

P B Residential Care Limited

Holly House Care Home

Inspection report

124 High Street
Burringham
DN17 3LY
Tel: 01724 782351
Website: www.hollyhousecarehome.net

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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 

Overall summary

We undertook this unannounced inspection over one day, on 15 September 2015. The service was last inspected on 14 August 2013 when it was found to be compliant with the regulations inspected.

Holly House Care Home provides accommodation and personal care for up to 49 older people some of whom may be living with dementia. The service is situated in the village of Burringham, close to Scunthorpe and its facilities. At the time of our inspection there were 17 people using the service.

Holly House Care Home consists of three separate interlinked buildings. Communal facilities are provided

with a dining room and various lounges. There is a lift to assist people with accessing the upper floors. Secure garden areas are available and there is ample parking space.

There was a registered manager in place. 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 2008 and associated Regulations about how the service is run.

Summary of findings

Staff understood their roles and responsibilities for reporting safeguarding or whistleblowing concerns about the service and training in this area had been provided to them, to ensure they knew how to recognise signs of potential abuse.

A variety of training was regularly provided to staff to enable them to safely carry out their roles. Regular supervision and appraisals of staff skills were undertaken to enable their individual performance to be monitored and help them develop their careers.

Recruitment checks were carried out on new staff to ensure they were safe to work with vulnerable people and did not pose an identified risk to their wellbeing.

People who lacked the capacity to make informed decisions were supported by staff who had received training about the promotion of people's human rights to ensure their freedoms were not restricted. Systems were in place to ensure decisions made on people's behalf were carried out in their best interests.

People were able to make choices from a variety of nutritious and wholesome meals and assessments about their nutritional status and associated risks were monitored with the involvement of specialist health care professionals when required.

People received their medicines as prescribed and systems were in place to ensure medicines were managed safely.

A range of opportunities were provided to enable people to engage and participate in meaningful activities.

There was a complaints procedure in place to enable people to raise concerns about the service and people knew how to raise a complaint. We found evidence to confirm complaints were investigated and resolved wherever this was possible.

Regular management checks were carried out to enable the quality of the service to be assessed and enable the identification of any changes required to ensure the service could learn and develop.

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 safe.

Staff understood their responsibility to ensure people who used the service were safeguarded from harm. Training on this had been provided to staff to enable them to recognise potential signs of abuse and report this when required.

Appropriate recruitment procedures had been followed to ensure staff did not pose a potential risk to people who used the service.

Staffing levels were assessed according to the individual needs and dependencies of the people who used the service.

People's medication was handled safely and their individual care plans contained information and risk assessments about them to help staff support them safely.

Good



Is the service effective?

The service was effective.

Staff received a range of regular training to help them support people who used the service.

People were supported to make informed choices and decisions about their lives. Assessments had been completed where people lacked capacity to make informed decisions about their care. The legal requirements relating to Deprivation of Liberty Safeguards [DoLS] were met.

People who used the service were provided with a choice of wholesome meals and their nutritional needs were monitored to ensure they were not placed at risk from malnutrition or dehydration.

Good



Is the service caring?

The service was caring.

People were encouraged to maintain their independence where possible and a personalised approach was delivered for meeting people's individual needs.

Information about people's needs was available to help staff support and promote their health and wellbeing.

Staff demonstrated compassion and consideration for people's needs and engaged sensitively with them to ensure their privacy and personal dignity was respected. People's right to make choices about their lives were upheld.

Good



Is the service responsive?

The service was responsive.

A range of opportunities were available to enable people to engage in meaningful social activities and ensure their personal wellbeing was promoted.

People's care plans contained information about their personal likes and preferences which staff respected.

Good



Summary of findings

Health care professionals were involved in people's care and treatment and staff made appropriate referrals when required.

People knew how to make a complaint and were confident they would be investigated and resolved whenever this was possible.

Is the service well-led?

The service was well led.

People and their relatives were consulted about the level of service provided. This enabled them be involved with important decisions and to influence how the home was run.

A range of regular management checks were carried out to enable the quality of the service people received to be assessed and to identify where any changes were needed.

Good



Holly House Care Home

Detailed findings

Background to this inspection

We carried out this unannounced 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 registered 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 inspection was unannounced. The inspection team consisted of an adult social care inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for older people and people living with dementia who used this type of care service.

