

Holywell Park Limited

Holywell Park

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?

Requires Improvement



Is the service well-led?

Requires Improvement



Overall summary

The inspection was carried out on 15 and 17 December 2014 and was unannounced. Holywell Park is located on the outskirts of Meopham and provides nursing and personal care and support for up to 60 people.

Accommodation is set out over two floors with lift access to the first floor. On the day of our inspection there were 46 people living at the home, some of whom maybe living with dementia. Some people had sensory impairments, limited mobility and some people received care in bed.

Holywell Park is a family run home. The owner lives next door to the home and family members are involved in the day to day running of the home.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People gave complimentary comments about the service they received. People felt happy and well looked after and safe. However, our own observations and the records we looked at did not always match the positive descriptions people and relatives had given us.

Summary of findings

The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 came into force on 1 April 2015. They replaced the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The Provider had not always maintained adequate recruitment records to ensure that staff were suitable to work with people. Application forms did not always show a full employment history therefore it was not possible to identify if there had been gaps in employment.

Medicines had not always been administered and recorded in a safe manner.

Staff training records showed some staff had not attended training relevant to their job roles. The majority of staff had not received regular supervision and therefore did not get the support they needed.

Staff had limited understanding of the Mental Capacity Act 2005 (MCA) and how they apply this to their role.

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager knew when to make DoLS applications to the local authority (the supervisory body) for other people who met the DoLS eligibility criteria.

Records were not accurate and up to date. Some people did not have care plans or risk assessments in place for staff to follow to ensure that they were supported and cared for in the way they wanted and needed.

The registered manager completed monthly quality assurance audits. However, these audits had not been robust to highlight concerns relating to care records, staffing records and medicines.

Staff had a good understanding of their responsibilities in relation to keeping people safe from abuse. Staff knew there was a policy in place and felt confident to raise concerns with managers.

The registered manager was visible around the home and knew people well.

The home was maintained, clean and suitable to meet people's needs.

The provider had a detailed emergency plan in place, it provided advice and guidance to the registered manager and staff in emergency situations such as; electrical failure, flooding, lift failure and loss of heating.

People were supported to eat and drink adequate amounts of nutritious food and fluids. People were supported at mealtimes as required. Completed questionnaires showed that people were satisfied with the food.

Staff communicated well with people. Staff were respectful and kind when they communicated with people and they used people's preferred names.

People were supported and helped to maintain their health and to access health services when they needed them.

People made their own choices on a day to day basis which included, what time to get up in the morning, what time to go to bed and where they wished to spend their time. Staff maintained people's privacy and dignity. Staff knocked on doors before entering rooms and covered people up when they were providing assistance with their personal care.

Some people's care files showed that people had been involved in making decisions about their care.

People's information was treated confidentially. Files were kept in secure areas and not left unattended. Staff were discreet in their conversations with people, relatives and other staff.

The home worked closely with a local hospice to provide care and support for people who were at the end of their life. Some care staff had attended additional training relating to end of life care. End of life care plans were drawn up to detail people's preferences and choices.

People's call bells were answered quickly.

The management team conducted an assessment of people's needs prior to people moving to the home to ensure that they have the right equipment, skills and staff to meet each person's needs.

The home employed activities staff that had developed a monthly activities schedule. This was clearly displayed in the main hallway and a copy was delivered to each

Summary of findings

person's room. Activities on offer included; cards, armchair exercises, cooking, arts and crafts, manicures, bible stories, quizzes, board games, singing (including external entertainers), darts, bingo and film nights.

Questionnaires were sent to people who lived in the home on a six monthly basis. The registered manager was in the process of collating the completed responses. Completed surveys showed that the feedback was positive.

People had a good understanding of who they needed to talk to if they had any complaints or concerns.

Staff felt confident if they raised concerns about practice it would be dealt with properly.

Appropriate action had been taken by the registered manager to investigate staff performance concerns. Decisions made were clear, support had been put in place to ensure change and improvement.

You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

Staff understood the various types of abuse to look out for to ensure people were protected. They knew who to report any concerns to and had access to the whistleblowing policy.

