

The Hollies Nursing And Residential Home Limited

Hollies Nursing and Residential Home Limited

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 

Summary of findings

Overall summary

About the service: Hollies Nursing and Residential Home is a residential care home that was providing personal and nursing care to 31 people at the time of the inspection.

People's experience of using this service:

Medicines were not always being managed in line with current best practice.

Care records did not always fully document the care people required and had received.

Systems of governance and oversight were not sufficiently robust to have identified the issues we found in relation to the management of medicines and care records.

Although the provider had a system in place to ensure staff received required training, this had not been followed in the case of one recently appointed staff member.

People told us they felt safe and comfortable in the home. Staff had completed safeguarding training and knew the correct action to take to protect people from the risk of abuse. Staff had been safely recruited and there were enough staff on duty to meet people's needs. Staff expressed a commitment to ensuring people received high-quality care.

People were cared for by staff who were kind, caring and respectful of their individual needs and preferences. Staff supported people to be as independent as possible. An activity coordinator encouraged people to engage in activities on both an individual and group basis.

People spoke positively about the way the home was run. Staff told us the registered manager had made significant improvements since their appointment in August 2018. These had resulted in an improved staff culture and better communication in the home.

Rating at last inspection: At the last inspection the service was rated requires improvement (published 18 July 2018). The service remains rated requires improvement. This service has been rated requires improvement for the last three consecutive inspections.

Following the last inspection we asked the provider to complete an action plan to show what they would do and by when to improve. At this inspection sufficient improvement has not been made and the provider is still in breach of regulations.

Why we inspected: We carried out this inspection based on the previous rating of the service.

We identified two continuing breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to safe care and treatment and good governance. Details of action we have asked

the provider to take can be found at the end of this report.

Follow up: We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

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 always safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective

Details are in our Effective findings below.

Requires Improvement ●

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 ●

Hollies Nursing and Residential Home Limited

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The first day of the inspection was carried out by two adult social care inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. On the second day the inspection team consisted of two adult social care inspectors and a medicines inspector.

Service and service type: Hollies Nursing and Residential Home Limited is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The provider had appointed a new registered manager since the last inspection who had been in post since August 2018.

Notice of inspection:

The first day of the inspection was unannounced. The provider knew we would be returning on the second day.

What we did:

Before our inspection, we reviewed all the information we held about the service and completed our planning tool. We also checked for feedback we received from members of the public, local authorities, safeguarding and clinical commissioning groups and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We also checked records held by Companies House.

We asked the service to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed this information and used it to inform our planning tool.

During the inspection we spoke with four people who lived in the home, six visiting relatives and one visiting healthcare professional. We also spoke with the registered manager, the deputy manager, two registered nurses, five members of care staff, the activity coordinator and the cook.

We completed checks of the premises and observed how staff cared for and supported people. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us to understand the experience of people who cannot talk with us. We observed the breakfast experience on the second day of the inspection and used SOFI to observe how staff interacted and cared for people.

We reviewed a range of records relating to the way the service was run. This included six people's care records, eight people's medicines records, four medicine related care plans and four staff recruitment files. We also looked at minutes from meetings, audits and checks completed in the service and a range of policies and procedures.

Is the service safe?

Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

At our last inspection in June 2018 we found medicines were not managed properly and safely. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found continued shortfalls in the way medicines were managed and the provider was still not meeting legal requirements.

- Medicines were not always safely managed.
- People who had difficulty swallowing were exposed to risks of choking and aspiration. Records for adding thickening powder to drinks, for people who had difficulty swallowing, provided insufficient guidance for staff to follow to keep people safe.
- People were exposed to the risk of receiving medicines at inappropriate intervals. Staff had not documented the actual time a medicine was administered for time sensitive medicines; so, for example staff could not be assured that the required four-hour time interval between paracetamol doses had been observed..
- The provider could not evidence people's skin was cared for properly. Staff had not ensured records were complete and accurate to show topical preparations such as creams were being applied as directed.
- Medicines storage was not managed properly. Staff did not correctly monitor the temperature of the room and fridge where medicines were kept; therefore, staff could not be sure medicines would still work effectively.
- People may not have received their medicines as prescribed. Staff did not always record the administration of medicines; therefore, we could not be assured people received their medicines as prescribed.
- Medicines audits were not used effectively. The system used to audit the medicines at the home had identified some of these concerns. However, the registered manager had not taken action to address the issues. actions had not been carried out to prevent recurrence

