

Banesh Bhatoollall

Holly House Residential Home

Inspection report

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Kettering
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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

Holly House Residential Home accommodates and cares for up to 26 older persons with a range of mainly age related dependencies, including people with dementia care needs. There were 17 people in residence when we inspected, two of whom were in hospital. At the last inspection in March 2015 the service was rated 'Good'. At this inspection we found that the service remained 'Good'.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 2008 and associated regulations about how the service is run.

People continued to be kept safe by sufficient numbers of appropriately recruited staff that had the skills and training they needed to do their job competently.

People were encouraged and enabled to make choices about their care. Decisions made by staff that affected the care and treatment of people that lacked capacity were implemented in the least restrictive way and in the person's best interest.

People continued to be treated with dignity and their individuality was respected. Their needs were met in a timely way by a conscientious and compassionate staff team.

People were safeguarded from harm and poor practice. Risks associated with people's capabilities to do what they could for themselves were assessed, reviewed, and acted upon to minimise the likelihood of accidents.

People's medicines were appropriately and safely managed. People received timely treatment from other community based healthcare professionals when this was necessary. People were supported to maintain good health and nutrition.

People continued to be cared for by staff that had access to the support, supervision, and training they needed to work effectively in their roles. There continued to be good leadership with regard to the management of the home.

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 remained safe.

Is the service effective?

Good ●

The service remained effective.

Is the service caring?

Good ●

The service remained caring.

Is the service responsive?

Good ●

The service remained responsive.

Is the service well-led?

Good ●

The service remained well-led.

Holly House Residential Home

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.

This unannounced comprehensive inspection was carried out by an inspector and took place on the 18 May 2017.

Before our inspection we reviewed the information we held about the service. This included previous inspection reports, information received and statutory notifications. A statutory notification is information about important events which the provider is required to send us by law. The provider had also previously completed a Provider Information Return (PIR.) This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We contacted the health and social care commissioners who help place and monitor the care of people living in the home to check if they had information about the quality of the service. We also contacted 'Healthwatch' to check if they had any information about the home that we needed to know about.

We took into account people's experience of receiving care and to help us do this we used the 'Short Observational Framework Inspection (SOFI)'; SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at the care records for three people. We spoke with three people that received care and two relatives that were visiting the home. We also spoke with five staff individually, including the registered manager, assistant manager and three care workers.

We looked at three records relating to staff recruitment and training as well as records relating to quality monitoring and the day-to-day running of the home, such as daily care records. We also looked at the communal areas within the home and two bedrooms.

Is the service safe?

Our findings

People's needs were safely met by sufficient numbers of competent staff on duty. Staff had the time they needed to focus their attention on providing people with safe care. One relative said, "I have no anxieties at all about (relative's) being looked after here. (Relative) is well looked after and kept safe and happy."

People's care needs were regularly reviewed by staff so that risks were identified and acted upon as their needs and dependencies had changed. Risk assessments were included in people's care plans and had been updated to reflect pertinent changes and the actions that needed to be taken by staff to ensure people's continued safety.

Staff acted upon and understood the risk factors and what they needed to do to raise their concerns with the right person if they suspected or witnessed ill treatment or poor practice. Staff understood the roles of other appropriate authorities that also have a duty to respond to allegations of abuse and protect people, such as the Local Authority's Safeguarding Adults' team.

People's medicines continued to be safely managed and they received their medicines and treatment as prescribed by their doctor or other healthcare professional. All medicines were competently administered by trained staff.

The communal and private areas in the home continued to be appropriately maintained throughout to ensure there were no hazards compromising people's safety.

Is the service effective?

Our findings

People received appropriate and timely care from a staff team that knew what was expected of them. People's needs were met by staff that continued to be regularly supervised and had their job performance regularly appraised so that they were effective when carrying out their duties.

People received healthcare treatment from community based professionals that visited the home. Suitable arrangements continued to be in place for people to consult their GP. Staff had also acted upon the advice of other professionals that had a role in deciding changes to people's treatment.

People's nutritional needs were met. One person said, "I like the meals and I always get plenty to eat and drink." People that needed assistance with eating or drinking received the help they needed from the staff. Where necessary, staff acted upon the guidance of healthcare professionals that were qualified to advise them on people's individual nutritional needs, such as special diets or food supplements.