The premises were maintained, clean and suitable for people's needs.

The provider did not always follow safe recruitment practices.

Medicines were not always administered and recorded safely. Risks to people had not always been assessed appropriately.

Requires Improvement



Is the service effective?

The service was not always effective.

Staff had not received the training and guidance they needed to provide suitable and effective care for people.

Staff showed they had limited understanding of the Mental Capacity Act 2005 (MCA). The registered manager had an awareness of the Deprivation of Liberty Safeguards (DoLS). People had consented to care and treatment.

People had enough to eat and drink and were offered choices of food. Food looked and smelled appetising and people were not rushed to sit down or rushed with their food.

People were helped to maintain good health and to access health care.

Requires Improvement



Is the service caring?

The service was caring.

Staff maintained people's privacy and dignity at all times.

People's information was treated confidentially. Staff were discreet in their conversations with people, relatives and other staff.

The home worked closely with a local hospice End of life care plans were drawn up to detail people's preferences and choices.

People had been involved in making decisions about their care.

Good



Is the service responsive?

Not all aspects of the service were responsive.

Some people did not have care plans in place for staff to follow to ensure that people were supported and cared for in the way they wanted and needed.

Requires Improvement



Summary of findings

People told us that their call bells were answered quickly. Throughout the inspection we found that call bells were answered promptly.

People had a good understanding of who they needed to talk to if they had any complaints or concerns.

Is the service well-led?

The service was not consistently well led.

Records were not accurate and up to date. Some people did not have care plans or risk assessments in place. One person's food and fluid intake had not been recorded for several days.

The registered manager completed monthly quality assurance audits in order to check that the home was performing well. These audits had not been robust enough to highlight concerns relating to care records, staffing records and medicines.

People were given surveys to complete to enable them to feedback about the quality of their care, quality of food and other aspects of the home. People were confident that any concerns raised would be addressed.

Requires Improvement



Holywell Park

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on the 15 and 17 December 2014, it was unannounced.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the home, what the home does well and improvements they plan to make. We also reviewed previous inspection reports and notifications before the inspection. A notification is information about important events which the home is required to send us by law.

The 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.

We gained feedback from 14 people, some of whom were not able to verbally express their views or experiences of living in the home. We observed staff interactions with people and observed care and support in communal areas. We spoke with 11 staff, the registered manager and nine relatives and one visiting chiropodist.

We looked at records in the home. These included six people's care records and care plans, a sample of the home's audits, risk assessments, surveys, four weeks of staff rotas, and eight staff recruitment records, meeting minutes, policies and procedures.

We contacted health and social care professionals to obtain feedback about their experience of the home. These professionals included GPs, local authority care managers and nurses however we did not receive any responses.

The previous inspection was carried out on 31 October 2013 and no concerns were identified.

Is the service safe?

Our findings

People told us they felt safe living in the home. One person said, “I am safe, so I sleep well”. Another person told us, “I feel safe, and all of my things are safe as well”. One person told us, “I’ve never thought about safety, which must mean it’s fine”.

People told us that their call bells were answered quickly. One person said, “I don’t wait long, you push the bell and someone comes pretty soon”. Another person told us “I use the buzzer at night and don’t have to wait long” One person told us, “Sometimes you have to wait longer, it depends how busy they are. There have been occasions when I’ve had to wait for a long time. But it is always within reach”. Throughout the inspection we found that call bells were answered promptly.

All the relatives without exception felt their family members were safe. One relative said their family member was “Safe and warm”. Another relative told us that they think their family member was safe “They always have two there when they get her to walk a little”. Relatives of a person who had recently moved into the home told us “She’s much safer than she was at home. We have peace of mind now”.

Staff had completed safeguarding adults training. The staff training records showed that 46 out of 74 staff had completed training. Twenty nine staff were in the process of completing training. Staff understood the various types of abuse to look out for to make sure people were protected from harm. They knew who to report any concerns to and had access to the whistleblowing policy. However, one member of staff told us that they would not report safeguarding concerns to their manager and they would deal with it themselves. We raised this with the registered manager and they agreed to address this with the staff member to ensure that they followed policies and procedures.

