

M & J Care Homes Limited

# The Hollies Care Home

## Inspection report

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Date of inspection visit:  
29 February 2016  
02 March 2016

Date of publication:  
15 April 2016

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

The Hollies Care Home provides care and accommodation for up to 16 older people. At the time of the inspection 10 people were living at the home. The home is not purpose built and has accommodation arranged over two floors; there are two stair lifts, but no passenger lift. On the ground floor there are bedrooms and communal facilities. The remaining bedrooms are on the first floor.

A registered manager was responsible for the home. 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 and associated Regulations about how the service is run.

This inspection took place on 29 February 2016 and 2 March 2016 and was unannounced. It was carried out by two inspectors.

At the last inspection on 11 November 2014 we found the provider to be in breach of Regulation 23 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This was because staff did not receive formal supervision or appraisals and there were limited opportunities to discuss issues or identify training needs in a confidential setting. We also found improvements were needed to make sure people received a healthy diet and had opportunities to make choices about the food served in the home and to make sure people who lived at the home and staff were fully involved in the running of the home. At this latest inspection we found the necessary improvements had been made.

Staff understood people's needs and provided the care and support they needed. People said the home was a safe place. One person said "Oh yes it's safe. The staff make it safe." There were organised activities and people were able to choose to socialise or spend time alone.

People interacted well with staff. There was a relaxed, homely atmosphere. There was laughter, chatter and friendly banter. People made choices about their day to day lives. They were part of their community and were encouraged to be as independent as they could be.

Staffing levels were good and people also received good support from health and social care professionals. Staff had built trusting relationships with people. People were happy with the care they received. One person said "The staff are wonderful, hardworking and dedicated. They are lovely."

People, and those close to them, were involved in planning and reviewing their care and support. There was good communication with people's relatives. Relatives visited regularly and felt their views were listened to and acted on. One relative said "We have an annual survey; they listen and take it on board."

Staff were well supported and well trained. Staff spoke highly of the care they were able to provide to people. One staff member said "I think the care is brilliant here."

People liked and trusted the registered manager. All staff worked hard to provide the best level of care possible to people. The aims of the service were well defined and adopted by the staff team.

There were quality assurance processes in place to monitor care and safety and plan ongoing improvements but these were not yet fully effective. There were systems in place to share information and seek people's views about their care and the running of the home.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because medicine administration records were not always accurate. Medicine audits were not completed thoroughly and checks were not always completed to ensure medicines were still safe to use. People may have been deprived of their liberty without having their legal rights protected. You can see what action we told the provider to take at the back of the full version of the report.

## 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 not consistently safe.

Medicine administration and management did not always promote people's safety.

People were protected from abuse and avoidable harm. Risks were identified and managed well.

There were sufficient numbers of suitably trained staff to keep people safe and meet their individual needs. Staff recruitment was safely managed.

**Requires Improvement**



### Is the service effective?

The service was not fully effective.

People may have been deprived of their liberty without having their legal rights protected.

People made decisions about their lives and were cared for in line with their preferences and choices.

People were well supported by health and social care professionals. This made sure they received appropriate care.

Staff had a good knowledge of each person and how to meet their needs. They received on-going training to make sure they had the skills and knowledge to provide effective care to people.

**Requires Improvement**



### Is the service caring?

The service was caring.

Staff were kind and patient and treated people with dignity and respect. People's independence was encouraged.

People were supported to keep in touch with their friends and relations. People had regular visitors.

People, and those close to them, were involved in decisions about the running of the home as well as their own care.

**Good**



### Is the service responsive?

Good ●

The service was responsive.

People, and those close to them, were involved in planning and reviewing their care. People received care and support which was responsive to their changing needs.

People made choices about their day to day lives. People took part in social activities and were supported to follow their personal interests.

People, and those close to them, shared their views on the care they received and on the home more generally. Their views were used to improve the service.

### Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

The quality assurance systems were not fully effective in making sure that any areas for improvement were identified and addressed.

The aims of the service were well defined and these were adopted by staff.

Staff worked in partnership with other professionals to make sure people received appropriate support to meet their needs. People were part of their local community.

# The Hollies 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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 29 February 2016 and 2 March 2016; it was unannounced. It was carried out by two inspectors.

Before the inspection we looked at the information we held about the home. This included an action plan which had been completed by the provider in response to the shortfalls found at the last inspection. We did not ask the provider to complete a Provider Information Return (PIR). This 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. The registered manager therefore provided us with a range of documents, such as copies of internal audits, action plans and surveys, which gave us key information about the service and any planned improvements.

