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Holly House Residential Care Home

Inspection report

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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



Overall summary

This inspection took place on the 9 January and 16 January 2015 and was unannounced. The service was found to be meeting the required standards at their last inspection on the 07 August 2013.

Holly House is a residential care home which provides accommodation for up to ten people with mental health needs. At the time of our inspection ten people lived at

the home. There was no registered manager at the home when we inspected. The provider told us that they had been without a manager since September but had advertised the position.

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

The provider did not have adequate systems in place to maintain appropriate staffing levels to meet people's needs, this meant that people who used the service may not have had their needs met in an appropriate timescale. However there were effective recruitment policies in place.

People were protected from abuse and felt safe at the home. Staff were knowledgeable about the risk of abuse and the service had appropriate reporting procedures in place.

The home provided activities for people which included music nights and days out in London. There were plenty of activities for people to participate in should they want to.

There were regular meetings for people and they were involved in making decisions in relation to the way the service was run. People were involved in their care plan reviews and were encouraged to choose the decoration in their rooms.

There were suitable arrangements in place for the safe storage, management and disposal of medicines.

The CQC is required to monitor the operation of the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS

are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves or others. At the time of our inspection no applications had been made to the local authority in relation to people who lived at Holly House.

The home was without a registered manager. The provider was there to provide management cover but due to staff shortages also worked providing care and support to people. We saw audits for medicines and infection control but there was no development plan for the service. Information from audits, survey's, complaints, incidents and accidents was not used to develop or improve the service.

People had access to healthcare professionals such as GP's and dentists and people's health was monitored regularly. All people who lived at the home were encouraged to be independent and were supported by staff to go out into the community.

At this inspection we found that the registered person had not protected people against the risk of sufficient numbers of suitably qualified, competent, skilled and experienced staff to meet people's needs. This was a breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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 not safe.

There were insufficient staff to keep people safe.

Staff understood how to recognise signs of abuse and report any incidents and concerns.

Recruitment practices were followed and medicines were managed safely

Is the service effective?

The service was effective.

Not all staff had a good understanding of the Mental Capacity Act 2005.

People's health and nutritional needs were met by staff who had knowledge and skills to provide effective care

Is the service caring?

The service was caring.

People were happy with the care they received.

Staff were knowledgeable about people's needs and preferences.

People were treated with dignity and respect.

Is the service responsive?

The service was responsive

People were involved with the planning and reviewing of their care.

People knew how to complain and they were responded to appropriately

People were involved in making decisions and given choices.

Is the service well-led?

The service was not well-led.

There was no registered manager in post.

Audits and surveys were completed but there was no evidence of learning or development of the service based on the outcomes.

There was no systems in place to drive improvement.

Holly House Residential 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 9 January and 16th January 2015 and was unannounced. The inspection was carried out by one inspector. A provider information return (PIR) had not been requested prior to the inspection. 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.

Before our inspection we looked at the previous inspection records, we also reviewed other information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we spoke with five people who used the service, the registered provider, four care staff and the deputy manager. We also spoke with the community police officer who routinely visits the home and a care co-ordinator who works with the local funding authority.

We reviewed care records relating to three people who used the service and three staff files that contained information about recruitment, induction, supervisions and appraisals. We also looked at all areas of the home and carried out observations in communal areas.

Is the service safe?

Our findings

People told us that they liked the staff and that they felt safe at the home. However the Staff told us that they felt more staff were required especially for the night shift. We found that there was not always enough staff to meet people's needs. The provider explained that they looked at people's needs to assess how many staff were required. They told us the night cover had changed from two staff to one after reassessing people's needs. The provider said that they were always on call to provide assistance and were only a short distance away. However, staff told us they did not feel safe covering night shifts on their own.

The provider told us they have two staff vacancies and that they had held interviews to fill the positions. The successful candidates were waiting for the pre employment checks to be completed prior to starting work. We looked at staffing files and found that correct recruitment procedures had been followed.