Registered services are required to provide information to the commission (CQC) about certain incidents/accidents, events and abuse, information is provided in the form of a notification. CQC had received notifications from the registered manager within a timely manner, these showed that incidents and events had been dealt with appropriately. There were systems in place to record, monitor and review any accidents and incidents to make sure that any causes were identified and action was taken

to minimise the risk of reoccurrence. The accident records showed that the manager took appropriate and timely action to protect people and ensure that they received any necessary support or treatment

Most people’s care plans contained individual risk assessments in which risks to people’s safety were identified. This included the use of the call bell system, moving and handling, falls, adequate nutrition and hydration. Guidance about any action staff needed to take to make sure people were protected from harm was included in the risk assessments. Records showed that where people’s needs changed, risk assessments had been reviewed and appropriate changes made. The staff followed risk assessments to ensure people were safe. However, some people’s individual risks had not been assessed and documented. Therefore there was no up to date guidance for staff to follow to keep these people safe.

Holywell Park had a detailed emergency plan in place, it provided advice and guidance to the registered manager and staff in emergency situations such as; electrical failure, flooding, lift failure and loss of heating. The plan detailed contact telephone numbers and evacuation plans. The provider transported staff that had difficulty getting to the service in a 4x4 vehicle when there has been heavy snow to ensure staff could get to and from work. This ensured people’s needs continued to be met in the event of an emergency situation.

The premises were generally well maintained, clean and suitable for people’s needs.

Fire extinguishers were maintained regularly. Fire alarm tests had been carried out, staff confirmed that these were done weekly. Records showed that emergency lighting had also been tested weekly. Any repairs required were completed quickly. We found some that one carpet on the ground floor that had become worn, which was a trip hazard. The provider advised us that the carpet on the ground floor was scheduled to be replaced in January 2015; this was evidenced in the maintenance plan. The worn carpet was made safe to prevent a trip hazard. Bedrooms had been decorated and furnished to people’s own tastes. We observed that the boiler room was unlocked and contained boilers and hot water tanks. People could have access to the boiler room which may cause them harm.

Is the service safe?

We recommend that a risk assessment is carried out on the security and safety of the boiler room.

The staffing levels had been regularly assessed by the registered manager. Changes had been made to shifts to ensure that staffing levels were increased at core times. As well as nursing and care staff, the home employed activities staff, a deputy manager, head of care, lead nurse, housekeeping staff as well as maintenance and kitchen staff. We noted that the home was large and spread out; people were cared for in bed in different areas of the home. Staff told us that these people were checked regularly throughout the day and we saw evidence to support this. One relative told us, "They've got so much time for you, the staff ratio is good". Another relative said, "We are amazed at how many staff there are". The registered manager had an effective system in place to deploy staff to different areas of the home.

Recruitment practices and procedures were not safe. The registered manager told us that robust recruitment procedures were followed to make sure only suitable staff were employed. All staff and volunteers were vetted through the Disclosure and Barring Service (DBS) and records were kept of these checks in staff files. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff employment files showed that references had been checked, however, one staff file did not contain any references. Application forms did not show a full employment history and some employment listed on application forms did not have end dates, therefore it was not possible to identify if there had been gaps in employment. Interview records did not evidence that this had been investigated by the registered manager.

The failure to carry out safe recruitment practices was a breach of Regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During a medicines round we identified a number of medicines gaps on the medicines administration records (MAR). On six occasions within the month medicines had not been signed for different people. No reason had been identified on the MAR chart as to why the medicines had not been given or signed for. We did not find the medicines relating to the incidents within the monitored dosage system provided by the chemist, which suggested that the medicines had been administered but not signed for. There were no records to demonstrate that staff administering medicines since the missed signature had reported the incidents no investigations had been carried out to confirm if people had received their medicines. The registered manager not been made aware of any medicines incidents. Photographs were in place on MAR charts to assist staff to identify people when giving medicines. However, photographs were not in place for all people who received medicines which could lead to people being mistaken for others, especially where they have the same name.

This failure to administer and record medicines safely was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Medicines were kept locked in a secure room and were moved around the home using medicines trolleys which were locked and secure when unattended. Medicines trolleys were clean and well ordered.

