

Mr & Mrs P Menon

# Holly House Residential Home

## 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?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Inadequate ●

# Summary of findings

## Overall summary

### About the service

Holly House Residential Home is a care home providing personal care and accommodation for up to 22 older people. At the time of the inspection the service was supporting 20 people in one building.

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

Risks to people had not consistently been assessed or mitigated. Care plans did not always contain the correct information within them. Staff had not consistently recorded tasks completed to evidence people's needs were being met.

Medicine management required improvement. Records did not evidence medicines were always given as prescribed and staff had not consistently recorded the required information when administering an 'as required' medicine.

People were at risk of infection. Infection prevention control measures were not all in place or effective. However, the home appeared clean during the inspection and staff and people took part in regular COVID-19 testing.

The environment was not always safe. Windows did not all have restrictors on them, hazardous substances were left accessible and fire exits were not always clear of obstruction.

Staffing levels were not always sufficient. People and staff told us at times staffing levels were too low to meet people's needs. People told us they had to wait for care tasks to be completed or call bells to be answered.

People's nutrition and hydration needs were not correctly documented. We could not be assured these needs were being met.

Choices were not always given to people and feedback had not been requested from people living at Holly House Residential Home. Dignity and respect were not consistently promoted, and people did not always receive person centred care.

Systems and processes to ensure oversight of the service were not effective. Audits completed did not identify the concerns we found on inspection. Information was conflicting.

Staff were recruited safely and understood safeguarding and the providers policies and procedures. Staff had the required training to understand and meet people's needs.

People's communication needs were documented, and the provider could format people's care plans into an accessible format if required

People were not 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 did not support this practice.

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

#### Rating at last inspection

The last rating for this service was good (published 17 May 2019).

#### Why we inspected

The inspection was prompted in part due to concerns received about coercive control from the management. A decision was made for us to inspect and examine those risks.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can see what action we have asked the provider to take at the end of this full report.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement.

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to risk assessments, medicines, infection control, staffing, oversight and person-centred care and at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

#### 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?

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 not always caring.

Details are in our caring findings below

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below

**Requires Improvement** ●

### Is the service well-led?

The service was not well led.

Details are in our well led findings below

**Inadequate** ●

# Holly House Residential Home

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

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

#### Inspection team

This inspection was completed by two inspectors.

#### Service and service type

Holly House Residential Home 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. 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.

#### Notice of inspection

This inspection was unannounced.

#### 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 spoke with seven people who used the service about their experience of the care provided. We spoke with seven members of staff including the provider, registered manager, administrator, senior care workers, care workers and the housekeeper. We spoke to spoke to one professional visiting the service.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification and requested records from the provider to validate evidence found and to evidence completed tasks. We looked at rotas, oversight, daily notes and quality assurance records. We had contact with one relative who had a loved one in Holly House Residential Home.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement: This meant 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.

Assessing risk, safety monitoring and management; Using medicines safely; Preventing and controlling infection

- We found water temperatures were recorded as over the Health and Safety Executives (HSE) recommended temperature of 44 degrees, 65 times over an eight-month period between January 2021 and August 2021. Therefore, the water temperatures at the taps were shown to be above the safe limit and could cause a scald.
- People were at increased risks of skin pressure damage. Repositioning tasks had not been recorded as completed as per the specified time frames. For example, for one person who required two hourly repositioning there were gaps of two-three days in the recording as well as gaps of 14 hours between some tasks being recorded.
- People were at risk of fire. People's personal emergency evacuation plans (PEEP) were not kept up to date. Four people did not have a PEEP completed and only two people's PEEP's had the correct room numbers on them. PEEP's are used to pass on information to the fire services in the case of a fire emergency. Not all fire escape doors were free from obstacles.
- People were at risk from ingesting hazardous substances. There was a bottle of bleach and cleaning products found in two communal bathrooms accessible to people living with dementia at Holly House Residential Home.
- People were at risk of not receiving their medicines. Medicine administration records (MAR) had gaps in the recording of the administration of medicines. There were 14 missing signatures on MAR between 9th-14th August 2021. Stock checks were not completed after a missed signature to ensure people had received their medicine.
- People were at risk of not receiving medicines as prescribed. When staff gave people 'as required' (PRN) medicines, they had not completed a reason for administering this medicine. Three people had been given a PRN medicine on multiple occasions between 9th and 14th August 2021 with no specific reasons recorded.
- We were not assured that the provider was using PPE effectively and safely. We observed a member of staff not wearing their mask throughout the inspection. The provider had not completed a risk assessment to mitigate any potential risks this may have caused due to COVID-19.
- We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises. The cleaning schedules seen on inspection had not been completed for weekends. Staff told us that care staff did not clean and the housekeepers only worked Monday to Friday 9am-1pm. We found no evidence of high touch areas such as light switches or door handles being cleaned more than once in a day.