Due to staffing shortages the provider told us that they were providing cover if required and that the service had arrangements in place for agency staff. We were told that agency staff had not been used as staffing levels had been maintained. However, We found on the days we were at the service that the rota did not accurately reflect the staffing levels on shift. We were told by the Provider that two staff were required during the day, two during the evening and one staff member at night.

We looked at the staffing rotas for December and January and the rota clearly showed the deputy manager covered the early shifts from Monday to Friday along with another staff member, providing the two staff required. Early shifts are from 8am until 3pm. However the deputy manager was not present when we arrived on the 9 January and came to the service once they were alerted to our arrival. On the 16 January, the only staff member present was the provider. The provider told us that a staff member had called in sick and the deputy manager was not present. We asked what had been done to manage the staff shortage and we were told the late shift was contacted to see if they would come in early to help. There was no contact made to cover the shortage with agency staff. The staff shortages meant that people who used the service may not have their needs met. For example, the activity for the Gym that day did not happen. We found there were not sufficient plans in place to manage these shortages.

This was a breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke with people about who they would contact if they had a problem or needed to talk with somebody about any concerns they had. We were told they would speak with the staff or the provider and some people said their care co-ordinators. We noted although there were policies on how to complain there were no notices about how to Whistle Blow for staff. We spoke to the provider about this and noted a week later when we revisited, the provider had still not made this information available to staff should they require to use this service.

Staff told us they were aware of how to keep people safe and knew the procedures for reporting any incidents. The local community police officer visited on the day of our inspection and told us that they visit regularly to speak with people, this helps build good relations. People knew the officer by name and felt able to raise concerns, this offered support and helped people feel safe. The officer explained the reason for the visits was strictly a good relations exercise and did not reflect on any persons character.

We saw that identified risks were detailed in people's care plans. During staff meetings the provider and staff would discuss any concerns they had about individuals. For example, we saw that where people smoked they were made aware of the risks and were offered the support to stop whilst respecting their choice. We spoke with a person who attended karate and really enjoyed taken part. This meant people were supported and involved in decisions about taking risks.

We saw people had risk assessments that were regularly reviewed. People were involved with decisions and had signed their monthly reviews. All people were able to leave the home but were required to sign in and out so that staff knew where they had gone. One person said, "I am free to come and go, just need to write in the book where I am going. Staff are really helpful."

There were contingency plans in place to deal with emergencies. For example, in the event of the loss of electric or water supply or in the event of a flood. The

Is the service safe?

contact details for emergency services were available on display and clear plans in place to keep people safe. We saw there were emergency evacuation plans and people we spoke with knew where to meet in the event of a fire.

People were supported to take their medicines by staff that were trained to administer medicines safely. There were suitable arrangements for the safe storage, management

and disposal of people's medicines. We looked at the medication administration records and these were filled out appropriately. We checked the medication stocks that remained against what had been dispensed and found that all stocks were correct. Staff had received medication training and staff we spoke with felt they were competent.

Is the service effective?

Our findings

People told us that they had choices. One person said, “I chose the colour blue for my room.” We saw people had attended meetings; this gave people the opportunity to express their views. Staff confirmed that they seek people’s consent before providing support or assistance.

Staff were appropriately trained to meet the needs of people living at the home. The provider had training plans in place for each member of staff and the systems in place to ensure that staff kept up to date with their training. A member of staff told us, “I have regular training.” We saw staff had monthly supervision and annual appraisals. These were used to support staff and to set goals. We saw a record of staff induction.. Staff had received training in areas that related directly to the people they care for such as challenging behaviour, mental health awareness and privacy and dignity.

Staff had received MCA 2005 and DoLS training. Most staff were able to demonstrate a good understanding and could explain how the requirements worked in practice. However, not everyone had a clear understanding of the MCA 2005 and they were unclear on how to assess people’s capacity. We saw one person who had been involved with some changes to their finances, this was because the person did not manage their funds well and would spend their funds in a short space of time. This was documented in their care plan and the person had been involved and had given their consent. The changes meant that the person still had access to their finances, however they were managed in a way that supported the person.

