

The Hollies

The Hollies

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service:

The Hollies is a residential care home, providing personal care and accommodation for up to 4 people. There were 3 people living at the home at the time of the inspection. The home was divided into two separate floors with shared kitchen, lounge, gardens and dining room areas.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

What life is like for people using this service:

People and their relatives were placed at the heart of the service and were involved in choosing their care and support, from pre-admission to living in the home.

People received kind, responsive person-centred care from staff who supported them in a homely environment.

The staff team worked hard to promote people's dignity and prevent people from becoming socially isolated.

People were involved in making decisions about the service, and their day to day lives.

Staff understood how to keep people safe and embraced team working to reduce potential risks to people. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People using the service benefited from a well led service. The service was led by a registered manager who was also the provider, they were committed to improving people's lives.

Partnership working enabled people to maintain their wellbeing.

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

Rating at last inspection: The last comprehensive inspection report for The Hollies was published in December 2016 and we gave an overall rating of Good with a rating of Requires Improvement in Well Led. At this inspection we found the service continued to be Good and have rated the service as Good in all areas.

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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?

Good ●

The service was Safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was 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?

Good ●

The service was 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:

The inspection team consisted of one inspector.

Service and service type:

The Hollies is a care home. People in care homes receive accommodation and personal care. 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 (CQC). 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:

The inspection took place on 10 July 2019 and was announced two hours before our visit. We announced our visit to ensure the registered manager was available to speak with us.

What we did when preparing for and carrying out this inspection:

We reviewed information we had received about the service since the last inspection. This included information received from the provider about deaths, accidents and incidents and safeguarding alerts which they are required to send to us by law. We used information the provider sent to us in the Provider Information Return. This is information we require providers to send us at least once a year to give some key information about the service, what the service does well and improvements they plan to make. We requested feedback from the Local Authority quality monitoring officers. We used all this information to plan our inspection.

During our inspection visit we spoke with all three people living at the home. We spent time with people to see how staff supported them. We also spoke with the deputy manager, the housekeeper and the registered

manager.

We reviewed a range of records, including two people's care records and medication records. We also looked at records relating to the management of the service, including audits and systems for managing any complaints. We reviewed the registered manager's records of when checks were made on the quality of care provided.

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 remained Good.

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

Assessing risk, safety monitoring and management

- Risks to people were assessed and mitigation plans were in place to reduce risks. Where people were at risk of developing anxiety staff took this into account when supporting them, monitoring their levels of anxiety and using personalised techniques of distraction and intervention to keep people safe.
- All identified environmental risks had an associated risk assessment in place which guided staff how to mitigate risks. Equipment was maintained, and the fire alarm system was fit for purpose.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training and understood their roles and responsibilities in keeping people safe. Staff told us they would report any concerns if they suspected abuse and had confidence the registered manager would investigate.
- The registered manager understood their legal responsibilities to protect people and share important information with the local authority and CQC. Notifications about specific events had been sent as required.

Learning lessons when things go wrong

- Staff knew how to report and record accidents and incidents. The registered manager was responsible for analysis of accidents and incidents to identify patterns and trends and prevent a reoccurrence. Learning from incidents were shared with staff.
- Where staff made any errors in recording people's care and support, the registered manager and deputy manager reviewed errors, to learn how things could be improved in the future.

Staffing and recruitment

- People and staff told us they felt there were sufficient staff to safely meet people's needs, as staffing levels were based around people's assessed health and care needs. Throughout our inspection visit we saw people's needs were met in a timely way. Staff were not rushed and had time to spend with people.
- The registered manager undertook background checks of potential staff to assure themselves of the suitability of staff to work at the home.

Preventing and controlling infection

- The service was well presented, clean and tidy. Housekeeping staff were employed to maintain a standard of cleanliness at the home, which also maintained a feeling of a family home.
- Staff received training in infection control and worked in line with NHS England's Standard Infection control

precautions and national hand hygiene protocols.

