

# HICA

# The Hollies - Care 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?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

The Hollies – Care Home is a residential care home. The service offers accommodation and personal care to people aged 65 and over and people living with dementia. At the time of the inspection, 34 people were using the service. The building is split into 3 different units, Humber unit provides support to people living with dementia, Tranby unit provides support for women living with dementia and Hesse suite offers studio apartments for people.

### People's experience of using this service and what we found

Improvements had been made to the quality and the safety of the service, although the provider's systems needed further work to ensure they remained effective around health and safety, mental capacity records and quality assurance systems. People told us they were safe, systems were in place to protect people from abuse and concerns had been appropriately reported.

People received their medicines safely and the registered manager was working to improve guidance for 'as and when required' medicines. Staff understood risks to people's safety and well-being and worked to mitigate these risks. Staff were recruited safely and there were sufficient staff to meet people's needs. The building was clean, tidy and a programme of redecoration and building improvements had recently been undertaken.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Restrictions on people's liberty were identified and appropriate authorisations had been sought.

People's needs were assessed and information was used to create detailed care plans which supported staff to provide person-centred care. People's health and dietary needs were met as staff worked closely with relevant professionals. People were provided with appropriate support at the end of their lives. A relative said, "I couldn't ask for better care at the end of [Person's names] life."

Staff were kind and caring and we received a lot of positive feedback about the care provided. One relative told us, "Whilst we would love [Person's name] to be in their own home, we are quite happy that they are here. We have no concerns about their safety, and they always look clean, tidy and well nourished."

A range of group and individual activities were available for people to participate in, though records of people's participation needed improving.

The registered manager had worked closely with the senior management team to improve the service. We received positive feedback about the registered manager and the culture of the service. People and their relatives had been included in the development of the service.

For more details, please see the full report which is on the Care Quality Commission (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 22 July 2021) and breaches of regulation were identified.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

#### Recommendations

We have made recommendations regarding health and safety processes, systems for the Mental Capacity Act 2005 and quality assurance systems.

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to address recommendations. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

# The Hollies - Care Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was completed by 1 inspector and 1 Expert by Experience who made phone calls to people's relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

The Hollies – Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Hollies – Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the CQC to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We looked at information sent to us since the last inspection, such as notifications about accidents and safeguarding alerts. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We contacted the local authority and Healthwatch for feedback. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

#### During the inspection

We spoke with 6 members of staff including the operations and compliance manager, the registered manager, the deputy manager, a team leader and care staff. We also spoke with 2 people who used the service and 13 friends and relatives. We observed staff interactions and used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked around the home to review the facilities available for people and the infection prevention and control procedures in place. We also looked at a range of documentation including care files and daily records for 5 people and medication administration records for 3 people. We looked at 3 staff recruitment files and reviewed documentation relating to the management and running of the service such as staff rotas, training and audits.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to effectively manage risks to people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Staff understood risks to people's health, safety and well-being. Care plans and risk assessments were regularly reviewed and contained detailed guidance for staff to follow to effectively manage risks in a person-centred way. A person's friend told us their friend experiences falls and the registered manager was trying different things to stop them from falling and the registered manager was regularly communicating with them.
- Regular servicing and safety checks of the environment and equipment were completed to maintain the safety of the service though systems did not consider communal areas. We found 3 windows needed attention and this was addressed during the inspection.
- Personal Emergency Evacuation Plans (PEEPs) were in place and regular fire drills were held to ensure staff had the skills and knowledge to support people in an emergency situation. Though some night staff had not recently taken part in fire drills. We raised this with the registered manager who acted promptly to ensure all night staff had participated in fire drills.

We recommend the provider reviews and updates their health and safety processes to ensure they remain effective in identifying and addressing shortfalls.

### Using medicines safely

At our last inspection the provider had failed to ensure the safe management of medicines. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People's medicines were administered safely by staff with the required skills and knowledge.

- Systems were in place for monitoring medicines and had identified shortfalls. Action was taken during the inspection to ensure all prescribed creams were stored appropriately.
- A medicines champion was in place who over saw medicines and worked with the management team to ensure any issues were promptly investigated and addressed.
- Staff knew when people needed their 'as and when required' (PRN) medicines. The registered manager had identified protocols needed greater detail and an action plan was in place to address this.

#### Staffing and recruitment

- Systems were in place to ensure the safe recruitment of staff.
- Recruitment was actively underway to help provide a stable, caring staff team. Where additional staff were required, staff from the provider's mobile support team were used to help ensure consistency and quality in the staff team. A relative told us, "The staff, they had some lovely ones and quite a few have left and changed. Though if anything we think it is now more professional, but still friendly as there's still that human touch."
- There was sufficient staff to keep people safe and to meet their needs in a timely manner. Processes were in place to review and adjust the number of staff needed to keep people safe. Most people's relative's provided positive feedback about the staffing levels and the care their loved ones received.
- Some people needed 1-1 support from staff to meet their needs which was being commissioned from an agency. We saw agency staff missed opportunities to engage with people and they did not always use this time to benefit people which was confirmed by feedback from one person's relative. We raised this with the registered manager who advised they would review how support could be better delivered.

#### Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us people were kept safe. People told us they were safe and comments from relatives included, "[Person's name] is safe for sure, the staff are very kind" and "Yes, I do feel that [Person's name] is safe from harm, the staff are really nice."
- Staff had the skills and knowledge to identify and report safeguarding concerns, which had been appropriately reported.
- Staff felt confident they could report any concerns to the management team, and they would be addressed.
- Safeguarding concerns had been reported to relevant professionals and investigated where appropriate.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- People were supported to have visitors and staff worked flexibly to facilitate visits. Changes were made to

visiting processes in the event of an infection outbreak which reflected national guidance.

#### Learning lessons when things go wrong

- Accidents and incidents had been appropriately responded to and reported on the provider's monitoring system. Action had been taken to reduce the risk of them happening again.
- Information about accidents and incidents was shared during team meetings which was used to make positive changes to the service.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff sought people's consent before providing care.
- People were encouraged and supported to make their own decisions about their care.
- Where people did not have capacity to make decisions about their care, decisions were made in their best interests with the involvement of their relatives, legal representatives and relevant professionals. Though not all records were sufficiently detailed.
- Restrictions on people's liberty were recognised and applications to deprive people of their liberty had been made. However, systems in place to monitor DoLS applications and authorisations were not robust, and they did not support staff to meet conditions of DoLS.

We recommend the provider reviews their systems and processes to ensure records relating to consent and the MCA are detailed and systems relating to DoLS allow for effective oversight, and support the provider to meet all conditions.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to using the service and care plans were created which guided staff to effectively meet people's needs. A relative was very positive about the admission process and told us the registered manager had visited their loved one prior to them moving in and they had arranged the best room for their relative, not what might be easier for staff.

Staff support: induction, training, skills and experience

- Staff had the required skills and knowledge to support people and meet their needs. Staff completed regular training, their competency was checked, and they received regular supervision and support.
- Staff received an induction which included shadowing more experienced staff and completing mandatory training. We received positive feedback from staff regarding their induction and the quality of the training.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to have a varied and balanced diet and different meal options were available. A person told us if they didn't want what was on the menu "Staff would offer me something different as they're very obliging and the staff are lovely."
- People's dietary needs were catered for. Staff were knowledgeable about people's specialised diets and the support they needed.
- Staff used food and fluid records to monitor risks of dehydration and malnutrition for people.
- Staff monitored people's weight and referrals were made to relevant healthcare professionals when required. The registered manager had recently changed weight monitoring systems which gave them clearer oversight of people's weight.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff knew people well and recognised changes in their health and well-being and contacted relevant healthcare professionals.
- Staff worked with and sought advice from healthcare professionals and people's relatives were kept informed. People's relatives told us, "Staff would call the doctor or anyone else," "[Person's name] has good access to health care" and "Staff would always make us aware of what was happening".
- Staff were kept informed of changes to the support people needed following professional advice which supported staff to effectively meet people's needs. Messages were sent through the electronic care planning system which all staff were required to read.

Adapting service, design, decoration to meet people's needs

- The home had undergone an extensive programme of redevelopment which had improved the facilities available to people and the decoration of the service.
- A unit was specifically set up to support women living with dementia to help meet their needs in a safe environment.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff were kind, caring and respectful. We received lots of positive feedback from people and their relatives about staff. Comments from people's relatives included, "The staff are so lovely and caring" and "They go the extra mile."
- Staff treated people with respect. Relatives told us, "Every time I'm here [staff] are very respectful of [Person's name] and I've heard them with other people, and it is just the same" and "They have been really respectful when my relative has requested certain things."
- Staff had developed positive relationships with people. People appeared comfortable when staff were present as people were laughing and talking with staff.
- People were respected as individuals. Staff were trained in equality and diversity which promoted respect and understanding of people. A relative told us their loved one is religious and had been taken to church and "They meet my relative's religious requirements".

