







# Longfield (Care Homes) Limited Hollymount Nursing & Residential Home

## 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	

## Overall summary

This was an unannounced inspection which took place on 26 May 2015. We last inspected the service in May 2014 when we found it was meeting all of the regulations we reviewed.

Hollymount is registered to provide accommodation for up to 38 older people who require support with personal care. At the time of our inspection there were 32 people using the service.

There was a registered manager in place at Hollymount. 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.

Prior to this inspection we had received some information of concern in relation to staffing levels,

# Summary of findings

particularly at night and the impact of this on the care people received. We therefore visited this service early in the morning so we were able to speak to night staff and check whether they were getting people up at a time that was convenient for staff rather than when people wanted to get up.

We found staffing levels, including at night, were appropriate to meet the needs of people who used the service. We did not find evidence that staff were getting people up in early in the morning unless people had asked to do so, or where it was to manage risk.

People who used the service told us they felt safe in Hollymount and that staff were kind and caring; this was confirmed by our observations during the inspection.

Recruitment processes were sufficiently robust to protect people who used the service from the risk of unsuitable staff. Staff had received training in the safeguarding of vulnerable adults and were able to tell us of the correct action to take should they have any concerns about people who used the service.

Systems were in place to help ensure medicines were administered safely. People who used the service told us they always received their medicines as prescribed.

Care records included an assessment of the risks people might experience including those related to mobility, falls and nutrition. Risk management plans were in place to provide information to staff about the action they should take to help reduce such risks from occurring.

We saw there were risk assessments in place for the safety of the premises. All areas of the home were clean and well maintained. Procedures were in place to prevent and control the spread of infection. Systems were in place to deal with any emergency that could affect the provision of care, such as a failure of the electricity and gas supply to the premises.

Staff had received induction, training and supervision to help ensure they were able to deliver effective care. All staff had completed or were working towards a nationally recognised qualification in care.

Staff were aware of the principles of the Mental Capacity Act (MCA) 2005: this legislation provides legal safeguards for people who may be unable to make their own decisions. The registered manager had assessed the capacity of people who used the service to consent to the care and treatment they required. Where necessary, applications had been made to the local authority to ensure any restrictions in place were legally authorised under the Deprivation of Liberty Safeguards (DoLS).

People gave positive feedback regarding the quality of the food provided in Hollymount. Systems were in place to ensure people's nutritional and health needs were assessed and regularly reviewed. We saw that staff would contact health professionals, including out of hours services, if they had any concerns regarding the health of a person who used the service.

Care records were personalised and provided information for staff about people's life histories, wishes and preferences. People told us staff respected their wishes and supported them to be as independent as possible.

A timetable of activities was in place to help promote the health and well-being of people who used the service. The registered manager had made contact with local resources, including a school, from which children now visited Hollymount on a regular basis. This helped people who used the service feel part of their local community.

People who used the service had regular opportunities to provide feedback on the care they received in Hollymount. We noted the responses to the most recent survey conducted by Hollymount had been very positive.

Staff told us they enjoyed working at Hollymount and considered the managers in the service were approachable and supportive. There were regular opportunities for staff to provide feedback on improvements which could be made in the service.

There were a number of quality assurance processes in place in the service. The registered manager demonstrated a commitment to continuing to improve the service provided in Hollymount.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

People who used the service told us they felt safe in Hollymount and that staff were always available to meet their needs. All staff had been safely recruited.

Staff had received training in the safeguarding of vulnerable adults and knew what action to take to protect people who used the service from the risk of abuse.

Care records included good information for staff to follow regarding the risks people might experience. Risk assessment and risk management procedures were in place to help ensure people always received safe and appropriate care.

Good



### Is the service effective?

The service was effective.

People were supported to make their own decisions wherever possible. The registered manager had taken the action necessary to ensure any restrictions in place on people who used the service were legally authorised.

Staff received the induction, training and supervision necessary to help ensure they were able to deliver effective care.

Systems were in place to ensure people's health and nutritional needs were met. People who used the service spoke positively about the food provided in Hollymount

Good



### Is the service caring?

The service was caring.

