

Garforth Care Homes Ltd

The Hollies

Inspection report

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Garforth
Leeds
West Yorkshire
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Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Inspected but not rated

Is the service effective?

Inspected but not rated

Is the service well-led?

Inspected but not rated

Summary of findings

Overall summary

About the service

The Hollies is a residential care home which provides accommodation and personal care for a maximum of 28 people. At the time of the inspection 23 people were using the service. Care is provided in one adapted building. Many of the people in the home are living with dementia.

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

We received positive feedback about the service from relatives who said care met individual needs and that they had been communicated with well during the COVID-19 pandemic. They said they felt involved in decision making regarding their relative's care.

Since the last inspection, improvements had been made to governance systems. A range of audits and checks were undertaken, and these were used to drive improvement to the service. Feedback from people and staff was regularly sought and used to monitor the performance of the service.

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.

Overall, we were assured that appropriate infection prevention and control systems were in place to help keep people safe within the limitations of the current building layout. However, we have advised the provider on how to further develop their approach to infection control, please see the safe section of this report.

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

Rating at last inspection and update: The last rating for this service was requires improvement (published 28 January 2020) and there were two breaches of regulation. 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

We undertook this targeted inspection for two main reasons. Firstly, as part of CQC's response to the coronavirus pandemic we are conducting a thematic review of infection control and prevention measures in care homes. Secondly, we inspected to check whether the requirement actions we previously served in relation to Regulation 11 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met.

CQC have introduced targeted inspections to follow up on breaches of regulation or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically

concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question. Therefore, the overall rating for the service has not changed following this targeted inspection and remains requires improvement

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Hollies on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

No ratings were awarded following this inspection. This was a thematic review of infection control practices to identify good practice and areas for development in infection prevention and control.

Inspected but not rated

Is the service effective?

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about at the last inspection. □

Inspected but not rated

Is the service well-led?

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about at the last inspection. □

Inspected but not rated

The Hollies

Detailed findings

Background to this inspection

The 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.

This was a targeted inspection looking at the infection control and prevention measures the provider has in place and to check whether the provider had met the requirements of the requirement notices. We also checked whether the service had met requirement actions issued at the previous inspection with regards to Consent and Good Governance.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

The Hollies is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 did not have a manager registered with the Care Quality Commission. An interim manager was in place whilst the provider recruited a permanent manager.

Notice of inspection

We gave the service 24 hours' notice of our inspection. Due to the COVID-19 pandemic, we needed to make arrangements to enter the home safely to reduce the risk of infection transmission.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to

send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We looked around the home and observed care. We spoke with four members of staff including the provider, the interim manager and two care workers. We spoke with two relatives over the telephone. We reviewed elements of three people's care records and records relating to infection control, COVID-19 management and governance.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were somewhat assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were somewhat assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were somewhat assured that the provider was making sure infection outbreaks can be effectively prevented and managed.
- We were assured that the provider's infection prevention and control policy was up to date.

We have made some recommendations to assist the provider in developing their approach. This included ensuring cleaning schedules are more robust, PPE training for staff is evidenced and to ensure staff take breaks away from their work area.

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 the last inspection this key question was rated as requires improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question we previously had concerns about. The purpose of this inspection was to check if the provider had met the requirement action served in relation to consent and the Mental Capacity Act (2005). We will assess all of the key question at the next comprehensive inspection of the service.

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 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.

At our last inspection the provider had failed to ensure that care and support was provided in line with the Mental Capacity Act (MCA) 2005. This was a breach of Regulation 11 (Consent) 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 11.

- The service was acting within the legal framework of the MCA. Relatives we spoke with told us they felt involved and consulted regarding their relatives care and support. Where people lacked capacity and important decisions needed to be made, we saw evidence of capacity assessments and best interest decisions in line with legal requirements.
- The service submitted appropriate Deprivation of Liberty Safeguards (DoLS) applications where they suspected people were being deprived of their liberty. The status of these applications was followed up with the Local Authority. DoLS authorisations and their expiry date was closely monitored by the service.

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 the last inspection this key question was rated as requires improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question we previously had concerns about. The purpose of this inspection was to check if the provider had met the requirement action served in relation to Good governance. We will assess all of the key question at the next comprehensive inspection of the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

At our last inspection the provider had failed to ensure that systems to properly assess and monitor the service were in place. 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.

- Systems to assess, monitor and improve the service had been made more robust. A range of audits and checks were undertaken, these were effective in identifying issues which were then added to the service improvement plan, to help ensure improvement in a structured way. The feedback we gave at the previous inspection had been acted on, for example in relation to consent and capacity. We saw improvements suggested by other agencies such as infection control had been acted on.
- Incidents and accidents were recorded and subject to monthly analysis to look for any themes and trends.
- Feedback had been recently sought from people's representatives through a recent survey. This was overwhelmingly positive. This had been analysed and any areas for improvement were in the process of being followed up.
- We reviewed the services training matrix. Whilst most training was up-to-date there were some gaps. The interim manager told us this would be addressed with staff through supervision.
- Relatives we spoke with told us the service provided a high-quality service. One relative told us "This is a fantastic home." They said they were kept involved and updated throughout the pandemic.
- At the time of the inspection there was not a registered manager in place, which is a legal requirement. The nominated individual had put in place an experienced interim manager whilst they recruited to the registered manager position. A deputy manager had also been recruited who assisted with the management of the service, for example carrying out a range of audits and checks.