Using medicines safely

- The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.
- The registered manager and deputy manager administered medicines and were trained in medicine administration.
- Medicine Administration Records (MAR) were completed as required and people had their prescribed medicines available to them when they needed them.

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 continues to be rated as Good.

Good: This meant people's outcomes were consistently good, and feedback confirmed this. Regulations were met.

Staff support: induction, training, skills and experience

- People felt staff had the skills they needed to effectively support them.
- Staff told us they received an induction when they started work which included working alongside an experienced member of staff. The provider's induction procedures and ongoing training provided staff with the skills and competencies to carry out their role effectively.
- Staff told us they felt supported by the registered manager and their deputy.
- Staff received relevant, ongoing refresher training for their roles. The provider maintained a record of staff training, so they could identify when staff needed to refresh their skills.

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

- Prior to people moving into the service, the registered manager undertook a comprehensive needs assessment. This was done in consultation with people, advocates and family members. This assessment was used to determine if the service could meet the person's needs and to inform their care plan.
- Protected characteristics under the Equality Act were considered. For example, people were asked about any religious or cultural needs so these could be met. The provider had policies in place to ensure they protected people's, and staff's rights, regarding equality and diversity.

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

- People chose what they ate and drank. People were offered a range of visual choices at mealtimes, to ensure food met their support needs and preferences. One person said, "I really like the food."
- People's dietary preferences were met and respected by staff. For example, where people required a soft diet, pureed diet, or were vegetarian, different food options were available.
- People were referred to healthcare professionals when dietary guidance was needed.

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

- Areas of the home were designed to support people with their specific needs. People had individually decorated bedroom doors with photos or objects important to them to help them identify their bedroom.
- The home provided people with a secure and safe outside garden area and patio area.

Staff working with other agencies to provide consistent, effective, timely care

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

- Staff communicated effectively with each other. There were systems in place, such as daily care records, handover meetings and a communication book to share information amongst staff. This meant that staff knew when changes occurred that might affect people's support needs.
- Staff considered people's feelings, and regularly checked if people were okay. For example, we saw staff checked if people were anxious, felt well, or needed help with their daily tasks or plans.
- People had access to health professionals. People saw their doctor, dentist and other health professionals when needed to maintain their health. Where advice was provided from health professionals, care records were updated, and the advice was discussed with people and their representatives to ensure they understood how this might impact on their health.

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 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 some 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.

- We found the management team and staff were working within the Act.
- Where people had restrictions placed on their care, appropriate DoLS applications were made to the local authority.
- Care staff understood the importance of gaining people's consent and explaining what was happening.
- People's capacity to make decisions had been assessed and 'best interests' decisions had been made with the involvement of relatives, staff and health care professionals where required.

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 continued to be rated as Good.

Good: This meant people were supported and treated with dignity and respect; and involved as partners in their care. Regulations were met.

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

- People described the care provided as being 'very good'. One person told us, "I like it here." Another person said, "I choose to come here because I like the homely atmosphere."
- Staff communicated with people in a warm and friendly manner. People's responses, body language and actions indicated they were well treated and enjoyed the company of staff and each other.
- The provider and staff respected people's equality and diversity, and protected people against discrimination. Staff were recruited based on their values and abilities. People and staff were treated equally according to the guidance on protected characteristics.
- Staff knew about people's cultural and diverse needs and how this may affect how they required their care. For example, respecting people's spiritual needs or choices.

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

- People could all communicate their wishes verbally. We saw easy read documents, documents in picture format, and information in different languages was available where required.
- People had communication plans in place, which instructed staff on how each person communicated and the best ways to involve people in decision making. This meant people were involved, as much as possible, in making decisions about their care and treatment.
- People had regular reviews to discuss their health and support needs with their representatives, to make decisions about how their care should continue to be delivered.

Respecting and promoting people's privacy, dignity and independence

- Care Staff respected people's individual privacy in the home by knocking on doors before entering their room, and by providing people with space to be alone when they needed it.
- People were supported to maintain relationships with those that mattered to them. Friends and families could visit people when they wished, and people regularly stayed with their family on home visits. Private areas were available for people to spend time together when needed or requested.
- The service complied with data protection law. The information we saw about people was either kept in lockable cabinets in locked offices or on password protected computers. This meant people's private information was kept securely.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good.

