holly House Care Home understood them well and had the knowledge to care for them. Their comments included, "The staff are trained and some of them have been here for years", "Staff know what they are doing" and "You couldn't go to a better home."

We saw documentary evidence that staff were trained and experienced regarding their roles. An up-to-date staff training record was in place and certificates showed the courses that staff had completed. Staff confirmed with us the training they completed each year. New staff were inducted, while all staff received regular supervision and took part in a staff appraisal scheme.

The Mental Capacity Act 2005 (MCA) which provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves, was appropriately followed and included use of the 'best interest' route where people lacked capacity. Legal authorisations for this under the MCA in care homes and hospitals are called Deprivation of Liberty Safeguards (DoLS). Several of these DoLS were in different stages of being approved and reviewed by the authorising body. People were not supported by staff unless they gave their consent. Staff understood the importance of always obtaining consent.

People's nutritional needs were met. Their dietary likes and dislikes, allergies and medical conditions were known. Speech and Language Therapist support was obtained when needed and risk assessments put in place. Home cooked meals were provided each day, plus snacks and drinks as requested. Menus were on display showing the choice on offer and people told us they were satisfied with the meals provided. They said, "There is plenty of tasty food", "We have a choice of two meals at dinner time, plus anything else if necessary" and, "The meals have been very good here." The meal being cooked on the day of inspection sent a delicious aroma around the dining room. We were told that most people considered this to be their favourite meal. A relative told us their family member always ate well and enjoyed all of the food provided.

Staff consulted people about their medical conditions and liaised with healthcare professionals to ensure they monitored people's health needs. Information was collated and reviewed with changes in people's conditions. Records stated when people had seen a healthcare professional and also documented the reason why. They guided staff on how to manage people's health care needs. One person told us, "The district nurse visits to attend to my dressing when needed" and another said, "I need a special diet, but don't understand very much about it. The staff keep an eye on me to make sure I stick to it."

For those people that used the service who were living with dementia, signage was available to them for orientation around their environment. Toilets and bathrooms were easily identified. Carpets, furniture fabrics and wallpapers were being replaced by plain colours when renewal was needed, but the décor in some areas was still worn and tired looking. In contrast to this other areas were suitable, as they were focal

points for gathering, brighter and more airy.

The general environment was discussed with the registered manager, with regard to some carpets in the hallway, paint scuffs on doors, an untidy garden and minor décor issues in some bedrooms. They assured us that bedrooms were redecorated and refurbished when they became vacant, communal areas were upgraded on a planned maintenance programme and the garden would be tidied when the handyperson could allocate time to do it.

We recommend the provider addresses these décor and gardening needs, having regard to people living with dementia, so that people that use the service have an overall improved environment in which to live.

A dementia-friendly environment as researched by The Kings Fund (2012) on enhancing the healing environment, doesn't just incorporate signage and colour schemes, but also textures, experience, light, sound and smell and therefore the provider might also consider these when renewing any areas of the property in future. The design and building layout, another important factor of environments, was quite intricate in parts in terms of corridors to bedroom areas and connecting rooms between buildings, but we saw no obvious impact of this on people that used the service. The provider may also wish to take this into consideration when looking at any future developments or improvements of the service.

Is the service caring?

Our findings

At the last inspection we found that staff were caring. At this inspection we found this continued to be the case.

People told us they got on well with the staff and each other. They said, "The staff treat me very well", "I don't have any special friends but I speak to people when we have activities and the staff are friendly", and "I love it here. Everyone is so kind."

Staff had a friendly, smiley manner when they approached people. Staff knew people's needs well and were kind when they offered support. The registered manager led by example and was polite, attentive, informative and caring in their approach to people and their relatives. The registered manager assisted staff if and when necessary with meeting people's needs, which staff respected.