The provider had failed to assess the risks to the health and safety of people using the service or take action

to mitigate risks and to ensure risks regarding infection control were in place. The provider had failed to ensure the safe administration of medicines had been completed. There are breaches of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We were not fully assured that the provider was preventing visitors from catching and spreading infections. Inspectors were not asked to provide any evidence of COVID-19 tests, temperatures or any recent contact with COVID-19.
- We were 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 assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

#### Staffing and recruitment

- There were not enough staff to meet people's needs consistently and safely. There were 20 people living at the service at the time of inspection. PEEP's identified that 15 people required 1;1 support in case of a fire to safely evacuate. Care records evidenced one person was cared for in bed and required 1;1 support for eating and drinking, personal care and mobility needs. One person could display behaviours that challenge, and records evidenced that for one incident four staff were required to support them. Staffing levels put people at risk of not having their needs met.
- The provider told us they required three staff per day shift and two staff per night shift to meet the needs of the people living at Holly House Residential Home. Rotas from 16th- 30th August 2021 evidenced that on five-day shifts there were only two staff working and on one-night shift there was only one staff working.
- Staff and people told us there were not always enough staff on duty. One person told us, "There's not enough staff, they get you up, washed and dressed and do the basics, I think sometimes there's only two staff working." A staff member said, "Two staff is not enough, sometimes we need more than three staff to meet everyone's needs. Residents are left waiting as there is not enough of us."

The provider had failed to ensure sufficient numbers of staff were deployed. This was a breach of Regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff were recruited safely. The provider completed pre-employment checks such as references and Disclosure and Barring Service (DBS) checks. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with vulnerable adults, to help employers make safer recruitment decisions

#### Learning lessons when things go wrong

- Incidents and accidents had been recorded and analysed. However, we found no evidence of lessons learnt or sharing these finding with staff.

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

- The provider had safeguarding and whistleblowing policies and procedures in place. Staff understood signs of abuse and knew how to report it.
- People told us they felt safe. One person said, "I do feel safe, feel comfortable with the staff and manager."



# 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 good. At this inspection this key question has now deteriorated to requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;  
Supporting people to eat and drink enough to maintain a balanced diet

- Staff did not always have the information required to deliver care safely. Care plan's held incorrect information. One person's care plan stated they required slightly thickened fluids, staff were required to monitor and record urine output and bowel movements. However, staff told us that this was incorrect, and we found no evidence of thickener being used or bowel movements and urine output being recorded.
- People were at risk of not having their hydration and nutritional needs met. One person's care plan stated they required a high fibre diet and another person's care plan stated they required a diabetic diet and sugar substitutes in meals and drinks. Staff and the provider told us this was incorrect. Records evidenced that these needs had not been considered regarding the food and fluids they were offered.
- People told us they were not given choices of meals. Evidence submitted after the inspection showed two choices of meals. However, this was inconsistent with the recordings of food temperatures which evidenced only one meal being cooked on most days. One person said, "No, no choice [of food]. Don't even know what we're having today." Another person told us, "There's no choice now [of food]. They don't ask you what you want they bring you what they want. I don't know what's for dinner today."
- People needs had not been fully assessed and recorded. One person who had required physical interventions previously, had no details recorded regarding the agreed techniques within their care plans or risk assessments.