Good: This meant people's needs were met through good organisation and delivery. Regulations were 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.

- Each person had care plans and records to show their health and support needs. Care plans covered topics such as people's physical and health needs, their life history, activity engagement, hobbies, daily routines, preferences and risk assessments.
- Care records were written with the person, their family members and professionals. Records were reviewed and updated regularly. This meant care records were relevant and based around each person's individual needs and staff knew how to support them in the best way possible.
- Activities took place with individuals, based on their personal preferences, each day. Staff consistently looked for opportunities to engage with people during our inspection visit.
- People chose whether they went out each day, spent time alone, or spent time with staff in the communal areas of the home and the gardens which provided people with access to animals, for example, dogs, goats, peacocks, horses and chickens.
- When people engaged in activities and hobbies they enjoyed, staff kept records of these to base future activities on, and to help reminisce about things they had enjoyed. For example, Birthday celebrations, arts and crafts, trips out in the local community.
- Some people attended weekly visits to a local community centre to increase their access to activities and to meet socially with friends.

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 carer.
- Staff demonstrated they knew people well and what support each person required to keep them safe and make decisions about their everyday lives. Where people had specific disabilities that affected their communication, the provider used a range of techniques to communicate with people such as specific words, large print and pictures.

Improving care quality in response to complaints or concerns

- People told us they knew how to raise concerns or complaints with staff and the management team if they needed to. A typical comment was, "I have no complaints."

- The provider had a complaints policy and procedure that staff were aware of and these had been provided to people in an easy read format and large print. The easy read and different format information informed people how to keep themselves safe and how to report any issues of concern or raise a complaint.
- The service had a complaints log where all complaints were recorded. There had been no complaints for the previous 12 months.

End of life care and support

- People and their relatives were supported to make decisions and plans about their preferences for end of life care. No-one at the home at the time of our visit was receiving palliative care.
- Advance planning took account of people's wishes to meet their individual cultural and religious preferences.

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 improved to Good.

Good: This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care. Regulations were met.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people. 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. Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The home was managed by an experienced registered manager, who also lived at the home. They had recruited a volunteer to work at the home two or three days per week, to support them as their deputy manager, who also had experience of a managerial role in the care sector.
- The systems in place focused on the individuals using the service and sought to meet their needs and provide them with good quality care. The home was run as a family home, with people living as a family unit with the registered manager so that people received person centred care by staff who knew them well.
- People and staff told us the managers were always available, had an 'open door' policy, and were approachable.
- The provider ensured staff, people and their relatives could attend regular meetings and events at the home to share their feedback about the service with managers. For example, relatives were invited to attend regular events at the home to support their relations with raising feedback.
- Staff were asked for their contributions and feedback. The new deputy manager explained, "We all work together as a team and make suggestions about how the service is managed. The registered manager is really open to advice and suggestions."

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

- The whole staff team had an understanding of their roles and responsibilities toward people living in the home and embraced further learning, so people received the best care and support possible.
- The management team ensured staffing practices met their expectations by working alongside them, where they demonstrated best practices.
- The registered manager understood their regulatory responsibilities. For example, they ensured that the rating from the last Care Quality Commission (CQC) inspection was displayed, there were systems in place to notify CQC of incidents at the home.

Continuous learning and improving care

- The registered manager and deputy manager undertook audits and looked for continuous ways where improvements could be made.

- Audits included checks on medicines, care records and health and safety.
- All actions from audits were added to an improvement action plan the registered manager oversaw.

Working in partnership with others

- The service had links with external services, such as government links to renewed best practice guidance, charities and commissioners of services. These partnerships demonstrated the registered manager sought best practice to ensure people received good quality care and support.
- The registered manager actively sought opportunities to work with other bodies to increase people's enjoyment in life. For example, local community centres, charities and local events to increase people's opportunities for social interaction.