

Barchester Healthcare Homes Limited

Hollyfields

Inspection report

Habberley Road
Habberley
Kidderminster
Worcestershire
DY11 5RJ

Tel: 01562514810
Website: www.barchester.com

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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?	Requires Improvement ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

The inspection took place on 13 December 2018 and was unannounced.

Hollyfields 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.

Hollyfields is a care home registered to provide personal and nursing care to 48 people, including older people and people living with dementia. At the time of our inspection, there were 41 people living at the home.

At our last inspection in February 2017 we rated the service good overall, but we found improvements were required as people's needs were not consistently met in a timely way due to the number of staff available. At this inspection we found those improvements had been made but we have rated the key question of 'Responsive' as 'Requires Improvement'. However, the evidence continued to support the overall rating of good. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns.

This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

There was a registered manager in post. 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.

People's care plans did not consistently provide sufficient details so staff had all the written guidance they required when supporting people with behaviour that challenges. Staff had not consistently ensured all monitoring documentation reflected the responsive care provided and or what people required to meet their individual needs. More could be done to provide people with sensory stimulation when they were in their rooms.

Staff had a good understanding of abuse and the procedures which should be followed to report abuse and incidents of concern. People were provided with assistance to promote their safety with aids and equipment to manage potential risks within people's lives, whilst also promoting their independence. The registered manager used the learning from incidents to prevent these from happening again.

There were enough staff on duty to meet people's needs and although staff were busy they spent time with people without being rushed. People were supported to receive their medicines at the right time. Staff were reminded to consistently label prescribed creams so there was evidence these were used in line with the

manufacturer's instructions.

The home environment was clean and tidy which reduced the risk of infection and staff knew how to report any concerns if required. There was an odour which the registered manager was already aware of and gave assurances they were working to reduce this. People were supported to receive their medicines at the right time.

People were supported by staff who had induction training and on-going training to ensure staff had the skills, knowledge and support they needed to perform their roles. Specialist training was provided to make sure that people's needs were met and they were supported effectively.

Staff were supported by the registered manager and had regular one to one and team meetings. The staff we spoke with were all positive about the senior staff and management in place, and were happy with the support they received.

People were provided with food and drink they enjoyed and it was presented in a way to meet people's individual needs. Staff monitored people's health needs closely to ensure people were referred to healthcare professionals when needed.

People were supported in different ways by staff so their consent was gained before any care was provided on a daily basis. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The registered manager and nurses were working towards ongoing improvements with the documentation in place to ensure this showed the Mental Health Act had been complied with.

Staff treated people with kindness, dignity and respect and spent time getting to know them and their specific needs and wishes. Staff communicated with people in the ways they preferred and encouraged them to make their own day to day decisions about their care. Systems were in place to respond to any concerns or complaints and to act to resolve these.

The registered manager was supported by their staff team and the provider. There were ongoing quality checking arrangements in place where action plans were developed to support the continuation of improvements for the benefit of people who lived at the home.

Further information is in the detailed findings below.

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 has improved to Good.

People were provided with care at times they required this was because staffing arrangements were continually reviewed to ensure these met people's needs.

People were supported by staff who understood how to recognise and report abuse.

Staff practices supported the risk to people of infections spreading and incidents were analysed so action was taken to prevent these from reoccurring.

Is the service effective?

Good ●

The service remained Good.

Is the service caring?

Good ●

The service remains 'Good'.

Is the service responsive?

Requires Improvement ●

The service was not consistently responsive.

People's care records did not consistently identify all the guidance to support personalised care when responding to people's needs.

Staff did not consistently ensure the personalised care provided when monitoring mattress settings were correct.

People were supported to take part in things to do for fun and interest but more could be done to provide further sensory stimulation to people in their rooms.

People were supported to raise complaints and their views were listened to with improvements made where required.

Is the service well-led?

Good ●

The service remains Good.

Hollyfields

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 inspection took place on 13 December 2018 and was unannounced. The inspection team consisted of one inspector, a specialist advisor who was a nurse with experience and knowledge in dementia and an expert by experience. An expert by experience is a person who has personal experience of caring for older people and people living with dementia.

The inspection was partly prompted by the high number of incidents between people who lived at the home which had been reported to us by the registered manager. We found the registered manager was taking action such as involving external professionals as one method of reducing these incidents.

Before the inspection we looked at information available to us about the registered provider and the service. The registered provider had completed a Provider Information Return (PIR). The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

We looked at the information we received from members of the public and professionals who had been involved with the service. In addition, we looked at the statutory notifications the provider had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

We sought information from the local authority to obtain their views about the quality of care provided at the home. The local authority are commissioners who have responsibilities for funding care and monitoring the quality of this. We also contacted Healthwatch who are an independent consumer champion who promote the views and experiences of people who use health and social care.

