

Shawlmist Limited

The Hollies

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

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:

The Hollies is a care home. People in care homes receive accommodation and personal care under one contractual agreement. CQC regulates both the premises and the care provided and both were looked at during this inspection. The Hollies provides a service for up to 27 older people, some of whom may be living with dementia. At the time of the inspection there were 23 people living at the service. Accommodation is provided over three floors and people have access to communal areas.

People's experience of using this service:

- The provider had failed to notify the CQC of important events that they are required by law to do. There was a lack of monitoring to oversee the running of the service and identify the improvements that can be made to the quality of the service. Areas of the service required redecoration
- People told us they felt safe and staff were kind and caring. Staff understood the risks to people and the measures in place to keep them safe. Systems were in place to manage people's medicines safely and to reduce the risks associated with the spread of infection.
- We have made a recommendation that the manager familiarises themselves with the legislation and responsibilities of a registered manager if they are to consider applying to become the registered manager of The Hollies.
- Staff received training that ensured they had the skills and knowledge to carry out their roles and meet the specific needs of people using the service. There were enough staff on duty to deliver support to each person in the way they wanted.
- People were supported to maintain good health. Staff made referrals to health professionals when required.
- Staff were kind and caring and had developed good relationships with people using the service.
- People were supported to maintain their health and had access to food and drink based on their individual choice and preferences. People had access to a range of activities in the community and within the service, that reflected their culture and interests.
- Care plans guided staff to provide support that met people's needs which were in line with their preferences.

- People's privacy, dignity and rights were respected and upheld. People were supported to have maximum choice and control over their lives and staff supported them in the least restrictive way possible.

Rating at last inspection:

Good (report published 13 December 2016).

Why we inspected:

This was a planned inspection based on the rating at the last inspection. The service has been rated as requires improvement at this inspection.

Enforcement:

Please see the 'action we have told the provider to take' section towards the end of the report.

Follow up:

We will continue to monitor all intelligence received about the service to ensure the next inspection is scheduled accordingly.

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?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led

Details are in our Well-Led findings below.

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 checked 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.

Inspection team:

Consisted of an inspector 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.

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 had a manager registered with the Care Quality Commission. However, they had left the service in December 2017, but they had not cancelled their registration. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

We have referred to the person managing the service in the absence of the registered manager as the manager throughout this report.

What we did:

Before the inspection we reviewed all the information that we have in relation to this service. This included notifications. A notification is information about important events which the provider is required to send us by law. The provider completed a Provider Information Return (PIR). This is a form that asks the provider to

give some key information about the service, what the service does well and improvements they plan to make.

During our inspection:

We observed how the staff interacted with the people who used the service and looked at how people were supported throughout the day. We spoke with nine people, two relatives/visitors, the manager, visiting GP. and four care staff.

We looked at two people's care and support records and records relating to the management of the service. These included audits, medication records, and incident and accident records.

Following the inspection:

The manager sent us some additional information that we used as evidence and included in the report.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm.

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Safeguarding systems and processes.

- Safeguarding systems were in place and all staff spoken with had a good understanding of what to do to make sure people were protected from harm or abuse. Staff had received appropriate and effective training in this area. One member of staff told us, "I would report any safeguarding, if it was management that concerned me. I would have no problem going above their heads and going to senior management."
- People who lived at the service all told us they felt safe. One person said, "Yes, everything is locked at night." Another person said, "Yes, I am safe. There are staff here at all times." A relative told us, "In three years I haven't had any concerns about [family members'] safety."

Assessing risk, safety monitoring and management.

- The equipment was safe and well maintained. Emergency plans were in place to ensure people were supported in the event of a fire. There was a business continuity plan in place in case people were not able to remain in the service due to unforeseen circumstances.
- Care plans contained information for staff to follow to keep people safe. Staff understood where people required support and how to reduce the risk of avoidable harm. Records used to monitor those risks such as falls; nutrition, bedrails and pressure care were well maintained. One relative told us, [Family member] has bedrails in place so they cannot fall out of bed."

Staffing levels.

- Staff confirmed there were sufficient staff to meet people's needs.
- People and their visitors told us people received care in a timely way.
- We saw there were sufficient numbers of staff who responded to people's needs when required in a timely way. Call bells were responded to quickly.

Using medicines safely.

- Systems were in place to ensure that medicines were managed appropriately.
- People received their medicines safely and as prescribed.
- Staff had received training on how to manage and administer medicines. They also told us they had their competency checked on a yearly basis.
- People told us they were happy with the support they received to take their medicines. One person said, "Staff give me my medicines fine."

Preventing and controlling infection.