People were treated as individuals, each with their own needs and preferences. Many spent time on their own in their bedrooms with the television or radio but socialised at mealtimes or whenever an activity was facilitated. People maintained their individuality and this was respected by the staff. Their needs were met according to their individual wishes. People's care plans recorded their routines and preferences in relation to food, clothing, activity and outings. Staff knew these details and responded to them accordingly.

The staff monitored people's overall well-being. They knew about their individual presentations and therefore recognised when people were not themselves. A happy and encouraging manner was used to lift people's spirits and when necessary psychological support was requested and healthcare professionals were contacted for physical ailments. Other ways of encouraging people's well-being involved supporting them to engage in old and new pastimes, which meant they were able to maintain some aspects of the lifestyle they used to lead or learn a new skill if they wished. Activity, entertainment and occupation, such as seeing the hairdresser each week and choosing menus or colour schemes helped people to feel their lives were worthwhile and purposeful, which supported their overall wellbeing.

While everyone living at Holly House Care Home had relatives or friends to represent them, we were told that advocacy services were available to them if required. Advocacy services provide independent support and encouragement that is impartial and therefore seeks the person's best interests in advising or representing them. Independent Mental Capacity Advocates were used if necessary for those without capacity and in need of more complex advocacy support. Information about advocates was available in the service.

People told us their privacy, dignity and independence were respected. They said, "Staff are discreet when they help me with personal care" and "I never have to worry about being embarrassed, as the girls are lovely." Staff only provided personal care in people's bedrooms or bathrooms. Staff knocked on bedrooms doors before entering and ensured bathroom doors were closed quickly if they had to enter and exit, so that people were never seen in an undignified state. Staff said, "I had a close relative that lived with dementia and so fully understand about ensuring people's dignity. I always treat people how I would want my family member to be treated" and "We have to respect people and show them empathy, because that is what I

would want for myself."

Staff gave examples of how they respected people's privacy and dignity when assisting them with care needs and demonstrated understanding, compassion and kindness.

Is the service responsive?

Our findings

At the last inspection we found that staff were responsive to people's needs. At this inspection we found this continued to be the case.

People told us their needs were appropriately met. They talked about the in-house entertainments and activities and their relationships with staff, each other and family members. They said staff supported them when getting ready each day and this was done in the way that they wanted to be supported. Staff knew about people's personal preferences and were aware of the important people in their lives. This information was recorded in people's care plans.

We saw that one person who was taken ill was quickly attended to by healthcare professionals and a staff member accompanied them to hospital. Another was assisted to take a walk round the village to deflect their burning need to visit a relative, long since deceased. Staff used distraction techniques where possible and a calm approach to alleviate people's anxieties.

Care files for people that used the service reflected their needs. Assessments and risk assessments were completed and care plans were person-centred. Care plans included up to 15 areas of need. Their records contained instructions for staff on how best to meet people's needs. The personal risk assessment forms showed how risk to people was reduced, for example, with pressure relief, falls, moving and handling, nutrition and bathing. Recorded evidence indicated that care plans and risk assessments were reviewed monthly or as people's needs changed.

Activities were held in-house with an activities coordinator who developed a planned schedule. People told us they joined in with activities such as bingo, crafts, karaoke, reminiscence, quizzes and card games. People said, "I like to play bingo and the activities coordinator usually reminds me what day it is so I know when bingo is" and, "We have started a choir and have been practicing Christmas carols so that we can put on a concert." We saw that board games, dominoes, jig-saws, magazines, newspapers and puzzle books were available. People watched television in their bedrooms or a DVD in the lounge. They joined in with 'Arm-chair Charlie' exercises once a month with a visiting facilitator. The activities coordinator and some people played bingo for prizes on the afternoon of our visit. One person commented, "There are plenty of birds to watch in the garden, which is something I enjoy doing."

Hoisting equipment was effectively used to assist people to move around the premises, according to people's individual risk assessments. Staff understood that people were assessed for and only used their own hoist slings to ensure their safety and avoid cross infection. Bed rail safety equipment was in place where assessed as necessary to ensure people's safety needs were responded to. Where it was considered appropriate people were asked if they would like the use of adaptive cutlery and crockery so they could maintain their independence and effective living.