People told us that they were able to choose what food they ate and were involved in deciding the menus. There was a weekly menu planning meeting where people would meet to discuss what they wanted for their meals the following week. We saw several people attended this meeting with a staff member to discuss the options. The provider said, “There are always two options for dinner on the menu, but if on the day someone wants something else that is not a problem.”

We saw feedback forms for food and the comments were all positive. One person told us, “I like the food it’s very nice.” We saw that there was a varied selection of food available to people in the kitchen and people were able to access the kitchen facilities to make themselves drinks and snacks throughout the day. People were regularly weighed and we noted in one person’s care plan the risk assessments detailed risks around the person’s weight. Staff were to encourage healthier eating and to discourage too many takeaways. Staff we spoke with were aware of the person’s needs and encouraged healthy eating options. The person’s weight chart showed the person had lost weight although this did fluctuate.

People were supported to access healthcare services where appropriate and in accordance with their needs. We saw, and records confirmed, that people’s health needs were monitored and discussed with them. For example, all people were weighed regularly and blood pressure monitored where required. People who smoked were made aware of the dangers and support for people who wanted to give up was available. This meant that people had the support in place for their health needs.

Is the service caring?

Our findings

People told us they were happy with the care they received. One person said, "Staff are nice." Another said, "Staff are alright." We saw positive interaction between staff and people who used the service. We saw several people involved with discussing and planning the food menu. This meant that people had a voice and were encouraged to have their opinion.

We saw people were treated with dignity and respect, staff confirmed they always knocked on bedroom doors and waited to be asked into their rooms. We saw staff speaking with people in a kind and respectful way and observed positive interaction throughout our inspection. People were involved with decisions about their needs. We saw in their care plans a record of their likes and dislikes. There was enough information about the person for staff to be able to support them.

People had opportunities to talk to staff about any concerns they might have. One person said, "If I had any problems I would talk to my care co-ordinator." Care co-ordinators are from the community health team. They support the individual's placement. The care co-ordinators meet with people every 6 to 8 weeks to support them, they also review the care plans yearly. People were involved in this process.

People's care plans were reviewed regularly and this was completed with the person to who it related and this was an opportunity to discuss any needs they may have, people signed their reviews. People had one to one sessions with their key workers to discuss any issues or ideas they may have. However, we saw that the one to ones were not always documented. We spoke with the provider about this and the provider told us that this would be addressed.

There were regular residents meetings and we saw the notes from these meetings. People discussed issues that were relevant to them. For example, discussing and reminding people about the correct area for smoking, how people can be involved with cooking and organising visits outside of the home. We saw that the minutes reflected actions for the staff to support people with issues raised. People told us that they felt listened to in meetings and could discuss their views with staff.

We saw that people's personal information and other documents were stored safely, secured in locked cabinets in a lockable office. This meant people's personal details were stored in a way that protected people's privacy and dignity.

Is the service responsive?

Our findings

People told us they had been involved with planning their care and that they had attended meetings where their care was discussed and agreed with them. One person told us that they had chosen the colour of their room. People were supported to pursue their interests

People had been fully involved in discussions about their care and how this would be delivered. We saw that plans and goals had been agreed and were regularly reviewed with their key worker. The care plans were personalised and contained a detailed history about the person and how they wanted to live their lives. For example, relationships that were important to them and how to maintain these. The provider told us that their goal was for people to become as independent as they could.

Staff knew the people they cared for and were able to tell us about their needs. We saw in people's care plans evidence where people had been involved in decisions about their care. For example, one person who required support to stop smoking in the house had been involved in discussions on how to achieve this. Smoking in the house was against the rules and there were measures put in place for staff to support them.