People who used the service spoke positively about the attitude and approach of staff. We observed staff to be kind and caring in their interactions with people.

People told us staff supported them to be as independent as possible. Staff demonstrated a commitment to providing care centred on people's individual needs.

Good



### Is the service responsive?

The service was responsive to people's needs.

People told us they always received the care and support they needed.

Activities were available to support people to maintain their health and well-being and help people feel part of their local community.

People had opportunities to provide feedback on the service they received.

Good



### Is the service well-led?

The service was well-led. The service had a manager who was registered with the Care Quality Commission and was qualified to undertake the role. They were supported in the day to day running of Hollymount by two deputy managers and an office manager.

Good



# Summary of findings

Staff told us they enjoyed working in the service and received good support from all the managers.

A number of quality assurance systems were in place in Hollymount. The registered manager demonstrated a commitment to continuing to drive forward improvements in the service.

# Hollymount Nursing & Residential 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 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 26 May 2015 and was unannounced. The inspection team consisted of two adult social care inspectors.

We had not requested the service complete a provider information return (PIR); this is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. However, before our inspection we reviewed the information we held about the service including

notifications the provider had sent to us. We contacted the Local Authority safeguarding team, the local commissioning team and the local Healthwatch organisation to obtain their views about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We were not made aware of any concerns about the service.

During the inspection we spoke with 13 people who used the service and one visitor. We also spoke with the registered manager, the deputy manager, four care staff, the office manager and the chef.

We looked at the care and medication records for four people who used the service. We also looked at a range of records relating to how the service was managed; these included staff personnel files, training records, quality assurance systems and policies and procedures.

# Is the service safe?

## Our findings

All the people we spoke with who used the service told us they felt safe in Hollymount. Comments people made to us included, “I’m happy and they [staff] make sure I’m safe”, “I know staff do nightly checks. I like that it makes me feel safe” and “I feel really safe here. I didn’t like being on my own at home.”

We visited the service early in the morning as we had received some information of concern regarding staffing levels at night and the impact this had on the care people received. We were told staff were getting people up in the early hours of the morning before the day staff came on duty to ease their workload. When we arrived at the service at 5.30am we found one person was already in the lounge. The two night staff on duty at the time told us this was because the person had been very unsettled and they considered it was safer for them to be taken to the lounge. Staff told us they would only get those people up early who were awake and wanted to get up. We noted an additional member of staff came on duty each day at 6am. We were told this was to ensure sufficient staff were available to support people who wanted to get up early.

We looked at the minutes from a meeting held with night staff in November 2014 where it was discussed that people were being left in bed when they wanted to get up early and that this was disrupting people’s routines. The minutes made it clear that staff were not being asked to get people up earlier than they wished but that they should respond promptly to people’s requests for support to get up. This was confirmed by one staff member we spoke with who told us, “We are not pressurised into getting people up. I will leave people in bed if they don’t want to get up.” None of the people we spoke with who used the service raised any concerns about the time staff supported them to get up and we noted several people were served their breakfast in bed at their request.

Staff told us they considered staffing levels were appropriate to meet the needs of people who used the service, particularly as many people were relatively independent. All the people we spoke with who used the service told us staff were always available to provide the support they required in a timely manner. One person told us, “Staff always have time to spend chatting.”

Staff we spoke with told us they had received training in the safeguarding of vulnerable adults and records we looked at confirmed this. We noted staff had access to safeguarding policies to provide them with information about what should be considered as abuse and the action staff needed to take. All the staff we spoke with were able to tell us how they would respond to and report any concerns about a person who used the service. Staff told us they would also be confident to report any poor practice they observed in the service.

We looked at the personnel files for four of the staff on duty on the day of the inspection. We noted pre-employment checks, including references and checks with the Disclosure and Barring Service (DBS) were completed before staff commenced work at Hollymount; these checks are important to help ensure people who are unsuitable to work with vulnerable adults are not recruited to work in the service.

We found there were policies and procedures in place to support the safe administration of medicines which had been updated to reflect current best practice guidelines. People who used the service told us they always received their medicines as prescribed. One person told us, “The staff come round with my medicines. I need them both morning and night.”