- Staff understood how to protect people by the prevention and control of infection.
- The provider had infection control and hygiene policies in place to ensure the location and people using the service were protected from the risk of infection. Staff followed good infection control practices and used personal protective equipment (PPE) to help prevent the spread of infections.

Learning lessons when things go wrong.

- The manager was able to explain the action they would take following an accident or incident to reduce the risk of these reoccurring. There had been no recent accidents. The manager told us they would always share any learning with the staff to prevent a further occurrence.

Is the service effective?

Our findings

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

Requires Improvement: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

- The manager understood their responsibility in terms of making an application for deprivation of liberty safeguards to the authorising authority. The provider had failed to notify CQC once an application has been authorised. They were also unclear if conditions had been made with the authorisation.
- People's care records contained information on how staff supported them to make day to day choices and decisions.
- Staff always assumed people had capacity and gave them choices although, where a decision had been made in the persons best interest these were not recorded.

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

- The service is a listed building and therefore any changes to the building require planning consent.
- Some paintwork was in need of re-painting due to being knocked by trolleys and wheelchairs. Flooring in the corridor was in need of replacement due to wear and tear. The manager told us they would put a plan together with realistic timeframes for this work to be undertaken by.
- The premises had sufficient amenities such as bathrooms and communal areas to ensure people were supported well.
- Technology and equipment, such as call bells and sensor mats, were used effectively to meet people's care and support needs.

- The Fire service had undertaken a visit to the service and required improvements to be made to the environment to make it safer. Not all of these had been addressed, although the manager told us these were in the process of being completed.

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

- People's care plans contained information on how their physical and mental health needs were to be met. Records reflected relatives (where applicable) had been involved in the assessment process and had included information about their relative's history, likes, dislikes, and health needs.
- People's choices, in some cases, were reflected in the support plans and we saw staff giving people choices throughout the day. For example, for drinks, joining in with activities and food offered.

Staff skills, knowledge and experience.

- Staff received an induction when starting at the service. One staff member told us that the training was good, and it meant they were well equipped for their role.
- Staff felt they had enough training. When we visited the service, the manager told us that an appraisal system was not in place. However, following our visit, the manager told us that appraisals will commence in June 2019.
- Staff received supervision and felt supported. However, some staff were not sure of the frequency of their supervisions. All staff told us that they could go to the manager at any time and feel listened to.

Supporting people to eat and drink enough with choice in a balanced diet.

- Staff were aware of people's dietary needs and any support they required to eat and drink and to maintain a healthy weight.
- People had choice and access to sufficient drink and food throughout the day. Food was well presented, and people told us they enjoyed it. Mealtimes were a pleasurable experience and people were encouraged to be as independent as possible. One person said after they had finished their lunch, "That was absolutely wonderful." Another person told us, "The food is delicious."

Staff providing consistent, effective, timely care within and across organisations.

- People were supported by staff who knew them well and this helped to ensure care delivered met people's needs consistently in a way they liked.
- People told us that staff supported them when they wanted to be supported and staff were good. Agency were not being used. Regular staff cover any vacancies or sickness.
- Information was shared with other agencies if people needed to access other services such as hospitals.

Supporting people to live healthier lives, access healthcare services and support.

- Healthcare professional's advice was sought when required. Staff followed the guidance provided by such professionals.
- The GP visited the service weekly (They were visiting on the day of the inspection) and the manager told us there was a good relationship with them. The visiting GP was positive about the communication between the surgery and the service. They also told us that staff followed given instructions to support people's health care needs.

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.

Good -People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People, and their relatives, were complimentary about the attitude and capability of the staff and the care provided. One person told us, "Staff do understand me. They know how to look after me." One relative said, "Staff are absolutely brilliant. They have to do everything for [family member]. They are always very clean. They are very careful when hoisting them."
- Staff knew people and understood their needs well.
- Staff had developed good relationships with people. There were positive interactions between staff and the people they supported. Interactions were natural, but respectful. One person said, "Staff are considerate. I am very happy here. They treat you as if you are the only person who matters. It's all very friendly."
- Staff knew people's communication needs well and we saw people being able to make decisions about how they spent their day and what they had to eat.

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

- Staff supported people to make decisions about their care. Decisions were recorded in the care plans such as when to get up and when to go to bed. One relative told us, "Staff really understand how to communicate with [family member]."
- Staff signposted people and their relatives to sources of advice and support or advocacy; and provided advisors or advocates with information after getting permission from people.

Respecting and promoting people's privacy, dignity and independence.