Is the service effective?

Our findings

People told us that the food was good. One person said, “The food pleases me”. Another person said, “Very nice food here, all the meals are good”. One person told us there was “A variety of food that’s nice”. People told us that they had a choice of food.

Relatives told us that they were happy with the food. One relative said, “They [the staff] do their best to accommodate her, whatever she wants”. Two relatives told us that they had eaten at the home and enjoyed it. One relative explained that their family member needed help at mealtimes and they were confident their family member got the support they needed. Relatives told us that the home were proactive in gaining medical assistance for their family members when they were unwell.

Staff training records showed that staff had not attended training relevant to their job roles. For example, the training plan showed 48 out of 74 staff had attended first aid training, 55 out of 74 staff had attended infection control training, and 58 out of 74 staff had attended moving and handling training. Twenty five staff in total had completed dementia training and only five staff had attended training in end of life care. Training records indicated that many staff were ‘In progress’ with their training. Staff told us that they had undertaken training, some of which was through the completion of workbooks. Some staff had not undertaken specialist training relating to people’s health needs, such as; dementia care, stroke and Parkinson’s disease. Some staff had not completed, or undertaken updates, in the necessary training to support them in their job roles. People were at risk of receiving care and support that was not effective.

Most staff felt well supported in their roles. Two staff told us that they didn’t feel well supported as they had made requests for help that had not been met. Four staff told us that they had not received regular supervision meetings. The registered manager had developed an annual appraisal schedule, six staff had received an appraisal and other staff were due an appraisal in 2015. The supervision schedule evidenced that six staff out of 74 had received supervision between August 2014 and December 2014.

Staff showed they had limited understanding of the Mental Capacity Act 2005 (MCA). Only one staff member demonstrated knowledge and understanding of the MCA

and how they apply this to their role. The training record showed that only 12 out of 53 staff that provided care and support had attended MCA training. This meant that only 22% of staff had attended training relating to MCA.

This failure to provide appropriate training and supervision was a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager had an awareness of the Deprivation of Liberty Safeguards (DoLS) and had made an application to the supervisory body for one person who lived in the home. The registered manager had not realised that other people in the home required a DoLS application as people were restricted from leaving the home and were provided constant supervision and care for their own safety. The registered manager advised us that they would start this process of application and would seek advice from the local authority (the supervisory body).

Where people had capacity to do so, they had signed consent forms. These signed forms showed that people had given consent to have their photograph taken and consent to care.

Staff communicated well with people which enabled them to carry out their roles effectively. They altered their communication style to meet the needs of the people they were providing care and support for. We observed that staff members bent down to talk to people that were sitting down to ensure they were at the same level. Staff spoke loudly and clearly with people who had difficulty hearing and quietly and discreetly to others.

People had enough to eat and drink. One person said “There are always cups of tea and biscuits”. Another person told us “I get a fresh jug of orange everyday” Another person said “They [staff] ask me about drinks. I don’t always want one”. Drinks were readily available throughout the day and people were offered a choice of hot and cold drinks at regular intervals.

People were offered choices of food. The food looked and smelled appetising and people were not rushed. People who didn’t want to eat the meal that they had chosen were offered other meals as an alternative. The cook ensured that meals catered for people with special diets such as people with diabetes, vegetarian and people with food allergies. The atmosphere was relaxed and calm during

Is the service effective?

meal times, music played and people chatted amongst themselves. Staff discreetly helped people who needed assistance with cutting up their food and we observed staff gently prompting one person to eat their meal. Those who needed more help were mainly seated together, in a smaller, adjacent room. People that were supported in bed were supported to eat their meal in a safe manner. For example, we saw one person supported to move to a good position, the staff member supported the person to eat at their own pace and they adjusted the size of each spoonful and paid attention to the person's swallowing reflex throughout the process. A relative told us, "They [staff] have been supplementing her [their family member] diet with fortified drinks, and extra sandwiches, because she needed it, and I've seen them helping her to eat".