We looked at the medication administration record (MAR) charts for four people who used the service. We noted these were all fully completed and a check of the stock of medicines held for these people corresponded with the records. We saw that people were supported to maintain responsibility for their medicines wherever possible. Risk assessments were in place to support this process and we saw that these had been regularly reviewed.

Appropriate arrangements were in place for the storage and administration of medicines which are controlled under the Misuse of Drugs legislation. We checked the stock of these medicines against the records and found them to be accurate.

Systems were in place for the registered manager to undertake regular medication audits which involved the assessment of the ability of staff to administer medicines safely. We looked at an audit completed in May 2015 by the dispensing pharmacist to Hollymount and noted no issues had been raised.

## Is the service safe?

Care records we looked at contained good information about the risks people who used the service might experience including those relating to falls, skin integrity and restricted mobility. It was clear from the care plans how many staff were required to support people with particular tasks and the action staff should take to minimise any risks. Risk assessments had been regularly reviewed and, where necessary updated to reflect people's changing needs.

Records we looked at showed us risk management policies and procedures were in place; these were designed to protect people who used the service and staff from risk including those associated with cross infection, the handling of medicines and the use of equipment. Records we looked at showed us all equipment used in the service was maintained and regularly serviced to help ensure the safety of people in Hollymount.

We saw a fire risk assessment had been completed for the service and that this was reviewed on an annual basis.

Although risk assessments included basic information about the support individuals would need in the event of an emergency, we noted a personal emergency evacuation plan (PEEP) had been not completed for each person who used the service. We discussed this with the registered manager who told us they would ensure a personal evacuation plan was completed for each person as a matter of urgency.

We found that regular checks of fire safety equipment took place and staff had received annual fire safety training. We also noted a business continuity plan was in place to provide information for staff about the action they should take in the event of an emergency such as a failure of the gas or electricity supply to the premises.

We found that all areas of the home were clean and well maintained. Procedures were in place to prevent and control the spread of infection and infection control was part of the essential training programme for all staff.

# Is the service effective?

## Our findings

All the people we spoke with who used the service told us they received the level of support they needed from staff and were supported to make their own decisions and choices. Comments people made to us included, “They [staff] let me do what I want. I do lots of things for myself”, “They [staff] help me to get up. I pick what I want to wear and what I want to do” and “I try to keep my independence but staff will always help me if I need it.”

We saw that an assessment was undertaken of people’s needs before they were admitted to Hollymount. This was to help the service decide if the placement would be suitable and also to ensure the person’s individual needs could be met by the staff.

Staff told us they received an induction when they started work at Hollymount; this included shadowing other staff as well as the completion of training in relation to fire safety, moving and handling and safeguarding vulnerable adults. One member of night staff told us they had been employed at the service for one month and although they had not as yet had any supervision the registered manager had telephoned them while they were on shift to check whether they were enjoying their work and had the support they required.

Staff we spoke with told us they had received training appropriate for their role. Records we looked showed this training included moving and handling, safeguarding vulnerable adults, first aid and infection control. We saw staff had also received training in dementia awareness. The registered manager told us all care staff had achieved or were working towards a nationally recognised qualification in care. This should help ensure staff had the necessary skills and knowledge to effectively meet people’s needs.

We noted there was a system in place to record the training staff were required to complete. We saw this was updated regularly and provided information for the registered manager to help ensure staff had the skills and knowledge they required for their roles. The registered manager told us they were in the process of ensuring all staff had completed training in best practice in end of life care.

We looked at the files for four staff and saw that systems were in place to provide staff with regular supervision and an annual appraisal. Staff told us they were able to discuss their training needs with the registered manager and were

supported to continue their learning and development. The registered manager told us the supervision process and additional monitoring were used to address any issues in a staff member’s performance. We noted that disciplinary action had been taken where staff had been found not to meet the required standard of practice.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We therefore asked the registered manager how they ensured people were not subject to unnecessary restrictions and, where such restrictions were necessary, what action they took to ensure people’s rights were protected. The registered manager told us they had assessed the capacity of all individuals who used the service to consent to their care and treatment; care records we looked at confirmed this to be the case.