Before the inspection, we asked the provider to complete a Provider Information Return [PIR]. This asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. The local authority safeguarding and quality

performance teams were contacted before the inspection took place, to ask them for their views about the service. We also looked at the information we hold about the registered provider.

During our inspection we observed how staff interacted with people who used the service and their relatives. We used the Short Observational Framework for Inspection [SOFI] in the communal areas of the service. SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

We spoke with six people who used the service, four visiting relatives, three members of care staff, a senior care staff team leader, catering and maintenance staff, an office administrator, the registered manager and a registered manager from a sister home who was visiting.

We looked at three care files belonging to people who used the service, four staff records and a selection of documentation relating to the management and running of the service. This included staff training files and information, staff rotas, meeting minutes, maintenance records, recruitment information and quality assurance audits. We also undertook a tour of the building.

Is the service safe?

Our findings

People who used the service told us they felt safe in the home and trusted the staff. One person said, "I really like it here and yes, I feel very safe." Another person told us, "Yes, I feel quite safe, I have been here quite a while and the staff are alright as far as I am concerned." People told us care staff looked after them well and commenting on this one person said, "I do feel safe, during the day the staff are around and during the night, staff come two or three times to look in on me" they also told us they were a poor sleeper and care staff, "Bring me tea during the night" to which their visiting daughter added, "And chocolate."

One visiting relative told us, "Both myself and my brother can have peace of mind that [name] is treated very well here" whilst another commented, "It broke my heart to bring [name] in to a care home, but now I can sleep at night because she is in such a good place."

A visiting relative told us their mother had experienced a number of falls in the past and said, "My mum tries to be too independent and there is a risk of her falling, so staff have made every effort to keep her safe in the kindest of ways."

There was evidence in people's personal care files that assessments had been completed about known risks to them, together with guidance for staff on how these were managed to enable people to be supported and their safety to be positively promoted. We saw that people's risk assessments were updated and reviewed on a regular basis to ensure accidents and incidents were safely managed and action taken to minimise future occurrences.

We found people's care files contained dependency assessments about their needs which enabled the registered manager to ensure there were sufficient staff available. People told us that overall there were enough staff. One relative told us, "You can always find someone if you need them, in my experience they respond very quickly to the buzzer." However one person did say whilst they did not wish to, "Pull anyone down, some staff are better than others" and that, "They have got a job to do get on a do it." Their visitor explained, "There are only two staff on at night and sometimes [Name] has to wait if they are seeing to another resident." They went on to say, "Staff generally

come as quick as they can in answer to the bell." We spoke to the registered manager about this and they told us they would review the night staffing cover to ensure they respond to people's needs in a timely way.

There was evidence new employees backgrounds were checked before they were allowed to start work in the home to ensure they did not pose a potential risk to people who used the service. We saw this included recruitment checks and clearance from the Disclosure and Barring Service [DBS] to ensure potential applicants were not included on an official list that barred them from working with vulnerable adults. There was evidence in staff files that references had been appropriately followed up before offers of employment were made by the registered provider, together with checks of applicant's personal identity and previous experience, to enable gaps in their employment history to be explored.

We saw a range of policies and procedures were available about the protection of vulnerable adults to enable staff to be guided when reporting potential safeguarding concerns. The policies were aligned with the local authority's guidance for reporting concerns or possible abuse. Care staff told us about safeguarding training they had completed, which we saw was refreshed on a regular basis to ensure they were familiar with their professional roles and responsibilities. Care staff we spoke with demonstrated a positive understanding of the different forms of abuse and were aware of their duty to report potential concerns and 'blow the whistle' if this was required. Care staff were confident that management would take action to follow up issues and concerns. We found the registered manager had cooperated with the local authority to resolve safeguarding concerns and taken appropriate disciplinary action when required and submitted notifications to us to enable the health, safety and welfare of people who used the service to be monitored. Relatives were very positive about the way staff provided care that was safe to ensure people were protected from harm or possible abuse.

People who used the service told us care staff supported them with their medicines when required. One told us, "They give me my tablets and make sure I take them." We observed care staff talking patiently with people whilst carrying out a medication round. We saw people were not hurried when taking their medicines and provided with explanations about the medicines they were taking. We

Is the service safe?

found staff responsible for providing medication to people had completed training on this element of practice. We observed up to date records were maintained for medication that had been received and provided to people, together with good practice guidelines in relation to their specialist medical needs. Audits of people's medicines were carried out on a regular basis to ensure errors were minimised and potential problems were quickly addressed. We were shown a recording error in the controlled medicines book from the previous night, which the registered manager told us had been brought to their attention by staff and that action would be taken to ensure this was matter was properly resolved.