The provider had failed to ensure a comprehensive assessment of needs was completed and people's preferences were met. This was a breach of Regulation 9 (person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

- Most staff had received adequate training to meet the needs of the people they supported. Staff had received training in fire, moving and handling of people, dementia, skin integrity, first aid and food safety.

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

- The environment was not always safe for people. Not all windows had window restrictors in place. A window restrictor is used to ensure people don't fall from a height. The provider arranged for these to be put on after the inspection.
- The service supported people with dementia. However, there were no dementia friendly signs in place to support people to navigate the building.

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

- Staff contacted relevant professionals to support people with their healthcare needs. We saw evidence of staff contacting the GP when people's health needs deteriorated and contact with the mental health team when people's mental health required support.
- When people required support with injuries, we saw involvement with the district nursing team being sought.

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 , and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Mental capacity assessments had been completed and the relevant people were involved in making best interest decisions for people who lacked the capacity to decide for themselves.
- The provider had submitted DOLs applications appropriately.

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence; Supporting people to express their views and be involved in making decisions about their care

- We observed staff brushing people's hair in a communal area using the same hairbrush. This meant people's dignity had not been respected.
- People did not feel that staff always responded to their needs. One person said, "I don't use the call bell often, I get the impression they [staff] don't want to be bothered. When I do call, they don't come quickly." Another person told us, "When I'm in my room I can ask for a drink but then they say, 'we haven't got that'. We get a small glass of squash with lunch in the dining room. In my room have a jug of water, staff used to fill it up but now staff are new they don't know, so I fill it up."
- Not all people were supported to be involved in their care planning. One person told us, "They never come and talk to me about my care." There was limited evidence in people's care plans that people were involved in their care planning or had been involved in choices relating to their care.
- There was no evidence to show people had consented to information being shared with friends or families.
- People were not always given choice and control. People told us they did not always have choices offered. Two people told us they were never offered coffee; they were only given tea. Another person told us, "How often I have a shower depends on staff, they're very short staffed at the moment. When I first came, I had one once a week, now I have to beg one, my last shower was a couple of weeks ago."

The provider had failed to design care and treatment with the view to achieving people's preferences and ensuring their needs are met. This was a breach of Regulation 9 (person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us staff respected their privacy when completing tasks. One person said, "Staff are respectful when helping [me], they [staff] knock the bedroom door before coming in."
- A relative told us, they felt the management team were compassionate and supported their relative with kindness.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs. (Ensure there is a full stop at the end of the sentence)

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them;

- People did not always receive person centred care. Care plans evidenced that specific needs required monitoring and recording. However, we found no evidence of these needs being recorded or completed. Two people's care plan stated they required repositioning, this had not been recorded and staff told us they did not complete these tasks. Another person was given their fluids via a syringe. However, this had not been recorded in their care plan and there was no evidence of professional advice being sought to justify this route for fluids and that this would be in the persons best interest.
- People told us, and we observed that communication between people and staff could be difficult due to some staff's understanding of the English language. One person told us, "I had one staff who couldn't speak English, a few weeks back. They couldn't understand me, and I couldn't understand them." During the inspection we witnessed staff talking to each other in a foreign language. This did not promote good communication between staff and people.
- People were not supported engage in activities. During the inspection we completed a SOFI which evidenced very little staff interaction with people. People told us they did not get offered activities daily. One person told us, "No [activities], [staff have] not offered anything." Another person said, "They [staff] sometimes play with a ball, but that is only occasionally."
- There was evidence of people's religious or cultural needs recorded. Care plans stated if a person had a religion, but we found no further details identifying how staff could support the person to meet this need.

The provider had failed to ensure a comprehensive assessment of needs and had had failed to ensure care and treatment met people's needs and preferences. This was a breach of Regulation 9 (person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs had been recorded within their care plans.