We also noted that the registered manager had followed the correct procedure to ensure any restrictions to people’s rights were legally authorised.

The registered manager told us they regularly delivered in house training to staff regarding the principles underpinning the Mental Capacity Act 2005; this legislation which is intended to ensure people receive the support they need to make their own decisions wherever possible. Staff we spoke with demonstrated a commitment to supporting people to make their own decisions and choices wherever possible. One staff member told us, “We ask people what they want to do and when.”

People who used the service made positive comments about the quality of food in Hollymount. One person told us, “The meals are good; you get enough.” Another person commented, “I’ve eaten well. We have had some lovely meals.” One person told us they did not always like what was on the menu but the chef would always prepare something different for them.

We spoke with one of the three chefs responsible on a rota for the food at Hollymount. They told us they had a good understanding of people’s nutritional needs as well as their likes and dislikes. They told us they always made meals with fresh ingredients and took care to ensure people received a balanced diet. We noted drinks were served to people throughout the day of the inspection and people



## Is the service effective?

were able to access fresh fruit at their request. We noted that people's comments regarding the meals provided were documented and, if necessary, changes made to the menu to accommodate people's preferences.

We saw there were systems in place to assess and regularly review people's nutritional needs. The registered manager told us they would ensure referrals were made to a person's

GP and dietician if there were concerns about them losing weight. One of the people we spoke with told us they were pleased they had actually put on weight due to the food provided for them in Hollymount.

Care records we looked at showed care staff at Hollymount regularly contacted health care professionals, including out of hours services, if they had any concerns regarding a person's health. We noted a record was maintained of all contacts and of any advice given; this should help ensure people received the care and treatment they needed.

# Is the service caring?

## Our findings

All the people we spoke with who used the service spoke positively about staff in Hollymount. Comments people made to us included, “Staff are very kind and understanding” and “The staff are all very nice and kind.” We spoke with one person who had been admitted to the service for a period of respite care. They told us they had been anxious before they went to Hollymount but had been very satisfied with the care and support they received from staff. They told us, “Staff have the right attitude to all the residents. I can’t say anything other than they have been wonderful, better than expected.”

Care records we looked at included a ‘This is me’ document which had been completed with people who used the service. This included information about people’s life histories, family and interests. This information should help staff form meaningful and caring relationships with people who used the service. We noted that care records were held securely in the registered manager’s office; this helped to ensure that the confidentiality of people who used the service was maintained.

Our observations during the inspection showed that all staff, including maintenance and housekeeping staff, were kind and considerate in their interactions with people who used the service. We saw people ask for support when needed and staff responded appropriately. Staff spoke politely and discreetly with people, treating them with dignity and respect.

Staff we spoke with told us they understood the importance of person-centred care. This was reinforced by one person who used the service who told us, “I’m happy here. They [staff] make sure each person is treated as an individual; that’s what impressed me most when I moved in.”

People who used the service told us staff would encourage them to be as independent as possible. One person told us, “They [staff] have helped me to build my strength up before I go home. I couldn’t have coped without them.”

We looked at the comments people had made regarding the service their family member had received in Hollymount and saw these were all extremely positive. One person had written, “You have a caring and thoughtful team.” Another person had commented, “Hollymount is a very special place with an ethos of love and compassion running through its very core.”

We observed there were several visitors to the service during the inspection. We noted that staff made all visitors welcome and took the time to chat with them. We noted the seating arrangements in the lounge area had been improved to allow visitors to sit close to their family members should they wish to do so to protect their privacy.

We saw that a suggestion box was available in the entrance hallway of the service to encourage people to comment on the care they received or ways in which it might be improved.

# Is the service responsive?

## Our findings

We found care records included good information about people's needs, wishes and preferences and the level of support they required from staff. All the care records we looked at had been reviewed and, where necessary, updated on a monthly basis. This should help ensure staff had access to accurate information about people's needs.