Staff understood that it was important to provide people with choice wherever possible, so that they continued to make decisions for themselves and stayed in control of their lives. People had a choice of two

dishes for their main meal of the day and if they changed their mind the cook catered for them. They chose where to sit, who with, when they got up or went to bed, what they wore each day and whether or not they went out with family and friends or joined in with planned entertainment and activities. People's needs and choices regarding pastimes and occupation were therefore respected.

People's relationships were encouraged and respected and staff supported people to keep in touch with family and friends. Relatives came and went as they wished and joined in with activities and light refreshments. The main dining room was a focal point for everyone to gather and socialise. People that used the service had a key worker who got to know their family members, kept them informed about people's health and well-being if people wanted them to and relatives told us they always felt welcome.

The provider's complaint procedure and suggestions box were on display in the reception and invited visitors and relatives to make their views known. Details of what the service provided were also visible. Records showed that complaints and concerns were handled within timescales. People told us they knew how to complain. They said, "If I were unhappy I would speak to the manager" and "I would have a word with my daughter and she would pass it on to the staff or the manager." Relatives told us they would complain through the office, but that they were quite satisfied with the care people received. Staff were aware of the complaint procedure and understood that complaints only helped to improve the care they provided. Compliments were made about the service in the form of letters and cards. These were kept for staff and visitors to view.

Is the service well-led?

Our findings

At the last inspection we found that the service was well-led. At this inspection we found this continued to be the case.

People told us the service had a friendly and family orientated atmosphere. They said, "It is friendly here", "I feel I am part of a family", "We all get to know what goes on, but without the detail of course" and "The atmosphere is nice, as everyone gets on well." One staff member described the culture of the service as, "Caring, understanding and supportive."

On the day of the inspection the registered manager had been in post for three years. The registered manager was aware of the need to maintain a 'duty of candour' (responsibility to be honest and to apologise for any mistake made). They sent 'notifications' to the Care Quality Commission about events and incidents that occurred and so fulfilled their responsibility to ensure any legally required notifications were made.

The management style of the registered manager was supportive, assistive and cooperative. Staff told us they found the registered manager to be approachable, helpful and fair in their management of the service. Staff told us they felt able to express concerns or ideas freely and felt these were fairly addressed. The registered manager led by example and was prepared to carry out any duty they asked the staff to perform. Staff told us the registered manager often assisted them.

People maintained links with their local community, where possible, through the church, schools and visiting family members. The village had no shops, pubs or other services so people were reliant on relatives to take them into the town of Scunthorpe to access these. Relatives played an important role in helping people to keep in touch with the community by supporting people into town.

We viewed documents relating to Holly House Care Home's system for monitoring and quality assuring the delivery of the service. Service user and relatives' meetings were held, quality audits completed on a regular basis and satisfaction surveys were issued annually to people that used the service, relatives and staff.

Meeting minutes recorded what had been discussed and action plans were set to address issues before the next meeting. We saw that objectives were met by the time the next meeting took place.

Audits showed that many areas of service provision were checked on a monthly basis. Any shortfalls identified by the audits were addressed with an action plan. We saw that action plans gave staff clear instructions to address identified shortfalls and these were put into operation. For example, some diet charts had not been completed in September 2017 and the audit action plan stated 'two staff now to sign charts'. This had been done. A dignity audit in the same month identified that some staff required their safeguarding training updated. This was being planned.

Satisfaction surveys issued in April 2017 showed that staff were positive about the job they carried out and

relatives were happy with the care and support their family members received. Relatives' comments included, 'I'm very pleased with the care. Staff are compassionate, empathic and they have time for residents, which makes such a difference' and, 'I have no complaints in any area of care or management.'

Records regarding people that used the service, staff and the running of the business, were held in line with the requirements of regulation and we saw that they were appropriately maintained, up-to-date and securely stored.