- Staff showed genuine concern for people and were keen to ensure people's rights were upheld and they were not discriminated against in any way. A relative told us, "Staff absolutely treat [family member] with respect at all times. They always tell them what is going on, even though they probably don't understand. We feel we are so lucky to have found this place. The quality of care is excellent."
- People's right to privacy and confidentiality was respected. Staff knocked on doors and were discreet when supporting people.
- People were afforded choice and control in their day to day lives. Staff were keen to offer people opportunities to spend time as they chose. We observed staff waiting for people to respond when asked a question to ensure they knew the person's choice. One person said, "I am undoubtedly treated with dignity and respect. Staff are my friends. They are lovely."
- People were supported to maintain and develop relationships with those close to them.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs.

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

Personalised care.

- Staff knew people's likes, dislikes and preferences. They used this detail to care for people in the way they wanted. For example; what people's hobbies and interest were.
- People were able to make choices and have as much control and independence as possible, including in developing care, support plans. Relatives were also involved where they chose to be and where people wanted that. One person told us, "Staff do encourage me to be as independent as possible."
- People's needs were identified, including those related to protecting people's choices and preferences.
- An activities programme was on display and people told us that various activities took place.

On the day of the inspection whilst the capacity, and engagement, of some people was limited, staff were always careful to include them in the activities.

- Various activities were organised by the care staff. These included dominoes, a jigsaw for one person, colouring for one person, a group skittles match, and ball games. A number of people were looking forward to the imminent opening of the 'gardening club'. A member of staff had been recently appointed to take on the role of the activities co-ordinator. One person said, "There are enough activities. We go on outings and there are activities every day." Other comments included, "Yes, the activities are good." "We have parties." "We have visiting entertainers."

Improving care quality in response to complaints or concerns.

- A complaints procedure was in place. One person told us, "Staff do listen if we have concerns. Complaints received had been dealt with to the satisfaction of the complainant."
- People and relatives knew how to make complaints should they need to. They told us they believed they would be listened to and complaints acted upon in an open and transparent way by the manager. Everyone we spoke with told us they had not needed to raise any concerns.

End of life care and support.

- People were supported to make decisions about their preferences for end of life care, including Do Not Attempt Resuscitation (DNAR) orders. A DNAR form is a document issued and signed by a doctor or medical professional authorised to do so, which tells the medical team not to attempt cardiopulmonary resuscitation (CPR).
- The manager told us they would support people's relatives and friends as well as staff, before and after a person passed away. There were no people living in the service that required this level of support at the time of this inspection.

Is the service well-led?

Our findings

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

Requires improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Continuous learning and improving care.

- There was no system in place to gather feedback from relatives, visitors or professionals involved with the service to influence continuous improvement.
- There was no evidence that the provider had an oversight of what was happening in the service.
- There was a lack of monitoring systems in place to identify themes and trends and see if improvements could be made to ensure people living at The Hollies received a good quality service.
- The provider did not have a formal action plan to demonstrate the plans for future development and for addressing any issues.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider is responsible for upholding the legal requirements and for the day to day running of the service. The provider was not clear about their legal responsibilities under their registration with the CQC. Services that provide health and social care to people are required to inform the CQC of important events that happen in the service. We checked and found the provider had not notified the CQC of all important events. For example, we had not been notified about outcomes of applications made by the provider to assess people for a deprivation of their liberty or the management arrangements since the registered manager resigned from their post. When we spoke with the manager about the different notifications they said, "I didn't know about that."

This is a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong.

- The manager knew the people using the service, their relatives and staff extremely well.
- The team demonstrated a commitment to provide person-centred, good quality care by ensuring they speak with people using the service. One person said, "Staff look after me very well. It is all fine here." Another person told us, "I like it here. I am fine. It's all very friendly."

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory

requirements.

- Staff within the service understood their roles and responsibilities. However, the provider did not fully understand their legal responsibilities.
- The information in the PIR that we had requested prior to the inspection to give some key information about the service, what the service does well and improvements they plan to make. Whilst this had been completed it had very little information on what they do well and the improvements they intend to make based on the key lines of enquiries. The manager stated in the PIR, "There is always ways to improve the service and I will continue to do this."

Engaging and involving people using the service, the public and staff.

- The service involved people and their relatives in day to day discussions about their care. A relative told us, "The manager is very approachable. They always ring us if there is any change, or if she needs something"
- The service had good links with the local community, reflecting the needs and preferences of people in its care. The manager had developed good working relationships with other health care professionals ensuring people's social and health needs were promptly met. The GP told us that the people were well looked after and that the staff and manager make contact when necessary.

Working in partnership with others.

- The manager informed us they will look to make contact with partner organisations to develop the service they provide.

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 18 Registration Regulations 2009 Notifications of other incidents The provider had failed to notify the CQC of important events as required by the legislation Regulation 18 (2) (5) (e)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance There was a lack of monitoring to ensure that the service continually improved. Regulation 17 (2) (a) (b)