All the people we spoke with who used the service told us they always received the support they needed, but that staff would allow them to do things for themselves should they wish to do so. Comments people made to us included, "I always get the help I need", "I try to keep my independence but they [staff] will always help me if I need it" and "Staff respond straight away whenever I need anything."

People we spoke with told us they would feel confident to raise any concerns or complaints they had with either the deputy manager or the registered manager. We saw there was a complaints policy in place which provided people with information about how any concerns raised would be responded to. We noted any complaints received had been investigated in accordance with this procedure.

Records we looked at showed there were regular meetings between managers and people who used the service. We looked at the minutes from the most recent meeting in January 2015 and noted a number of areas had been discussed including DoLS and what these legal safeguards might mean for people who used the service, menus, furniture and upcoming events. These meetings gave people the opportunity to provide feedback on the service they received in Hollymount.

We looked at the most recent satisfaction survey conducted by the service. We noted the completed surveys contained positive feedback regarding people's experience of the care provided in Hollymount.

We saw there was a weekly activity timetable on display in the dining room in Hollymount. We noted activities were provided each afternoon and included watching DVDs, games, nail care and arts and crafts. We also saw significant events such as St Georges Day, Easter Sunday and Mothers/Fathers Days were celebrated in the service.

People we spoke with were generally positive about the activities available to them in Hollymount, should they wish to participate. One person told us they had enjoyed playing skittles in the enclosed courtyard and another person told us they liked to play dominoes or bingo. Some people told us that, although they chose to spend most of the time in their own rooms, staff would still check on them regularly and respond quickly to any requests for assistance. One person told us that they continued to attend a local book group and church.

The registered manager told us they had spent time developing links between Hollymount and local resources to help people who used the service feel part of the community. As a result they had arranged regular visits from local school children who had assisted people in Hollymount to make cards to celebrate special events. The registered manager told us they had also arranged a number of trips to places of local interest which people had thoroughly enjoyed.

# Is the service well-led?

## Our findings

The service had a registered manager in place as required under the conditions of their registration with the Care Quality Commission (CQC). They were supported in the day to day running of Hollymount by two deputy managers and an office manager.

People who used the service told us the managers in Hollymount were always approachable. One person commented, “[The registered manager] is lovely; so is [the deputy manager]. If you want to ask them any questions they will listen.”

The registered manager told us they considered the key achievements since our last inspection had been promoting the independence of people who used the service. They told us they had also developed new assessment tools which had improved the information available to staff about how to manage any identified risks. These achievements were confirmed by our findings during the inspection.

We asked the registered manager about the key challenges for the service for the next 12 months. They told us they wanted to ensure that all staff had completed training in end of life care. They told us they were working to improve the systems in Hollymount to record people’s wishes about how they wished to be cared for at the end of their life and ensure allocated keyworkers worked closely with people who used the service to review and update end of life care plans.

The registered manager showed us the task sheets they had developed for themselves and staff in the home. These included the auditing of any accidents or incidents,

reviewing any comments received about the service and checking the training records of staff. We saw that the registered manager was also completing a monthly quality assurance report which was shared with the providers of the service to help ensure all the required regulations were being met.

All the staff we spoke with told us they enjoyed working in the service and considered the quality of care provided in Hollymount was of a high standard. Comments staff members made to us included, “I like working here. We have a good team and I feel supported”, “I feel confident with the support I get from managers” and “We work well as a team. The manager gives good direction to staff.”

Records we looked at showed regular staff meetings had taken place. We noted that staff were able to raise any issues of concern, request additional training and put forward suggestions as to how the service could be improved. We saw that the registered manager also used these meetings as a forum to reiterate their expectation that all staff would provide the highest quality of care.

There were a number of quality assurance systems in place at Hollymount. These included regular audits completed by the registered manager in relation to the environment, health and safety, medication and care plans. We saw that where necessary, action plans were in place to ensure any identified shortfalls were rectified. The registered manager demonstrated a commitment to on-going service improvement and told us they had volunteered to be part of the local authority quality monitoring scheme in order that they could continue to keep up to date with best practice in residential care though their visits to other services.