This demonstrated a continuing breach of Regulation 12 (Safe Care and Treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective systems to safeguard people from abuse. Staff had completed safeguarding training and were able to tell us the correct action to take if they witnessed or suspected abuse.
- People who lived in the home and their relatives told us they had no concerns about the care provided. Comments made to us included, "I don't feel I have to visit every day as I know [name of relative] is well cared for" and "I feel safe, yes. The staff are really good."

Assessing risk, safety monitoring and management

- The provider had established effective systems to assess and manage risks in the service.
- People's care records contained an assessment of risks relevant to their needs. Strategies were in place to manage the identified risks. Staff reviewed these strategies regularly to ensure they remained relevant to people's needs.
- Staff completed regular checks to ensure the safety of the premises and equipment used.

Staffing and recruitment

- The provider had ensured staff were safely recruited. The service had policies and procedures to support this process. We reviewed the recruitment files for four staff and found all required pre-employment checks had been carried out. The provider also carried out regular checks to ensure nursing staff remained registered with the Nursing and Midwifery Council.
- Records showed the registered manager sought the opinions of people who lived in the home about the qualities they wanted in prospective staff. Interview questions were developed to include this information.
- People told us there were always enough staff on duty to meet people's needs. Our observations during the inspection supported this view.

Preventing and controlling infection

- The provider had systems in place to manage the risks of cross infection in the home.
- Staff had access to personal protective equipment such as disposable aprons and gloves, and we saw that these were used by staff when supporting people with personal care. Staff also encouraged people who lived in the home to maintain good hand hygiene, particularly before eating.

Learning lessons when things go wrong

- The service had systems to make improvements when things went wrong.
- The registered manager was committed to a process of continuous improvement. Records showed they used staff meetings and supervision sessions to ensure lessons learned from incidents, accidents or safeguarding alerts were shared across the team.

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Staff supported people to maintain a healthy and balanced diet. People told us the quality of food in the home was good and they had the opportunity to choose what they wanted to eat. Our observations of meal times showed staff were patient when supporting people to eat and drink. Snacks and drinks were offered to people throughout the day.
- Staff had assessed people's nutritional needs and care plans were in place for staff to follow. However, we found that staff had not accurately recorded the food and fluid intake of one person who was assessed as at risk in this area. This meant we could not be assured that the individual had received sufficient nutrition and hydration to meet their needs.
- There was a risk that staff might not follow professional guidance such as that from speech and language therapists. This was because they had not always included the guidance in people's plans of care.

Staff support: induction, training, skills and experience

- The provider had a system to ensure staff received the induction, training and support necessary for them to be able to provide people with effective care. However, this had not been followed in the case of one staff member. They told us they had received limited training since starting work at the home, although they were experienced in providing care to people in other settings. We did not find any impact of this on people who lived in the home. When we raised this with the registered manager, they told us this had been an oversight and they would ensure the person received all required training as a priority.
- Staff told us they received an induction when they started work at the home which helped them to understand their role and the care people required.
- The registered manager provided staff with regular supervision on both a group and individual basis. This provided them with an opportunity to discuss any concerns relating to people who used the service and to identify training needs
- People who lived in the home and their relatives told us staff had the skills and knowledge necessary to provide safe and effective care. One person commented, "The manager keeps them all up to date with training. Staff know how to deal with people if they become aggressive or upset."

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

- The provider had systems in place to ensure people received care which met their individual needs.
- Staff completed an assessment of people's needs before they entered the home. This assessment was used to develop person-centred care plans and risk assessments which included information about how people wished to be supported. However, some care plans in relation to skin integrity lacked detail about how frequently people should be repositioned when in bed. In addition, records which documented when staff

had supported people to change position in bed were not always fully completed.