Regular checks of equipment and the building were carried out to ensure people's health and safety was promoted. We found that hot water was delivered in a downstairs

bathroom at a temperature that placed people at risk of potential scalds. We spoke with the registered manager about this and saw action was taken promptly to resolve this matter before we left. The registered manager also told us staff always tested the temperature of people's baths before these were used to ensure people were protected from harm. Copies of individual evacuation plans were contained in people's personal care files and we found a contingency plan for the service was available for use in emergency situations. Staff had completed fire training and we saw that fire drills were carried out as required. We observed a domestic cleaner was employed to ensure the building was kept clean and hygienic. A relative told us, "The premises are always clean and tidy, particularly my relative's room and there is only the occasional noxious smell, when someone has recently used a commode."

Is the service effective?

Our findings

People who used the service told us they received appropriate care and treatment and that staff were good at their jobs. One told us, "I feel the staff know what they are doing, they never make me feel embarrassed; at first I didn't want to ask for it [provision of personal care] but now I feel ok because they are so professional in their approach." Another told us, "If I ever need a doctor they will get one for me, when I fell in the early hours of the morning, they came straightaway and sent for an ambulance." A visiting relative described the care staff as, "Very capable ladies" whilst another told us, "Whenever staff are summoned they are wonderful."

People's personal care files contained assessments and care plans based on a range of their individual health and social care needs, together with evidence of on-going monitoring and involvement from community health professionals, such as GPs and district nurses to ensure people's medical conditions were effectively met. We found a GP had been called out on the day of our inspection in order to review a person with a chest condition. One person told us, "The staff were really helpful to me and nothing was too much trouble, they have given me exercises to do and the physiotherapist comes to see how I am doing." Visiting relatives confirmed staff communicated with them well to ensure they were kept up to date and aware of changes in people's conditions.

People who used the service told us they liked their meals and that the quality of the food was good. We observed a variety of nourishing home cooked meals and baked goods were provided, with the days choices for these on display. One person told us, "I like the food here, I know the cook will get me anything I ask for, but I don't like to ask." Another told us, "Breakfast is good. You can have bacon and eggs, or tomatoes, or toast and cereal, anything you like really." We saw people were provided with alternative meals if they did not like what was on offer. We observed individual support was provided to people requiring assistance with eating and drinking. We saw this was carried out at people's own pace, with support delivered in friendly and encouraging way, to ensure their individual wishes and choices were respected. There was evidence in people's care files of nutritional assessments, together with

regular monitoring and recording of people's weight, with involvement from community professionals, such as speech and language therapists and dieticians when required.

We found a variety of training was available to ensure staff were equipped with the development opportunities and skills required to carry out their roles. On the day of our inspection a member of administrative staff was visiting to update a national data base about staff training that had been completed. We saw this included an induction to the service together with a range of courses linked to a nationally recognised scheme. Training provided included safeguarding vulnerable adults, moving and handling, health and fire safety, first aid, infection control, the Mental Capacity Act 2005 [MCA] and issues relating to the specialist needs of people who used the service, such as dementia and end of life care.

There was evidence staff uptake of training was monitored by the registered manager to ensure their skills were refreshed when required and that a programme was in place to encourage staff to undertake nationally recognised qualifications. We saw evidence in staff files of regular meetings with senior staff, to enable their performance to be monitored and skills to be appraised, together with a variety of training certificates for completed courses. We observed care staff demonstrated compassion and consideration for people's needs. Care staff were positive about the training they received and appeared confident and knowledgeable in their skills. They told us the registered manager listened to them and provided them with good support.

Staff were clear about the need for obtaining consent from people and demonstrated a good understanding of the principles of how MCA were used in practice, together with the use of Deprivation of Liberty Safeguards [DoLS] when required. The Care Quality Commission is required by law to monitor the use of DoLS. DoLS are applied for when people who use the service lack capacity to make informed decisions about the care they require to keep them safe amounts to continuous supervision and control. DoLS ensure where someone is deprived of their liberty, it is done in the least restrictive way and in their best interests. We saw evidence that one DoLS application had approved by the local authority, but were told by the registered manager they were awaiting a formal decision about others that had been submitted. There was evidence in

Is the service effective?

people's personal care files about the promotion of their human rights and support with making anticipatory decisions about the end of their lives where appropriate. We saw some people had consented to Do Not Attempt Cardio Pulmonary Resuscitation [DNACPR] and documentation about this was clearly documented in their files.