During the inspection we spoke with eight people who lived at the home, one person who had day care, three members of staff, the registered manager and two visiting relatives. We observed staff interacting and communicating with people and looked at four people's care records. We also attended one staff handover meeting and looked at records that related to how the home was managed, such as staff rotas, staff training records and internal audits.

# Is the service safe?

## Our findings

The service was not consistently safe.

Medicine administration records showed that medicines were signed for when received from the pharmacy and when they were administered or refused. The records for medicines taken 'as and when required' were not always accurate. This was because the amount already held at the home was not always carried forward from one month to the next. Staff would therefore not always know what medicines were on the premises. We checked one person's 'as and when required' medicines and found there were 12 fewer tablets in stock than the records stated. The provider's medicine policy stated all creams should be dated when opened and discarded after one month. We saw two people's creams had not been dated when they had been opened. There was therefore a risk that these medicines could be used beyond their expiry dates. Both issues had also been identified when a member of staff from the pharmacy audited the home's medicine practices in August 2015.

People used 'homely remedies' when they needed them, such as paracetamol. There were no agreements in place with people's GPs for them to have these medicines. The registered manager told us the GP would be contacted each time these were given as people "hardly ever used homely remedies." The staff member giving medicines told us "Anyone can have homely remedies, we write it on the back of the medication record." We read that one person had paracetamol as a homely remedy four times in February 2016. There was no record that the GP had been contacted on each occasion.

Medicines were not being audited to promote people's safety in line with the provider's policy. This policy had a list of checks which should be carried out. Medicines already in stock being carried forward from one month to the next should be checked. Checks should be made to ensure that expiry dates were written on all creams when they are first opened. Checks should also ensure that homely remedy agreements were in place, signed by a GP and reviewed annually. These checks had not been done.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us staff gave them their medicines. One person said "I get my tablets on time" and another person told us "I have a painful hip and take painkillers. If I want anything I call." We saw medicines being given to people on the first day of our inspection. Staff helped one person at a time. They waited to check each person had taken their medicines before leaving them. One person took approximately 10 minutes to take their medicines; the staff member waited with them during this time. Care staff had been trained and assessed to enable them to give medicines to people. There were adequate storage facilities for medicines including those that required refrigeration or additional security.

Each person spoken with told us the home was a safe place for them to live. Comments from people included: "Oh yes I feel safe here, especially at night", "Yes I feel safe here" and "Oh yes it's safe. The staff make it safe." Relatives also said they thought the home was a safe place. One relative told us "I'm not

worried, mum is safe here."

Staff had a good understanding of what may constitute abuse and how to report it, both within the home and to other agencies. Staff had received training in safeguarding adults; the staff training records confirmed all staff had received this training. The home had a policy which staff had read and there was information for people, visitors and staff about safeguarding displayed in the home. Staff were confident that any allegations they reported would be fully investigated and action would be taken to make sure people were safe. One member of staff said "I would have no problems raising concerns. I did raise concerns a long time ago and they were dealt with."

People were able to take risks as part of their day to day lives. For example some people who were independently mobile could walk safely in the home and in the garden in better weather. One person said "I like to have a potter around and chat to people. I use my frame but staff have to help me with the little steps." There were risk assessments relating to the running of the service and people's individual care. They identified risks and gave information about how these were minimised to ensure people remained safe. These included assessment of people's risk of developing pressure sores, risk of malnutrition and risk of falls.

There were plans in place for emergency situations. People had their own plans if they needed to be evacuated in the event of a fire. One person said "Every Thursday we have a fire drill so we know what to do." The home's emergency plans provided information about emergency procedures and who to contact in the event of utilities failures. The registered manager or a senior member of the staff team was 'on call' each day so that staff were able to access extra support or advice in an emergency.

People told us the home employed suitable staff. One person said "They are very, very good staff. The owners are lucky to have them." There were safe staff recruitment and selection processes in place. Each staff member completed an application form, provided a full employment history and had to attend a face to face interview. Thorough checks were undertaken to identify if applicants had any criminal convictions or had been barred from working with vulnerable adults. Staff were not allowed to start work until satisfactory checks and references were obtained. This ensured staff were suitable to work in the home.

People said there were enough staff on duty to ensure their safety. One person said "I feel quite safe here, there are always staff around." One relative said they felt their family member "Is much safer here than they were living at home. There are staff here all the time if she needs them. That's much safer for her." The staff rotas showed there were two carers on duty during the day. The registered manager also worked during the day and helped care for people. At night one carer was on duty with another carer sleeping in who could be woken if they were needed.



# Is the service effective?

## Our findings

The service was not fully effective.