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

- The service worked in partnership with community-based health professionals to ensure people received effective care. One visiting health professional gave very positive feedback about the care people received in the home and the knowledge staff had about people's needs. Relatives told us staff were proactive in contacting healthcare professionals if there was a change in their family member's condition.
- Some people's care records contained a 'hospital transfer form'; this gave a useful summary of their needs for healthcare professionals to follow if they were admitted to hospital. The registered manager told us they would ensure this information was included in all people's care records.

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

- The provider had improved the premises since the last inspection. However, we found further action was necessary to ensure the environment was adapted to meet the needs of people living with dementia. The registered manager told us they had plans to make such improvements in the future.
- People told us they were happy with the environment and the ability they had to personalise their bedrooms.

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 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.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff had completed assessments when people lacked capacity to make particular decisions. Where necessary, best interest meetings had been held which included professionals and significant others.
- The registered manager had submitted DoLS applications to the local authority when people were unable to consent to their care and treatment in the home. Any conditions on DoLS authorisations were included in people's care plans to help ensure staff they were complied with.
- Staff supported people in the least restrictive way possible. The service had policies and procedures to underpin this approach. People told us staff always asked for their consent before they provided any care. One person commented, "Staff always ask, do you want to get up, get dressed and washed?"

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

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

- People were treated as individuals. Staff had received training in person-centred care and how to ensure people were treated with dignity and respect. Policies and procedures underpinned this philosophy of care.
- People told us staff were always kind and caring towards them. Comments made to us included, "They [staff] are always lovely and we have a laugh as well, which is always nice. You feel good if people come in smiling" and "I just regard them [staff] as friends you know. They are interested in you and what you think and what's going on in your life and family."
- Relatives also provided positive feedback about the caring nature of staff and their willingness to go the extra mile to show people they cared about them. One relative told us, "I couldn't ask for [name of person] to be in a nicer home. They rang me to ask if he likes a napkin with his meal; it's little things like that which make it for me."

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

- Staff supported people to make choices about their daily life and the care they received. People were able to express their views during day to day conversation, meetings and satisfaction surveys. Regular residents' and relatives' meetings helped keep people informed of proposed events and gave them the opportunity to be consulted and make suggestions.
- Where necessary, the registered manager sought external professional help to support decision-making for people, including the use of advocacy services. People can use advocacy services when they do not have friends or relatives to support them or want help from someone other than staff, friends or family members to understand their rights and express their views.

Respecting and promoting people's privacy, dignity and independence

- Staff encouraged people to be as independent as possible and promoted their right to dignity and privacy. People told us staff always ensured their dignity was protected whenever they provided personal care. The registered manager told us they intended to introduce signs for people's bedroom doors to indicate when staff were providing personal care; this would help to avoid people's dignity and privacy being compromised.
- People's personal information was stored confidentially. The registered manager had taken the necessary action to ensure the service was compliant with data protection regulations.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control. At our last inspection in June 2018, this key question was rated as requires improvement. This was because there was a lack of person-centred planning. There was also a lack of activities to promote people's well-being. During this inspection, we found the required improvements had been made and the key question is now rated good.

- The registered manager had taken action to ensure people's care records documented their needs, preferences and interests. Staff encouraged people to complete a 'This is me' document which included information about their family, friends, social history and interests. This information was used by staff to engage people in discussions about their care and the activities they liked to engage in.
- A new activity coordinator had been appointed since the last inspection. Records showed they supported people to engage in a range of activities. People who chose not to be involved in these activities were offered one to one time to ensure they did not feel isolated.
- The service used a range of technology to improve the care and support people received. Staff used an online assessment system called 'Telemedicine' if they had any concerns about people's health. This service was available 24 hours a day and was managed by registered nurses from the local NHS service. 'Telemedicine' provides a remote clinical service between the home and a healthcare provider, using electronic audio and visual means. This helped to ensure people had access to prompt and appropriate advice and treatment. Equipment such as sensor mats and door sensors helped to ensure staff were able to respond promptly and provide people with the support they required.
- The provider had introduced a 'resident of the day' system. Staff used this system to ensure people's care records were regularly updated. People who lived in the home and their relatives were also asked to provide feedback on the care provided and their comments were documented by staff.
- People confirmed they had been involved in the care planning process. One relative commented, "I have looked at the care plan. They keep me up to date with everything."