There was evidence the registered manager had thought about the specialist needs of people living with dementia when planning the design and adaption of the environment for them. We saw signage was available and were told that plans were in place to develop the environment with use of different colours schemes to enable people to recognise and orientate themselves around the home.

Is the service caring?

Our findings

People who used the service and visiting relatives were very positive about the staff and confirmed they were involved in decisions about their support and were treated with kindness and compassion. One person who used the service told us, "I am quite independent really, but they do care about me and I sometimes feel as if I am part of a family here." Whilst another said, "They are really nice lasses; they don't need to look after me as I work along with them." A visiting relative commented, "I'm always involved in my mother's care. If she has a fall, they telephone me straightaway."

One person stated, "Caring, I just could not tell you how caring they are" another commented, "I am treated well, they are marvellous, when I am down, they give me a cuddle, it is so nice here." Their visitor said "All the staff are lovely, I just couldn't fault them" whilst another stated, "You can have all the modern, swish, hotel-type care homes you want, but if there is no heart in the place then it is no good. This place has got a heart in it and a good one."

There was an inclusive and happy atmosphere in the service on the day of our inspection, a sign in the reception stated, 'Our residents do not live in our work place, we work in their home.' We found staff had developed strong relationships with people who used the service. We observed they engaged sensitively with them to ensure people's wishes for privacy and personal dignity were maintained. We saw that care staff listened and showed consideration for meeting people's needs and observed them sensitively kneeling down when talking with people, to enable effective communication and encouragement to be provided. We saw care staff involving people in making decisions and choices about their support to ensure their wishes and feelings were respected.

Care staff demonstrated care and compassion and showed consideration for people's wishes for privacy and confidentiality. We saw that people were able to choose to spend time in their own rooms and were able to bring items of furniture and favourite possessions to help personalise their rooms. Visiting relatives told us they were encouraged to visit and take part in the life of the home.

There was evidence in people's personal care files of details about a range of their individual needs to enable staff to support them appropriately. We saw this information was securely maintained and included details about their personal histories, likes and dislikes to help staff promote people's individual wishes and aspirations. There was evidence of people's involvement and participation in decisions about their support and best interest meetings when they were unable to decide about this. Information about use of advocacy services was on display in the service, to enable independent support to be provided when required.

Staff told us they liked their work and enjoyed working in the home. One told us, "I love working here, I couldn't imagine working anywhere else." Another commented, "This is the best job in the world." One member of care staff told us how they had brought their baby in for people who used the home to see when on maternity leave and we were told how another had visited immediately following their wedding, so that people could see her in her wedding dress.

We saw a card in the compliments book that stated, "To all of you who went the extra mile to enhance the quality of life and who showed love, compassion and tenderness. We will never forget your kindness."

Is the service responsive?

Our findings

People who used the service told us that overall they were very happy with the service they received. People told us, “If you are worried about anything you can ask any of them and they will deal with it.” One visiting relative told us they were in the process of liaising with the registered manager about the use of a bigger bedroom for their member of family.

We found staff had key worker responsibilities for meeting individual people’s needs and spent time with them to ensure their personal wishes and feelings were positively promoted. We saw photos of people’s key workers on display in people’s rooms to help identify and remind them and their relatives of who was their key member of staff. We found people were supported to follow their interests and hobbies by staff and saw pictures on display that had been painted by a person who used the service that had been entered in a local village competition.

We observed staff demonstrated a good understanding of people’s individual strengths and needs. We found that staff had developed positive activities for people to enable them to have opportunities for social interaction and stimulation. On the day of our inspection the activity worker was on annual leave, however we saw staff involving people in singing along, using a karaoke machine that was donated by a relative. We saw people smiling and laughing along with staff and it was clear everyone was enjoying themselves. We found that regular social events such as a summer fayres and celebrations to mark religious festivities took place and were told that everyone had a cake baked for their birthday, when a card was circulated for everyone to sign. We were told about a recent party to

celebrate the 90th birthday of a person who used the service that had involved a Spanish theme, with staff dressing up in costumes made by a relative of a person who had used the service.