Most people had chosen to live at The Hollies and would be able to leave if they wished to. One person said "I chose to come here but I know I don't have to stay if I don't want to." People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The criteria where it may be considered people might have been deprived of their liberty had been widened by a court ruling in 2014. The registered manager and care staff had received training about DoLS in 2015.

This change in criteria had not been fully considered for each person. No DoLS applications had been submitted, although the registered manager confirmed that four people may not be able to consent to living in or remaining at the home. This meant they may have been deprived of their liberty without having their rights protected. This was discussed with the registered manager who told us they would review the latest guidance about DoLS and submit the relevant applications to the local authority.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection on 11 November 2014 we found the provider to be in breach of Regulation 23 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This was because staff did not receive formal supervision or appraisals and there were limited opportunities to discuss issues or identify training needs in a confidential setting. We also found that improvements were needed to make sure people received a healthy diet and had opportunities to make choices about the food served in the home.

At this inspection we found staff had training which helped them understand people's needs and enabled them to provide people with the support they needed. All staff received basic training such as first aid, fire safety, health and safety and food safety. Staff had also been provided with specific training to meet people's care needs, such as caring for people living with dementia.

Staff had formal supervision (a meeting with the registered manager to discuss their work) and to support them in their professional development. They also had informal discussions with the registered manager when needed. One staff member said "We have supervisions now which are one to one meetings with [the registered manager]. We discuss my progress, areas for improvement as well as any issues I may have. We have day to day chats as well."

People spoke highly of the staff who worked in the home and the care they provided. One person said "It's very good here really. All of the staff are very good. They know what care I need." One relative told us "I can't fault the staff, they know mum well." The staff team at the home had a very good knowledge of people's needs. Staff were able to tell us about how they cared for each individual to ensure they received effective

care and support.

People saw health care professionals to meet their specific needs. People said staff made sure they saw the relevant professional for ongoing care or if they became unwell. Staff supported people to attend appointments or if they needed to be admitted to hospital. One person said "They are very good with medical things"; another person told us "They get the doctor if you need them, they are very good." During the inspection we looked at four people's care records. These showed people saw professionals such as GPs, dentists and district nurses. A record was kept of each appointment and the outcome. Changes to people's care were made where necessary. For example one person had lost weight. Staff had responded to this by involving the person's GP and other health professionals. Changes had been made to this person's care and their weight had now stabilised.

People told us they liked the meals served in the home. One person said "I find the food excellent. We have a very good cook." People had two choices for the main meal but an alternative would be offered if people did not want either of the planned choices. One person told us "We have a menu in the morning; you say what you want for lunch. It's good as I would forget if it was for the next day."

We observed the lunchtime meal being served on the first day of our inspection. People chose where they wished to eat. One person said "If you want to stay in your room you can, they will bring it to you, they ask us what we want each day." People ate in the dining area, in the main lounge and some people ate their meals in their own rooms. People in the dining area sat at tables which were nicely laid. They were offered a wide choice of drinks. There were no condiments for them to use; meals were served plated so people did not serve themselves although the cook had details of each person's preferred portion size. People ate independently, although one person did need lots of encouragement to eat their meal. Staff did not always tell people what the meal was, although people appeared to enjoy their meal.

People's nutritional needs were identified and monitored as part of the care planning process. The cook attended the staff handover meeting each day to ensure they were updated if anyone's needs changed or if they were losing weight. The cook kept records for each person including people's likes, dislikes, allergies, medical conditions and preferred portion size.

People told us they made decisions about their care. They knew they could refuse care if they wished. Some people would not be able to make all decisions for themselves, for example when a person was living with dementia. We therefore discussed the Mental Capacity Act 2005 (MCA) with staff. 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.

Staff knew how to ensure the rights of people who may not be able to make or to communicate all of their own decisions were protected. One staff member said "People here do make their own decisions. If they needed help though their family, their social worker or their solicitor may help them." We looked at care records which showed that the principles of the MCA had been used when assessing an individual's ability to make a particular decision. When people had others who could legally make decisions on their behalf, this was recorded in their care plan.

# Is the service caring?

## Our findings

The service was caring.

Each person spoken with said staff were very kind and caring. People praised the way staff cared for them. Their comments included: "The staff are wonderful, hardworking and dedicated. They are lovely", "Staff are very helpful and kind" and "If you need any help they help you, they are very friendly." One relative said "I can't fault the staff; they are kind and caring."

Staff had built trusting relationships with people. One person said "I know all of the girls by name. They are all very, very good. They tease us and we tease them. It's all very good natured though." Another person told us "All these girls really do care for you. They are like my friends. They really care about me."