Supporting people to express their views and be involved in making decisions about their care

- People were encouraged to make decisions about their care. This included making day to day decisions and choices and also bigger decisions about their care and treatment. For example, records showed people and their relatives were included in decisions about life sustaining treatment and their preferred place of care.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to be as independent as possible. A person told us staff were there if they needed them and provided them with appropriate support to wash, dress and make their bed.
- People's privacy and dignity was maintained. A relative told us staff maintained their relative's dignity as they were always dressed and presented how they would want to be.
- Staff were discreet when offering people support or discussing people's care with other members of staff.
- People's private information was stored securely and could only be accessed by those with permission.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care which was tailored to their individual needs and preferences. Detailed care plans were in place which helped guide staff to meet people's needs in the way they wanted.
- We received positive feedback about the care people received. A relative told us the way care is provided to their loved one had changed and had had a positive effect on their mood and personal hygiene as they had started accepting support from a specific member of staff.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were considered and support plans detailed how people preferred to communicate and any support they required.
- Information boards were around the service to help people understand what was happening in the service such as activities. However, information was not always displayed in a way which could be easily understood by people living with dementia. We raised this with the registered manager who started to review and improve this during the inspection.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- A wide range of group and individual activities were available for people to participate in if they wished, which promoted people's social and mental well-being. People's feedback and views were sought when planning activities to ensure they met people's preferences.
- We observed positive interactions between an activity co-ordinator and people who used the service. We also received positive feedback about the other activity co-ordinator.
- Staff respected people's wishes as to whether they joined in with activities. Some people's records showed they took part in a lot of activities, though other people's records did not always show when they had been offered the opportunity to participate in activities.

Improving care quality in response to complaints or concerns

- People and relatives told us they were confident they knew how to raise a complaint and it would be

appropriately responded to.

- Systems were in place for investigating and responding to complaints and appropriate action had been taken.

#### End of life care and support

- Staff provided compassionate care to people at the end of their lives and this extended to their families. A relative said, "My relative is currently receiving end of life care and they have gone above and beyond. The staff are kind and caring for sure."
- Staff worked closely with relevant healthcare professionals to ensure people received appropriate support and that anticipatory medicines were available when people needed them to help maintain people's comfort and dignity.
- End of life care plans were completed where people had wanted to discuss this topic, though records needed more person-centred information.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant the service management was inconsistent. Leaders did not always support the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider had failed to operate effective systems to improve the quality and safety of the service and to keep accurate and complete records. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Improvements in the safety and quality of the service had been made since the last inspection. However, some shortfalls continued to be found. A range of audits were in place and regularly completed. However, systems had not identified shortfalls in window checks, fire door safety checks and fire drill records.

We recommend the provider reviews and updates their quality assurance systems to ensure they are robust and effective at identifying shortfalls.

- The management team were working to address shortfalls in the service. Following the completion of audits, action plans were implemented to address the shortfalls and these were monitored by the management team to ensure they were resolved in a timely manner.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

At our last inspection the provider had failed to ensure all notifiable incidents were reported to CQC. This was a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009 .

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Monitoring of accidents, incidents and safeguarding concerns had improved since the last inspection and the registered manager had ensured notifiable incidents were appropriately reported to CQC.
- Accidents, incidents and safeguarding concerns were used to support learning at the service and across

the provider's other services.

- The registered manager understood their responsibilities under the duty of candour. They had notified people and their relatives of any serious injuries or shortfalls in the safety and quality of the service and action they had taken to uphold the duty of candour.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff treated people with kindness, dignity and respect. We received positive feedback from people and relatives about the kind and caring staff. A person said, "It's my second home, they're all so kind, the whole place is full of kindness." Though we saw some opportunities to engage with people were missed. We raised this with the registered manager to monitor and improve.
- We received positive feedback about the registered manager and their management of the service. One person told us they thought the service was well run and "The registered manager is cheerful, if you've a complaint she'd sort it." People's relatives said, "I think it's really well organised, when [Person's name] came in, they filled in all the paperwork and [Registered manager's name] seemed really on the ball" and "I really like her, I think she is brilliant, she is open, honest and professional."
- People and their relatives were happy with the care provided. Relatives told us, "I would recommend it. [Person's name] was there for respite and then they wanted to stay there. They have gained weight and has a whiskey every evening. I can't fault them. I go in a lot and I have no safeguarding issues" and "I think the service is great. There was a Father's Day lunch organised for family members which was excellent."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Feedback was sought from people, their relatives and staff regarding how the service was delivered and how it could be changed or improved. For example, people had made suggestions for upcoming activities and how different celebrations could be enjoyed and these were acted upon.
- People's relatives told us they could raise any issues with the management team and they would be addressed.
- We received a lot of positive feedback from people and their relatives about staff, the service and how improvements had been made. Comments from relatives included, "I have always been satisfied with the care and there has been a really good improvement following a long series of environmental changes and structural changes" and "I think there has been a vast improvement under the new management."

Working in partnership with others

- Staff worked closely with a wide range of health and social care professionals to help ensure people received the support they needed.
- The service was working to improve engagement with the local community. This included inviting other organisations and community groups to events at the service.