We spoke with four people who lived at the home and one relative about their care experiences. In addition,

we spent time with people looking at how staff provided care to help us better understand their experiences of the care they received. Following our inspection visit we spoke with a further five relatives by telephone.

We also talked with the registered manager and regional director. Additionally, we spoke with two nurses, three care staff, one domestic staff member, head chef and activities coordinator.

We looked at five people's care records which included looking at their specific needs and associated monitoring charts. We looked at how people's medicine was managed and administration records. In addition, we looked at how the provider and management team monitored the quality of the service. As part of this, we looked at fire safety records, medicine checks, health and safety checks and organisational quality checks completed at provider level.

Following our inspection visits the registered manager sent us further information about the continual improvements to reduce the odour.

Is the service safe?

Our findings

At our last inspection in February 2017, this key question was rated as 'Requires Improvement'. At this inspection, we found the provider had made improvements to make sure people were supported by staffing arrangements which met their needs. We have changed the rating to 'Good'.

People we spoke with told us they were comfortable in their home and we saw staff supported to keep people safe and free from the risk of abuse. Where a person became upset or anxious we saw staff gave positive encouragement or comfort to the person to reduce their anxiety. Relatives were confident in the safety of the care and support provided. One relative told us, "Staff support [family member] with their care which gives me peace of mind that [family member] is safe. They [staff] have the right equipment which is also important for [family member's] safety."

Staff had been trained in recognising signs and symptoms of potential abuse and shared an understanding of who they should report concerns to. The registered manager understood their responsibility to report allegations of abuse to the local authority and to the Care Quality Commission.

Staff were aware of risks associated with people's care and had received training on how to reduce these. Staff took care to ensure people were safe when they used equipment such as, walking frames to assist people to move around and the home environment was free of tripping hazards. A relative told us their family member liked to retain some independence with their walking and staff supported them to do this. The person's risks of falls had been identified and planned for to keep them safe and reduce risks of injury.

At our last inspection, staff were not consistently available to meet people's needs to ensure their safety. At this inspection, although staff were busy they were available to assist people with their needs safely and without any unreasonable delays. For example, we noted staff responded immediately to a person's movements so they had the guidance they required. This was a person who was at risk of falling. Relatives were confident their family members were well supported by the numbers of staff with one relative stating, "There seems to be enough staff as I do not get the impression they are rushing [family member]". Staff told us people's needs were met safely and without unreasonable delays. In the provider information request [PIR] it is confirmed the provider had a dependency tool and alongside this the registered manager had kept staffing arrangements under review. This was so they could increase staffing numbers or change deployment of staff to meet people's needs.

The provider had procedures in place to ensure staff were safely recruited, such as checking references from previous employers and completing DBS checks, [The DBS is a national agency that keeps records of criminal convictions]. These checks ensured potential staff were suitable to work with people who lived at the home.

Staff had received training in health and safety issues and how to respond, for example, if there was a fire at the home. There were personal evacuation plans in place detailing how each person would need to be supported in the event of an emergency.

We looked at how medicines were managed to make sure people received their medicines when needed and as prescribed. We found the provider had systems and procedures in place designed to ensure medicines were stored, administered, ordered and disposed of correctly. Staff completed medicines administration records (MARs) when they had given people their medicines and indicated people had received their medicines as prescribed.

However, staff had not consistently ensured creams had use by dates and or dates of when they were opened. This is important to make sure creams applied remained in date so they were as effective as possible. We were assured this would be addressed by nurses reminding all staff of their responsibilities in ensuring all creams had labels. We will follow this up at our next inspection.

Relatives described the home environment as clean and well maintained. The provider had taken steps to protect people, their relatives and staff from the risk of infections. Staff were provided with infection control training and supplied with appropriate personal protective equipment (disposable gloves and aprons) which they used in their day-to-day work. However, there was an odour which the registered manager was already aware of and assured us they were taking actions to deal with this, such as cleaning the carpet. We will check this at our next inspection.

There were systems in place to review reports of abuse, serious incidents and accidents to ensure lessons could be learned for the future. The registered manager had used these systems in response to the incidents between some people who lived at the home. For example, there were clear examples of what had happened, the immediate action taken to support the person and any actions taken to reduce the risk of the event happening again. The registered manager had also contacted external professionals as one measure of reducing incidents between people and ensuring people's needs were reviewed. The registered manager had also introduced an additional shift at the time of the day when accidents and incidents had increased which now needs time to be fully embedded.