Improving care quality in response to complaints or concerns

- The provider had a system in place to record and respond to complaints. The provider had received nine complaints since the last inspection. We saw that the registered manager had taken appropriate action to investigate each complaint and to provide feedback to the complainant. Lessons learned from complaints were shared with staff.
- People told us they had no complaints and commented, "I know who to go and see if I do have a complaint" and "If I had something to say I'd tell one of the carers but I'm happy enough."

End of life care and support

- The registered manager told us there was no one in receipt of end of life care at the time of this inspection.

However, they told us they intended to ensure key staff completed end of life training. This should help ensure staff had the skills and knowledge to provide people with compassionate, personalised end of life care when necessary.

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.

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At the last inspection in June 2018, this key question was rated requires improvement. This was because systems to monitor the quality and safety of the service were ineffective. In addition, the registered manager in place at the time had not fulfilled the legal requirements of the role. During this inspection, we found a new registered manager was in place and some improvements had been made. However, due to the continuing breaches of regulations identified, the rating remains requires improvement.

- The provider and registered manager used systems to monitor the quality and safety of the service.

However, these had not always been effective in improving the service.□

- The provider had improved their monitoring arrangements for the home. The registered manager provided them with weekly reports to ensure they were aware of any issues in the service.

- The registered manager had a detailed action plan for the improvements they intended to make in the home. However, our findings showed this had not been effective in addressing areas identified as requiring improvement at our last inspection in June 2018.

- The registered manager carried out regular medicines audits and had put action plans in place when shortfalls were identified. However, our findings during this inspection in relation to the management of medicines showed not all required actions had been completed.

- The registered manager told us they were aware that staff were not always fully completing all required records. They told us that they had listened to staff about the complexity of the recording system in place and were in the process of streamlining the record keeping process. However, in the interim period, our findings showed that some care records failed to show people had received the care they required to meet their needs.

The lack of robust processes to monitor the quality and safety of the service was a continuing breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2008.

Continuous learning and improving care

- The registered manager demonstrated a commitment to continuous improvement. They told us they had a plan for the first year of their employment in the home which they used to lay the foundations for on-going service improvement.

- The registered manager completed a daily walk round of the home. This helped to ensure they could take immediate action if any concerns were raised by staff.

- The registered manager used staff meetings to reinforce the high standards they expected from everyone.

Staff told us the registered manager had made a number of improvements since their appointment, which had led to better team working and communication.

- The registered manager analysed information from accidents, incidents, complaints and concerns to drive improvement within the service.
- The registered manager was in the process of introducing 'staff champions' for areas including dignity in care. This helped staff to share learning and best practice guidance.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager had introduced a 'no blame' culture in the home. This meant staff were encouraged to report any mistakes so that lessons could be learned. The registered manager told us, "I always say to staff if something has gone wrong, 'we are a team, what are we going to do about it?'."
- The registered manager had taken action to meet their duty of candour responsibility; this included informing relatives when something had gone wrong in relation to their family member's care. One relative told us they considered the registered manager had been open and honest regarding a situation which had happened and had taken action to reduce the risk of a future occurrence.
- Staff demonstrated a commitment to providing high quality, person-centred care. They told us they would be confident for a relative to live in the home. The service had policies and procedures in place to guide staff to provide person-centred, individualised care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager was committed to involving people who lived in the home, their relatives and staff in the running of the service.
- Staff told us they enjoyed working in the home and felt treated fairly by the registered manager and colleagues.
- Staff told us the morale in the home had improved since the new registered manager had been appointed. They told us they felt able to make suggestions about the way the home could be improved and their views were always listened to. One staff member told us their suggestion to introduce a communication book for all staff had made a positive impact on the care people received since all staff were aware of any changes in a person's needs.

Working in partnership with others

- The service worked in partnership with other professionals and agencies to help ensure people received the care they needed. Staff were proactive in contacting community-based health professionals to seek advice and guidance about how best to meet people's needs.
- Relatives told us staff were excellent at working with them to ensure their family members received high quality care.

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 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
Treatment of disease, disorder or injury	Medicines were not always safely managed.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Systems of governance and oversight were not always effective.