One person required their food and fluid intake to be monitored to keep them healthy. The person's care file stated that the person's weight should be monitored on a monthly basis. Staff were not aware of the food and fluid chart. We searched through other people's food and fluid charts stored in the kitchen's serving area and found a food and fluid chart for the person. This showed that food and fluid intake had not been recorded for several days. The weight chart showed that the person's weight had last been recorded on 15 September 2014 which was two months before we visited.

This failure to make adequate records relating to nutrition, hydration was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were supported and helped to maintain their health and to access health services when they needed them. Staff recognised when people were not acting in their usual manner, which could evidence that they were in pain. Staff spent time with people to identify what the problem was and sought medical advice from the GP when required. A GP visited the home during our inspection to follow up concerns reported by staff. Staff had noticed when people had become unwell and they had dealt with this appropriately. Staff had contacted the GP, hospice, social services and relatives when necessary. A relative told us, "They are on the ball, here. I went to the office when she [their family member] was unwell. They had called the GP already. I was impressed with this". The chiropodist told us that staff were, "Attentive" and they had observed staff "Offering drinks, and time, anything they need" to people. This meant that people received effective, timely and responsive medical treatment when their health needs changed.

Is the service caring?

Our findings

People told us they were happy living in the home and were happy with the staff. One person said, “Great staff, great home” and “I came to see my sister and decided to stay for good”. One person told us “The staff are lovely”. Another person told us, “I came here with my husband and he died. The staff still remember him and talk about him with me”.

All the relatives said they could visit anytime. One relative told us, “I can come when I like”. Another relative told us, “My daughter was here until quite late the other night”. All the relatives were very happy with the standard of care. One relative told us “We are absolutely happy with it [the home]. They are lovely”. Relatives commented that staff treated their family members, with kindness, affection and were polite. One relative told us how affectionate the staff were towards her family member, which she especially liked; “They are caring and loving to her, they say to her she has a lovely smile. They really engage with her”. Another relative said, “They make eye contact, and remember her good side”.

People told us that they made their own choices on a day to day basis which included, what time to get up in the morning, what time to go to bed and whether to move to communal areas of the home or stay in their rooms. Relatives confirmed this. A relative told us “Because mum was up late the other evening, a carer took her into the lounge for a small sherry, which she loved”.

Staff knew people’s likes and dislikes and were sensitive to people’s needs. For example, whilst a staff member was assisting a person to eat their lunch, they talked with the person, reminded them that they had liked the food choice before. The staff member told the person what the food was and encouraged them to eat.

Staff took care to deal with people’s anxiety or distress. One person had become confused in the evening and was heard calling out to staff. Staff responded to the person and offered time and reassurance. Staff were respectful and kind when they communicated with people and they used people’s preferred names.

Some people’s care files showed that people had been involved in making decisions about their care. It was not clear whether people had been involved in planning their own care. Records did not detail people’s involvement in developing their care plans. One relative told us, “They asked us about her [family member’s] likes and dislikes and do so much by observation”.

The registered manager was in the process of putting together information packs for people and their relatives. The packs included information about the Mental Capacity Act, advocacy services and making decisions, so that everyone had information about legislation, support available and decision making.

Staff maintained people’s privacy and dignity. Staff knocked on doors before entering rooms and covered people when they were providing assistance with their personal care. People who chose to wear skirts, were assisted to move by hoist. This made it difficult for staff to maintain the person’s dignity. Staff covered people’s legs with blankets when they supported them to move whilst in a hoist. The registered manager told us that the home has a number of privacy screens which should be used when supporting people in communal rooms, in order to protect the person’s dignity.

People’s information was treated confidentially. Files were kept in secure areas and not left unattended. Staff were discreet in their conversations with people, relatives and other staff.

The home worked closely with a local hospice to provide care and support for those people who were at the end of their life. Some care staff had attended additional training relating to end of life care. End of life care plans were drawn up to detail people’s preferences and choices. People who were provided end of life care who didn’t want to plan or talk about their death were respected and these were noted.

Care records showed that when people who were receiving end of life care the relevant healthcare professionals were involved. Their symptoms and care was constantly reviewed and amended to ensure that the person had a pain free and dignified death.