We saw evidence in people’s personal care files of their participation and involvement in decisions about their support to ensure their wishes and feelings were met. We found this included assessments about known risks to people, that were kept up to date, on issues such as falls, risk of infections, skin integrity and nutrition. This enabled staff to have accurate information about how to keep people safe from potential harm. People who used the service and their relatives told us about their involvement in reviews of their support and we saw evidence of liaison with a range of community health professionals to ensure their involvement and input with changes in people’s needs when required.

The home had a complaints policy and procedure in place to ensure the concerns of people who used the service were listened to and followed up when required. People and their visiting relatives told us they knew how to raise a complaint, but were satisfied with the service provided and were confident any concerns they might have would be addressed and resolved. We saw evidence in the complaints book that no formal concerns had been received in the past year, but saw previous concerns had been followed up by the registered provider. There was evidence the registered manager maintained an open door policy and welcomed feedback about the home as an opportunity for learning and improving the service delivered. We found that people who used the service were invited to participate in a quality programme for the home to enable them to share their views and opinions about what was provided.

Is the service well-led?

Our findings

People who used the service and their visiting relatives told us they had confidence in the management of home and were happy with the service that was provided. One person told us, "I would go straight to the manager if I had any concerns and am 100% sure that something would be done." Another told us, "The manager's alright, I've no complaints." A visitor, who had contact with the local hospital, said "I can't fault this place, it has a good reputation at the hospital." A member of staff told us the registered manager was, "Very approachable and calm in all situations."

We found the registered manager had a range of knowledge and experience to manage the home and took their role seriously. We saw evidence the service maintained links with the local community and welcomed and valued the close involvement of relatives to help the service develop and improve.

We saw evidence of regular meetings with staff to enable clear direction and leadership to be provided to them. This ensured staff were clear about what was expected of them and understood their professional roles and responsibilities. We saw the staff meeting minutes contained evidence of discussions about the importance of team work and accountability.

We observed the registered manager took an active role in the supervision and delivery of people's support and knew people who used the service well. We found the registered manager had a hands on approach to enable guidance and support to be provided to care staff when required. Care staff told us the registered manager was supportive and fair. They told us they had confidence in the registered manager and were able to approach them with suggestions, issues or concerns about the service.

We found administrative systems were well organised and closely maintained to support the running of the home. We saw governance systems that were in place to enable the registered manager to monitor the service and take action to resolve issues when this was required. The local authority told us they had no concerns about the home and that the registered manager maintained close working relationships with them. We saw notifications about incidents affecting the health and welfare of people who

used the service had been correctly submitted to the Care Quality Commission when required to enable the service to be monitored and so that action could be taken when required.

We reviewed a sample of audits including people's care plans, medicines management, accident and incidents, infection prevention and control [IPC] respect and dignity and the environment. We saw that action plans had been developed when needed to address shortfalls that had been identified. There was an annual maintenance programme in place and we saw evidence of regular checks of the building and equipment, such as fire extinguishers, fire doors, emergency lighting and water temperatures to ensure people's health and safety was promoted and maintained. We saw evidence of investment in the service and on-going refurbishment of the building and were told that when these were completed, most of the bedrooms rooms will be en-suite.

People who used the service told us there were regularly consulted about developments for the home and meetings they were invited to enable them to raise issues or make suggestions to help the service improve. We found the ethos of the service was inclusive and focussed on delivering a personalised approach to people living in the home. There was evidence the registered manager understood the need for involving people, their relatives and staff to help the service to learn and develop.

There were systems and procedures in place to enable the quality of the service to be monitored and be assessed. We saw this included use of 'quality circle' groups, that focussed on different aspects of the service such as quality of the meals, entertainments provided and the environment, involving the participation of staff, people who used the service and their relatives. Minutes of quality circle groups contained evidence of action plans, to address issues that had been raised. This meant that people were able to influence the way the service was managed. There was evidence of use of surveys to enable people to provide feedback about the home. We saw comments in these that included, "I feel that since I have been here I have been a lot better in myself, I do more things and I like the fact that I feel safe and secure", "It is comfortable and I am happy with my room, I know there is

Is the service well-led?

always someone around which makes me feel safe”, “The fact that there is always someone around, I no longer feel alone” and “The freedom to do what I want to do, but also that I know help is always on hand.”