People received their care from staff that were working within the principles of the Mental Capacity Act 2005 (MCA). The 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 decisions made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). As much as practicable people were encouraged to do things for themselves. Staff remained mindful of each person's capabilities to manage daily living tasks so that people consistently received the appropriate level of support they needed.

Is the service caring?

Our findings

People were supported by care staff that were compassionate and attentive. One relative said, "They (staff) have always got a kind word for (relative). That means a lot. A smile and a joke keeps (relative) relaxed and happy. They (staff) are all friendly."

People's individuality was respected by care staff that directed their attention to the person they engaged with. Care staff spoke with people calmly, used words of encouragement, and their good humoured yet purposeful manner was in keeping with sustaining a relaxed ambience

People were supported at their own pace and they were not rushed to do things. Care staff responded promptly, however, when people needed assistance or reassurance and they were familiar with people's individual behaviours and what to look out for with regard to whether the person was unhappy and needed their attention. People were approached by care staff that took time to explain what they were doing without taking for granted that the person understood what was happening around them. Care staff used people's preferred name when engaging with them.

Care staff were able to discuss how they facilitated people's choices in all aspects of their care, for example what they liked to wear, when they wanted to retire to bed, or how they preferred to occupy themselves. Relatives and other visitors were encouraged and welcomed.

People's dignity and right to privacy was protected by care staff. People's personal care support was discreetly managed by care staff whenever such assistance was required. Care staff made sure that toilet and bathroom doors were kept closed, as were bedroom doors, when they attended to people's personal care needs.

Is the service responsive?

Our findings

People continued to receive the care they needed in accordance with their care assessments, whether on a day-to-day basis or over a longer period as their dependency needs changed over time. People benefited from receiving care from staff that were knowledgeable about their needs and that responded promptly if they needed attention.

People's ability to care for themselves had been initially assessed prior to their admission to the home. People that were still able to make some decisions, however simple, about their care had been involved in keeping their care plan up-to-date. Their preferences for how they wished to continue receiving their care, as well as their past history, interests and beliefs were taken into consideration when their care plan was updated. The staff were able to tell us about how each person's individual choices and preferences had changed over time. If a person's ability to share their views had been compromised then significant others, such as family members, were consulted about the person's changing needs.

People that preferred to keep their own company were protected from social isolation because staff made an effort to engage with them individually. People could freely choose to join in with communal activities if they wanted to. These activities suited people's individual likes and dislikes. One person said, "They (staff) know I like to keep my own company but they (staff) still ask me if I want to join in with what's going on."

People, or someone that represented them, knew how to make a complaint if they were unhappy with the service provided. The provider had an appropriate complaints procedure in place, with timescales to respond to people's concerns and to reach a satisfactory resolution whenever possible. One relative said, "I know if I'm not happy about anything I can raise it with the manager. They (staff) are all very approachable."

Is the service well-led?

Our findings

People benefitted from having an experienced registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 2008 and associated Regulations about how the service is run.

People were assured of receiving care in a home that was competently managed on a daily basis. There continued to be a low turnover of staff and over the years this has provided people with stability and sustained a positive team spirit. The staff we spoke with continued to be satisfied with the level of managerial support and supervision they had received to enable them to carry out their duties. The registered manager had the necessary knowledge and acquired experience to motivate the care staff to work well together as an effective team. There was also an assistant manager in post to provide additional support for the staff team.

People were assured that the quality of the service provided was appropriately monitored and improvements made when required. Care staff had been provided with the information they needed about the 'whistleblowing' procedure if they needed to raise concerns with appropriate outside regulatory agencies, such as the Care Quality Commission (CQC). One staff member said, "We have confidence in them (the registered manager and assistant manager) and know we can go to them if we are not sure about anything or worried about a particular person. They encourage us to speak up."

People's care records were fit for purpose and had been regularly reviewed by the care staff team. Care records accurately reflected the daily care people received. Records relating to care staff recruitment and training were also fit for purpose. They were up-to-date and reflected the training and supervision care staff had received. Records relating to the day-to-day management and maintenance of the home were kept up-to-date. Records were securely stored when not in use to ensure confidentiality of information. Policies and procedures to guide care staff were in place and had been routinely updated when required. People's entitlement to a quality service was monitored by the audits regularly carried out by the registered manager and care staff team.