- The provider told us they could adapt people's care plans and policies into a more accessible format such as, a different language or large print.

#### Improving care quality in response to complaints or concerns

- The provider told us they had not received any complaints. However, CQC were aware of a complaint from a relative. The provider had recorded this complaint as safeguarding so had not followed their complaints procedure.
- Policies and procedures were in place for complaints. People and staff knew how to complain, but we received mixed views on how complaints were dealt with. One staff told us, "I know others [staff] have complained, but nothing gets done." However, another staff said, "I can speak to the managers and they will listen and do [what is needed]."

#### End of life care and support

- The service supported people with end of life support. However, we found no end of life care plans completed. The provider had an action plan to get these completed by November 2021.
- Staff had received end of life care training.

# 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. At this inspection this key question has now deteriorated to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Systems and processes to ensure risks to people were assessed and mitigated were ineffective. Not all risk assessments had been completed. This put people at risk of scalding, inappropriate restraint and fire.
- The provider did not have sufficient systems in place to identify when support and care was not delivered in line with best practice. There were gaps in recording of repositioning checks and not all daily tasks were recorded by staff. This meant there was a risk of people not receiving their planned care and the risk of unsafe care would not be identified.
- The provider did not have adequate systems in place to make sure people received person-centred care. People's care plans were not up to date and did not contain sufficient information on people's holistic needs. For example, how a person is supported with fluids or what physical interventions have been agreed to use. This put people at risk of not receiving person centred care that met their individual needs.
- Systems and processes to review and update people's care plans and risk assessments were ineffective. Care plans held incorrect information. This put people at risk of not having their needs met.
- Systems and processes to protect people from inappropriate physical interventions required improvement. Records of restraint were not completed as per the providers policies and procedures.
- Systems and processes to protect people and staff from environmental risks were not in place. Audits had not identified or mitigated risks of not having a window restrictor in place and the use of hazardous substances being accessible to people living with dementia.
- Medicine audits were completed; however, they did not identify or mitigate the concerns found on inspection regarding PRN reasons not being completed and missed or incorrect recording on the administration of medicines. This put people at risk of not receiving medicines as prescribed.
- Information received from the provider after the inspection was contradictory to the evidence seen on inspection and what staff and people told us. For example, food temperatures sent after the inspection did not tally with the food choices staff recorded for people. Cleaning schedules which had not been completed on inspection were completed when sent to CQC. Staff and people told us; food choices were not offered. However, the provider sent in food menus and choices made.

The provider failed to ensure adequate systems and processes were in place to assess, monitor and improve the quality and safety of the care provided. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People were not asked to feedback on the service they received. One person said, "I have never been asked to feedback."
- Five relatives had given feedback on the service in 2021. These responses were positive.
- Staff told us, although they did not attend regular meetings, the registered manager and provider were often present in the service and staff could speak to them as required.

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

- The registered manager understood their responsibility under the duty of candour. The duty of candour requires providers to be open and honest with people when things go wrong with their care, giving people support and truthful information.
- Staff knew how to whistle-blow and knew how to raise concerns with the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns acted upon.

Working in partnership with others

- The provider worked closely with the district nursing team and the local GP to meet people's health needs.

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	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The provider had failed to ensure a comprehensive assessment of needs were completed.</p> <p>The provider had failed to design care and treatment with the view to achieving people's preferences and ensuring their needs are met.</p>



This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to assess the risks to the health and safety of people using the service or take action to mitigate risks.</p> <p>The provider had failed to ensure infection prevention and control measures protected people from risks of infection.</p> <p>The provider had failed to ensure the safe administration of medicines had been completed.</p>

### The enforcement action we took:

Warning Notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to ensure adequate systems and processes were in place to assess, monitor and improve the quality and safety of the care provided.</p>

### The enforcement action we took:

Warning Notice.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider had failed to ensure sufficient numbers of staff were deployed.</p>

### The enforcement action we took:

Warning Notice.