Throughout both days of our inspection staff interacted with people who lived at the home in a caring way. For example, one member of staff told one person they "looked lovely" and another staff member commented on how nice one person's jumper was. There was a good rapport between people; some chatted happily between themselves and with staff. There was laughter, chatter and friendly banter.

People told us they liked to do things for themselves if they could. For example, some people still wished to do some of their own personal care and this was respected. One person said "I can get dressed myself and I have my own washroom so I can wash myself every day. When I have a bath though, they keep an eye on me." Another person told us "The gardens are nice. I can get out there on my own with my stick." Staff encouraged people's independence. They saw their role as supportive and caring but were keen not to disempower people.

Staff were aware of and supported people's diverse needs. Care plans recorded people's background and their interests and hobbies. People's religious or cultural needs were assessed when they first moved to the home. One person told us they were educated at a faith school and "Went to church all the time when I was younger." They said "I don't go to church now though; he comes to me which is really good. I still take communion." We read that ministers from local churches visited the home each month to see people and hold communion.

The home had a statement of purpose which described the vision and values of the service. Each person could have their own copy of this document if they wished. This described how to ensure people's rights, privacy, dignity and choices were respected. It also included a "focus on residents" so that the service was "driven by the needs, abilities and aspirations" of the people who lived in the home. Staff were very positive about the care they were able to provide; we saw staff worked in line with the home's values. One staff member said "I think the care is brilliant here. I think other care homes can feel quite clinical, but it's very homely here. It's their home."

People said staff treated people with dignity and respect. One person said "When they care for you there's nothing embarrassing, they are very discreet." People chose what they wanted to do and how and where to

spend their time. People's privacy was respected. People said "staff always knocked" on bedroom, bathroom and toilet doors before they entered the room. Staff had a good understanding of confidentiality. Staff did not discuss people's personal matters in front of others. All records containing confidential information were kept securely.

People were supported to maintain relationships with the people who were important to them, such as their friends and relations. They were encouraged to visit as often as they wished. One person said "If I have an incoming call they come to get me so I can use the phone. I keep in touch with people. I have friends and family who visit." One relative said "The staff keep me up to date, give me the lowdown. I come in about twice a week. They are very sociable towards me."

## Is the service responsive?

### Our findings

The service was responsive.

People told us they made choices about their day to day lives. One person said "I please myself really although staff always check I'm alright and comfortable. I choose what time to get up, what time to go to bed and what I wear. I prefer my own room but I do go down when there are things going on." Another person said "They are excellent here. They ask me what I want. I suit myself. I spend time in my room but I do like to walk around and talk to people. It passes the time."

We saw people used communal areas of the home and spent time in their own rooms. Staff checked on people who were in their rooms. People had a call bell to alert staff if they required any assistance. They told us these were answered quickly and we saw they were during our inspection. One person said "Yes I have my call bell here. I do use it sometimes and they come to me. I just have to push it and they are here."

People said activities were arranged two afternoons each week; these were organised and led by "the activities lady." This member of staff worked in the home on the first day of our inspection. They helped people play bingo and later played music and reminisced with people. One person said "It's very good. I go to the lounge for things which appeal to me, but if I don't she will come up and see me. We have entertainers come in occasionally as well." A notice displayed in the home showed a musician was next visiting on 3 March 2016 and an Easter raffle was to be held on 25 March 2016.

At other times care staff supported people in informal activities of their choosing. We saw that people chose to read book and newspapers, knit, watched TV, listened to the radio, and did jigsaw and crossword puzzles. Staff spent time chatting with people and providing social stimulation. Most people appeared satisfied with the activities on offer; two people felt there could be "a little more going on." One relative said "I wish there were more activities. The lady comes in twice weekly" but in their opinion "they need more stimulating".

People were supported to maintain contact with friends and family. Relations visited people on both days of our inspection. One person said "My son and daughter come when they want." Another person told us "My son keeps an eye on me. He comes in regularly. He takes me out as well. We go out to a café or to look at the views. It's nice to get out."

People who wished to move to the home had their needs assessed to ensure the home was able to meet their needs and expectations. Staff considered the needs of other people who lived at the home before offering a place to someone. People were involved in discussing their needs and wishes; people's relatives also contributed. People could come in on a trial basis. One person said "I live on my own but I have decided to come in and try it here. I just feel it might be the right time now. So far it's been lovely here. If I like it I will stay; it's up to me to decide. I will talk to my daughter about it as well though."