All people who used the service had been supported in the community for example people attended church if they wished. People were supported to maintain their hobbies and interest, one person who loved their hobby had purchased equipment they needed and told us they were

supported by their parents who had a place for them to practice their chosen craft. People went to the pub and for meals out. People were also supported to use public transport and one staff member said, "I think it is important for people to know how to use the transport system and it helps with their independence.

On the day of our inspection five people were going out with a member of staff to play bowls. Other people in the house had chosen not to go. People told us that they went out for meals together and every year there was a holiday arranged for them. We saw lots of photos on display of people having days out and they told us that they often helped in the garden. Staff told us that they put on movie nights, played board games and held music nights. People told us that they were supported to follow their religious beliefs and attend services of their choice. One person was attending university to study and another person was attending a day centre once a week. People were supported to be independent and follow their interests. One person told us that they loved karate, the staff ensured that they were able to attend their karate class every week.

People knew how to complain and we saw a complaints policy on the notice boards. We saw a record of the complaints logs and people's complaints were responded to appropriately. We also noted there were thank you cards. One person said, "If I had a complaint I would speak to my care co-ordinator." We saw from the relatives feedback forms that most people were aware of how to complain and people who had complained said the complaint was dealt with to their satisfaction.

Is the service well-led?

Our findings

We saw audits for medicines, infection control and the environment. We saw that where problems were found a plan of action to correct this was implemented. However, information from audits, incidents and accidents were not used to develop the service. There was no improvement plan in place for the home. The provider told us the plans they had were in their head. This meant that although audits were completed and actions taken to correct any areas of concern, there was no plan develop the service. For example, We saw where ceilings had cracks in them there were no plans in place for future maintenance works.

Staffing levels had not been addressed. For example, where people had not attended their shift there were no procedures in place to cover the shortage of staff. We saw this on our second visit, one person had not come to work due to being unwell and the duty manager who was also supposed to be covering the early shift was not there. We found at 12:00 that the provider was on his own and there was no system in place to have covered the shortage. This meant people were not provided the care for example the activities for that day had not taken place due to no staff being available.

There was also concerns raised by staff that they did not feel safe covering the night shift on there own. The provider told us that they were always on cover if required. We were also told that the deputy manager was not always there and would arrive after 10:00am. We found on both days of our inspection that the deputy manager was not there when we arrived but turned up later. However the staff rota clearly showed that the deputy manager covered the early shifts from 8am until 3pm, but we found this did not always happen.

People who used the service told us the provider was very approachable and were all positive when talking about them. One staff member said, "I have no problems with the provider and can talk to them about anything."

There was no manager at the home when we inspected. The provider told us that they had been without a manager since September but had advertised the position. We saw evidence of a job interview that had been arranged however, the provider told us they were finding it difficult to fill the vacancy. The provider told us they would be advertising through different organisations to increase the chance of finding an appropriate candidate.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. The provider had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.

We saw resident and staff satisfaction surveys. The staff feedback was positive. Minutes from staff meetings showed that discussions about people who used the service had action plans for staff such as, "Staff to encourage more involvement in activities". We saw there was an activity board with the daily activities taken place. We saw on the first day we inspected people were going out to participate in bowling.

There were regular resident meetings to discuss and make decisions about any concerns or plans people might have. We saw where concerns had been raised a documented action plan was in place. For example, one person was disturbed at night where other people were up and down the stairs and slamming doors . Staff were instructed to speak with all people who used the service to remind them to be mindful not to disturb other people through the night.

There were clear individual areas of responsibility for staff. For example, one staff member was responsible for Health and Safety risk assessments and environment checks, while another was responsible for reviewing and monitoring the cleaning schedule. Staff we spoke with were aware of their role within the home and we saw documentation where staff had been reminded of their duties in staff meetings.

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	<p>Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing</p> <p>We found that the registered person had not protected people against the risk of sufficient numbers of suitably qualified, competent, skilled and experienced staff to meet people's needs. This was in breach of regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>