Is the service effective?

Our findings

At our previous inspection in February 2017, we rated this key question as Good'. At this inspection, we found people continued to received care from staff who had been provided with ongoing training to effectively meet people's needs. The rating for this key question remains 'Good'.

Relatives were confident staff had the skills to meet their family member's needs effectively. One relative told us, "All staff have been very good with [family member] and knowing how to meet their needs. So, they [staff] must have received the training to do this."

People's needs were assessed prior to moving into the home and as their needs changed. This helped to ensure an effective plan of support was developed with people. For some people this had included the use of assistive technology and equipment such as walking aids or sensor mats to ensure they were not discriminated against and they were effectively supported.

New staff underwent the provider's induction training to help them adjust to their new job roles. This provided the opportunity to work alongside more experienced colleagues, and covered the requirement of the Care Certificate. The Care Certificate is a set of minimum standards that should be covered in the induction of new care staff. Following induction, staff benefited from a rolling programme of training, based upon their duties and responsibilities, and the needs of the people living at the home. One member of staff told us, "They (provider) are very good here at keeping staff up to date with training." Staff also attended regular one-to-one meetings with the registered manager and senior staff to receive feedback on their work, and identify any additional support they may need.

People told us that they enjoyed their meals. One person told us, "I like the food here". Relatives also described the meals as good and well presented. We were present at lunch time and we noted the meal time was a relaxed and pleasant occasion. The tables were attractively laid with flowers and table cloths, and people were offered a choice of dishes which were well presented. People dined in a leisurely way and when necessary they received individual assistance from staff. The registered manager, chef, nurses and care staff worked together to assess, record and review people's nutritional needs, and any associated risks, with appropriate specialist nutritional advice.

The registered manager and staff team knew people they cared for well and liaised with other organisations so people received effective care and support. Relatives we spoke with also confirmed this. Relatives told us staff played a positive role in helping their family member maintain their health and access healthcare services when needed. Relatives said their family member was able to see their GP without delay if they felt unwell and valued the Wednesday 'ward rounds' undertaken by the nurse from the local surgery.

Relatives told us they felt the home environment met the needs of their family members and was maintained with decoration being refreshed regularly.

The provider had developed their own programme of dementia care which included providing staff with

dementia care training and designing the home environment with people living with dementia in mind. We saw people were supported to be as independent as possible in navigating around their home. This included, people's room doors having photographs of the person or something which held meaning to each person displayed. However, more could be done to the home environment to meet people's needs. For example, the walls along the corridor areas would benefit from some tactile boards, key locks and other sensory equipment to provide people with interest and as talking points. The registered manager told us improvements to the home environment were ongoing so we will check how these have progressed at our next inspection.

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.

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. The registered manager and staff had an appropriate understanding of people's rights under the MCA, and we saw evidence of mental capacity assessments and best-interests decision-making in people's care records.

One relative told us they had lasting power of attorney on behalf of their family member and felt they had been involved in the decisions made so their family member was provided with the right care to meet their needs. In addition, where people had covert medicine [disguised in food and drink] we saw mental capacity and best interests decisions had been completed. However, some people's documentation was not as detailed as it needs to be for some decisions. For example, some mental capacity assessments had not been fully completed and not linked to care plans. The registered manager and nurses were already taking action to ensure the documentation clearly shows everything had been done to help and support the person to make the decision in line with legislation. We will follow this up at our next inspection.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). DoLS applications had been made based upon people's capacity and their individual care and support arrangements. Where DoLS authorisations had been granted, the registered manager understood the need to review and comply with any associated conditions.

Is the service caring?

Our findings

At our previous inspection in February 2017, we rated this key question as Good'. At this inspection, we found staff continued to support people in a caring and thoughtful way. The rating for this key question remains 'Good'.

People were comfortable and relaxed with the staff and we saw staff spoke with them kindly, held their hands, and gave them hugs. People said staff were caring. One person said, "I am very happy". One relative said, "[Family member] has a really good relationship with staff who show they really care about their work". Another relative told us, "It takes a special kind of person to do this work. They [staff] all do very well in caring for [family member] in sometimes difficult circumstances".

Staff were caring while providing people with assistance and support. We saw staff understood the importance of supporting people with dementia in communicating their needs and or wishes. We saw staff were tactile, knew people well and how to support them emotionally. They made eye contact and listened to what people were saying. We saw staff were aware of and attentive to people who at times got confused or lost their way. For example, a person was standing in the doorway and the staff approached them and gently asked where they wanted to go and if they could go with them. We saw the staff member walked with the person along the corridor and the person smiled and appeared to enjoy the contact.