People told us their care was discussed with them. People knew the home kept records about them but people had little interest in them. One person said "They do talk to me about my care. I don't think I've ever

seen my care plan though. They know what care I need." Another person told us "They have a plan about me in the office. I saw it a long time ago." One relative said "I'm not involved in the care plan as such but they do keep us up to date."

During the inspection we read four people's care records. A computerised care planning system had been introduced. Each staff member said this was a great improvement on the old paper care plans. All care plans were personal to the individual which meant staff had details about each person's specific needs and how they liked to be supported. We did find minor incorrect entries in some people's plans which were checked and then corrected by the registered manager during the inspection. Staff had a good knowledge of the people who lived at the home and were able to pick up if people needed any changes in their care. Staff were able to tell us detailed information about how people liked to be supported and what was important to them. One staff member said "For new people you read the whole care plan. Once you get to know people you know the care they need."

People told us they were happy living at the home; they said they were well cared for. People would not hesitate in speaking with staff if they had any concerns. The provider had a complaints procedure in place; each person had their own copy. People knew how to make a formal complaint if they needed to but felt any small issues could usually be resolved informally. One person said "It wouldn't take me long to tell them if there was something wrong I can tell you. My son always asks me if I'm happy and if I wasn't he would complain as well." Records showed there had been no complaints since our last inspection.

# Is the service well-led?

## Our findings

The service was not consistently well led.

At our last inspection we found more thorough quality monitoring audits had been put in place but it was too early to evidence that these would lead to on-going improvements that were able to provide a consistently high level of care. At this inspection were found these audits had led to improvements in the service but were not yet fully effective.

The registered manager carried out a number of audits such as kitchen checks, room audits and care plan audits. Some external checks had been carried out such as the pharmacy medicine audit and the food standards agency audit. Internal audits had not picked up the issues we found with medicines, DoLS and inaccuracies in care plans. Issues raised in the external medicines audit had not been resolved despite the audit being carried out six months ago.

One of the provider's directors visited the home regularly. These were informal visits where they would speak with people, the registered manager and staff. They completed a formal quality audit of the service once a year; the most recent was completed in November 2015. This was a comprehensive audit. The areas covered included care planning, medicines management and DoLS although these were not identified as areas for improvement. Improvements which were identified, such as environmental issues, risk assessments and staff training had been acted on.

At the last inspection we found there were limited formal opportunities for people, staff or relatives to be involved in the running of the home. At this inspection we found there were systems in place to share information and seek people's views.

Meetings had been held for people who lived in the home. The registered manager also spoke with people individually, although no formal records of these discussions were kept. One person told us the registered manager "Pops in to see me to make sure I'm happy with everything. I like her and find her a very friendly woman." A satisfaction survey had been carried out with people and their relatives last summer. We looked at the results which were very positive. When people had put forward ideas or suggestions, such as holding more resident's meetings, these had been acted upon. One person told us "You can suggest anything and they take it on board."

One of the provider's directors supervised the registered manager. Care staff now had supervision sessions and staff meetings. This gave them opportunities to formally discuss their work and share their views. One staff member told us "You can bring up any ideas or ideas you have. They do usually get listened to." Staff also told us they spoke with the registered manager informally every day. They told us this time was useful so they could have ongoing discussions about people and the home more generally.

There was a management structure in the home. The registered manager was supported two senior carers,

although they had not yet delegated any management tasks to them but had plans to do so. The registered manager worked in the home on both days of our inspection. We saw they took an active role in the running of the home, speaking with people, visitors and with staff.

All of the people spoken with during the inspection described the registered manager as honest, open and approachable. People who lived in the home said they liked and trusted the manager. One person said the registered manager "Is good. She is there if we want her. She comes round to see us all. We're lucky to have her." One staff member said the registered manager was "Brilliant. The home has improved since she has been here."

Staff said the aim of the home was to provide personalised care to people whilst maintaining a homely atmosphere. This was discussed at staff supervisions, team meetings and each day at staff handover meetings. Staff understood the aims of the service and worked in ways which promoted them. One staff member said "I love working here. It's like coming to work in a family home."

The home was a well-established part of the community. People came in for day care during our inspection. The home offered people respite or short term stays. Staff at the home had good links with the health care professionals, such as the district nursing team. One person currently saw a district nurse twice each week.

The registered manager had notified us of significant events, such as expected deaths, which have occurred in line with their legal responsibilities.



This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Medicine administration records were not always accurate. Medicine audits were not completed thoroughly. Checks were not always completed to ensure medicines were still safe to use.  Regulation 12(2)(g)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment  People may have been deprived of their liberty without having their legal rights protected.  Regulation 13(5)