Is the service responsive?

Our findings

People told us, “A girl does paintings, someone sings. I always join in”. Another person told us, “We’ve got a singer today and we’ve had a pantomime and a concert. We have exercises too”. One relative told us that their family member had a one to one activities plan, and the coordinator often visited their family member’s room to do activities of her choice, like word puzzles. Another relative told us, “Plenty of things to do and lovely grounds”. A relatives said, “They try to include her [their family member] as much as they can. It’s good to see her socialise”.

We found that two people did not have care plans, staff had been providing care and support without detailed information about how they should do this to meet each person’s needs. Staff told us that they would ask people what care and support they needed and would check care plans for information about people. Staff told us that care information is shared at handover meetings. We looked at the handover records and these showed that a summary of each person’s health and wellbeing had been documented. People that were too poorly to tell staff what they wanted and needed or those people that were unable to tell staff would be at risk of receiving care and support that was inappropriate.

This failure to ensure that care plans are in place was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A broad range of group activities was provided throughout the week and was advertised on the home’s notice board and an individual copy was delivered to each person’s room. Additional activities had been scheduled in the home for each season such as Christmas, Valentine’s day, gardening in the summer months and fayres. People enjoyed the singing activity that took place during the inspection, this had included carol singing.

There were examples of the staff going above and beyond. One relative told us, “A carer took my mum and another lady to a garden centre, to do their Xmas shopping, on her day off, It was great”. The staff member said that they always tried to do this as they really enjoyed it too.

The management team conducted a thorough assessment of people’s needs prior to people moving to the home to ensure that they have the right equipment, skills and staff to meet each person’s needs.

The home had carried out a catering survey with people which had asked for feedback about the food. The completed questionnaires showed that people were satisfied with the food, the presentation of the food and people had listed their favourite meals and desserts.

The provider sought feedback from people through questionnaires which were sent to people who lived in the home on a six monthly basis. The registered manager was in the process of collating the completed responses. Ten people had completed their questionnaires. Seven were totally positive. One person had commented that they were unhappy about communication and they didn’t feel their privacy had always been respected. The registered manager had spoken to staff about the feedback received within staff meetings. Person centred planning workshops had been planned for January 2015 to help the staff work in a more person centred way with people.

Staff contacted healthcare professionals when people’s health deteriorated and when they noticed people were not their usual self. The GP visited the home during our inspection to visit a number of people. Relatives told us that the home maintained good contact with them. One relative said, “They phoned us when she [their family member] had an infection”. Another relative said, “They always phone, about everything”.

People had a good understanding of who they needed to talk to if they had any complaints or concerns. One person told us, “You can complain to the office if you need to”. Another person said, “I would talk to the assistant manager, I’ve met her”. Another person told us that they could approach anyone at the home if they had a problem. The complaints procedure was clearly displayed in the hall. Relatives had confidence that if they had concerns or complaints that they would be dealt with appropriately. Complaints records showed that appropriate action had been taken to acknowledge, investigate and resolve the complaint within a timely manner.

Relative’s surveys had been undertaken. Completed surveys showed that the feedback was positive. The registered manager had responded to each survey thanking each person for their responses. Where relatives

Is the service responsive?

had made suggestions or comments these had been followed up. For example, one relative had suggested the home created a monthly newsletter to keep everybody updated. This suggestion had been taken forward and a newsletter had been drafted, final changes were being

made before it was published. Another relative had suggested better security on the front door as they had been able to walk straight into the home. The manager had responded and a key coded lock had been fitted on to the front door.

Is the service well-led?

Our findings

People were well supported by staff that knew them well. People knew who to talk to if they had concerns, comments or complaints. The home had been decorated for the festive season; there were Christmas trees in most communal rooms and other decorations. Some staff wore festive jumpers and reindeer antlers and were singing carols as they worked. The atmosphere was calm, friendly and relaxed.

Relatives told us that they were happy with recent changes to the home. For example, a key pad lock had been added to the front door to improve security. One relative told us “I go to the office whenever I’m here, to talk about how she’s [their family member] been”. Several relatives mentioned the ‘lovely’ atmosphere of the home, one relative called the home, “Friendly and open”, and other relatives told us they liked the homely environment. One relative told us, there were “Homely touches everywhere”.