We did see on one occasion a staff member assisting a person to eat their meal without speaking with the person to explain what they were going to do. Whilst this was in the minority, we discussed this with the registered manager. They agreed to remind staff of the importance of their approach to people was important.

The registered manager showed they led by example and made people feel valued by developing positive relationships with them and paying attention to details that mattered. For example, we saw the registered manager greeted people and enquired how they were feeling. We noted they knew everyone's name and people knew theirs and responded with smiles and conversation. We heard from a relative how staff celebrated people's birthdays which they appreciated. Another relative described how it was nice staff had supported their family member in celebrating Christmas with decorations placed in their room.

People who lived at the home were supported by staff to express their views and make decisions about their care. One person told us, "I can choose what I want to eat". Throughout our inspection we saw examples of people choosing where they ate their meals and how they spent their time. One relative told us, "They always ask [family member] what they want and show them meals so they can choose for themselves". Staff could describe how they supported people to make decisions such as choosing what they wore, and we saw people chose where they sat and they joined in to have fun.

Staff supported and encouraged people who lived at the home to maintain relationships with their friends and family. Relatives told us they could visit at any time and were always made welcome.

People's independence, dignity and privacy was respected. For example, one person preferred only to be cared for by female staff and this was respected. Staff provided people with privacy during personal care and support ensuring doors and curtains were closed. If people required the use of slings these were provided, identified solely for each person's individual use, and not shared. Staff also supported and encouraged people as much as possible to take their medicines themselves independently. In addition, a smaller attached building adjacent to the larger part of the home provided a small number of people to live as independently as possible with staff support.

We saw staff ensured confidentiality; discussions about people's care were held in private and care records were stored securely when not in use.

Is the service responsive?

Our findings

At our last inspection in February 2017, the provider was rated 'Good' under this key question. At this inspection, we found some improvements were required so this key question is now rated as 'Requires Improvement'.

Relatives confirmed they had been involved in their family member's care plans and regular reviews so their needs continued to be met. Staff we spoke with had a good understanding of people's preferences, routines and care needs. Staff could describe how they supported people and knew changes in behaviours which may indicate something was wrong. We saw examples of this during our inspection. On one occasion a person's anxiety levels raised and this impacted upon their behaviour. Staff showed they knew how to provide the person with the support they required and the person became more reassured.

We found some people's care records did not provide sufficient detail to give staff the information they required to support people in receiving consistent care. This was particularly so for people with behaviour that challenges as there was a lack of written guidance to provide staff with the strategies which were effective when responding to people's mental health needs. Without written guidance people there was a risk people would not consistently receive personalised care.

There had been a high number of incidents between people who lived at the home. We discussed this with the nurses and about how more detailed information could assist staff in preventing people's behaviour that challenges from occurring and ensure a consistent response from all staff. They told us they would develop this aspect of people's care records. We will check this at our next inspection.

In addition, to the above care records we found there were some other practices which did not wholly provide evidence of staff's consistency in monitoring and responding to people's care needs. For example, on the hourly wellbeing checks for two people, who required the additional support of mattresses to relieve pressure on their skin, staff had not detailed the actual mattress settings to show these were being monitored and continued to meet both people's needs. Although these inconsistencies had not impacted on people's needs being responded to action was taken by the nurse. They immediately spoke with two care staff about ensuring they recorded the mattress setting and not the type of mattress when they undertook their checks. This is important as people were reliant on staff to support and reduce the risk of sore skin.

Prior to people coming to live at the home their needs were assessed to ensure these could be met. During the inspection we became aware some people who lived at the home were not compatible with others. The registered manager told us and showed us they were in consultation with external professionals so alternative care settings could be found for people so their needs could be responded to in the best possible way. The registered manager gave us assurances if this was not achieved in a timely way they would consider their next course of actions so people's care was not impacted upon further.

Staff handover meetings between shifts were undertaken daily and we saw information about people's needs and the changes in these were shared. The management team had also introduced daily meetings

with the head of each department. At these meetings information was shared as another way to improve communication to support people in having their needs met in a consistent manner. In addition, a system known as 'resident of the day' had been introduced to further assist in checking whether people were receiving care in the way they needed and wanted.

Relatives told us how they appreciated the activities coordinator as they embraced their role in supporting people who lived at the home to do things for fun and interest. We saw this in action during our inspection as people were supported to join in with making cakes, artwork and singing along to music from a well-known artist they recognised. We noticed how people's sense of wellbeing was enhanced by the music. For example, one person who found it difficult to verbally express themselves tapped their feet to the rhythm of the music. Another person was provided with a drink and through their body language and facial expressions they showed how they had enjoyed this. Furthermore, records showed a number of entertainers regularly called to play music and to help people undertake gentle exercises.