Staff told us that they felt confident that if they raised concerns about practice it would be dealt with properly. Staff were confident that during handover that all relevant information was discussed and they felt that communication was good. Handover meetings included all staff that were coming on shift. There was a suggestions box in the main hallway and staff felt that they could make suggestions. Staff told us that they hadn’t yet made suggestions but were planning to talk to the registered manager about suggested changes to night shift times and equipment.

There was an appropriate whistleblowing policy in place. This encouraged staff to raise concerns with external organisations including The Care Quality Commission.

The home’s website states ‘At Holywell Park we want our residents to maintain their independence as much as possible. For this reason we have flexible meal times, and allow the residents the freedom to carry out their lives as they choose. Families are welcome at any time, and are encouraged to visit as much as possible’. We observed that people were supported and encouraged to do things for themselves. Staff told us that they support people to be as independent as possible. One staff member told us they “Always give time to people to be independent”.

There were inclusive ways of communicating with people, staff, relatives and other stakeholders. The registered

manager provided a monthly report for funding authorities. Staff meetings were held frequently, relatives were able to speak to managers when they visited, by email and telephone. People were given surveys to complete to enable them to feedback about the quality of their care, quality of food and other aspects of the home. People were confident that any concerns raised would be addressed. One relative said, “If there is anything we are concerned with, it’s done at once”. Another relative said, “We could talk to the owners or the Manager, but we have no complaints. Only relief”.

Compliments had been received by the home. One read, ‘We are grateful for all the kindness shown to her [family member] and for the warm and sensitive support we received on every visit to Holywell Park’. Another read, ‘I witnessed my mum smiling for the first time in at least two years yesterday. I am so relieved and so pleased she is settling in so well’.

The registered manager was visible around the home. During our inspection the manager completed a medicines administration round whilst a nurse was otherwise occupied. The registered manager knew people well. Staff, people and relatives knew the registered manager and the owner. Night staff commented that they had less contact with the registered manager and the owner due to the nature of their shifts.

The registered manager had a good understanding of the Care Quality Commission (CQC) registration requirements. The provider had notified CQC of incidents and events that they were required to by law. For example, they had notified us of any deaths. Conditions of registration had been met because Holywell Park had a registered manager in place.

Records were not accurate and up to date. Some people did not have care plans or risk assessments in place. Information relating to one person’s food allergy had been clearly stated on their care file. The cook knew about the allergy; however there was no record of the allergy within the kitchen. This put this person at risk of harm when the cook was not working.

The registered manager completed monthly quality assurance audits in order to check that the home was performing well. These audits had not been robust enough to highlight concerns relating to care records, staffing records and medicines. New systems and procedures had

Is the service well-led?

been introduced such as supervision and appraisal scheduling. However, the schedule showed that these had not been consistent, which meant that some staff had not received supervision.

This failure to maintain accurate records and monitor the quality of the service was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Appropriate action had been taken by the registered manager to investigate staff performance concerns. Decisions made were clear, support had been put in place to ensure change and improvement.

The owner shared the maintenance plans for the home and demonstrated that they knew people by responding to questions and queries in a person centred manner.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care
Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed
Effective recruitment procedures were not in place. There were gaps in recruitment records.
Regulation 19 (1) (b) (3) (a)

Regulated activity

Accommodation for persons who require nursing or personal care
Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
People were at risk because medicines had not been appropriately administered and recorded.
Regulation 12 (1) (2) (g)

Regulated activity

Accommodation for persons who require nursing or personal care
Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care
People were at risk as proper steps had not been taken to ensure that the planning and delivery of care met the service user's individual needs. Some people did not have care plans
Regulation 9 (3) (b) – (h)

Regulated activity

Accommodation for persons who require nursing or personal care
Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance
Accurate records had not been maintained. Audits had not been robust enough to identify concerns and issues relating to care records, staffing records and medicines administration.

This section is primarily information for the provider

Action we have told the provider to take

Regulation 17 (1) (2) (a) (b) (c) (d)