People had opportunities to experience sensory stimulation. This included a sensory table which encouraged people to touch and see different scenes to provide interest and fun. We also saw photographs of people enjoying lights and sounds.

However, for people who mainly stayed in their rooms through choice or health reasons we found more could be done to provide people with sensory stimulation. The registered manager agreed to explore different ways of bringing sensory interest and enjoyment to people in their rooms to meet their individual preferences. We will check this at our next inspection.

We noted staff understood the importance of promoting equality and diversity. This included arrangements for people to attend religious services. An initiative to transform an outside building by the main front entrance into a chapel provided for people to pursue their individual spiritual needs.

We found people's communication needs had been considered as part of the assessment and care planning processes. For example, people who required aids to meet their sensory needs were supported to wear these. Another example, was producing information in a range of formats, such as large-print or audio materials, as required.

The provider had arrangements in place so people could be supported at the end of their life to have a comfortable, dignified and pain-free death. People's wishes at the end of their lives had been discussed and recorded. Where people who lived at the home and their representatives expressed a wish for resuscitation not to be attempted at the end of their lives paperwork was in place to support this decision.

The provider had a complaints procedure which was available to anyone who wished to make a complaint. Relatives told us they knew how to complain and would feel comfortable approaching the registered manager and/or the staff team if ever they needed to. We saw any complaints received were recorded and responded to in line with the provider's complaint policy.

Is the service well-led?

Our findings

At our previous inspection in February 2017, we rated this key question as Good'. At this inspection, we found people continued to live at a home which was well led. The rating for this key question remains 'Good'.

Since our last inspection a new registered manager has come into post. 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. During our inspection we found the registered manager was accessible and approachable.

The registered manager showed a good understanding of the duties and responsibilities associated with their post, including the need to submit statutory notifications in accordance with their registration with us. They described their work with a clear sense of enthusiasm, and told us they had the support and resources needed from the provider to successfully manage the service.

In addition, the registered manager had considered pieces of research and practical tips to support people's needs. The registered manager discussed with us how by limiting people's drinks which contained caffeine this could assist in supporting people who experience symptoms of 'sundowning'. [Sundowning is a symptom where a person who lives with dementia may experience increased confusion and agitation in the later afternoon and evening]. The registered manager informed us people's wishes and preferences would always be considered alongside research and practical tips together with other interventions which could also help people.

Relatives spoke positively about their dealings with the registered manager and how the home was managed. One relative told us, "[Registered manager] is very accessible. He is brilliant with us and [family member]. Hollyfields has been just brilliant". Another relative described how there was a marked difference in their family member's wellbeing since coming to live at the home. They went on to state, "It is a good team, they all seem to muck in". All relatives described free and open communication between themselves, staff team and the registered manager. During our inspection visit, we saw the registered manager made themselves available to people who lived at the home and visitors, chatting with them in a friendly, relaxed manner.

Staff felt they worked well as a team. One staff member told us, "We are working as a team and you're not afraid to talk to a senior or [registered manager]." Another staff member said, "I've never seen such good care. Everyone works as a team and helps each other." Staff expressed confidence in the registered manager and the leadership and direction they provided. One staff member told us, "[Registered manager] is approachable and is really good at listening. He helps and supports us in our jobs."

We found there were a number of arrangements in place to support effective team working. These included the registered manager or a senior staff member being on call during out of office hours to give advice and

assistance to nurses and care staff should this be needed. In addition, the provider had schemes whereby staff could be nominated for different awards in recognition of their work. Furthermore, the registered manager led by example and we consistently heard from relatives and staff how they worked alongside staff to promote good quality care. These practices helped to ensure staff were suitably supported to care for people in the right way.

The registered manager was supported by the provider's quality review team and their senior management team. Records showed the registered provider had regularly checked to make sure people benefited from having all of the care and facilities they needed. These checks included making sure care was being consistently provided in the right way, medicines were being dispensed in accordance with doctors' instructions and staff had the knowledge and skills they needed. We found these checks had led to improvements such as staffing arrangements which were highlighted as requiring improving at our last inspection.

The registered manager was enthusiastic to continue to make ongoing improvements and was responsive throughout this inspection to the areas where further improvements were required.

The registered manager worked in partnership with other agencies. There were a number of examples to confirm the registered manager recognised the importance of ensuring people received 'joined-up' care. One of these involved working with social workers to ensure people received care in the best setting to meet their individual needs. In addition, staff were making links with the community such as, the activities coordinator had developed a pen pal scheme with a local school.