Barchester Healthcare Homes Limited

Hollyfields

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

Hollyfields is registered to provide accommodation and nursing care for people for 41 people. At the time of our inspection 34 people were living there. The inspection took place on 21 and 24 February 2017 and was unannounced.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered provider, 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 needs were not always able to be met in a timely way due to the number of staff available. Staff believed there to be insufficient staff on duty. The registered manager reviewed the dependency tool used during our inspection and as a result assured us staffing levels would be increased.

Staff had the skills and knowledge to support people's needs. They were supported in their roles and attended training which was relevant to the people they looked after. People were protected from the risk of abuse as staff and management were aware of their responsibility to report any concerns about people's safety.

Staff respected people's rights to make their own decisions and choices about their care and treatment. People's permission was usually sought by staff before they helped them with anything. Staff made sure people understood what was being said to them by using gestures, short phrases or words. When people did not have the capacity to make their own specific decisions these were made in their best interests by people who knew them well.

Staff met people's care and support needs in the least restrictive way. Where it was felt people received care and support to keep them safe and well which may be restricting their liberty action was taken. This ensured people's liberty was not being unlawfully restricted.

People had a choice of food to eat and were prompted to maintain a healthy, balanced diet. People's routine health needs were looked after and people had access to healthcare when they needed it. People received their medicines as prescribed by their doctor.

Staff usually provided care and support to people which was personalised and responded to changes in their needs. People's preferences and wishes were known to staff and were respected. Occasions when care was not so good or when dignity was not upheld were highlighted to the registered manager. People who lived at the home and their relatives where appropriate were consulted about their care to ensure it responded to their needs in ways they wished. There was a system for handling and resolving complaints which was used to identify any aspects of people's care which required improvements to be made.

The registered manager had systems in place to monitor the quality of the care provided and to monitor events which took place in the home to assist keeping people safe. The registered manager was aware of the provider's visions for the future development of the care and support provided for people to further enhance the quality of life people experienced.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

People's needs were not always met in a timely way. Staff felt there were not enough staff on duty. People were placed at risk as these were not always acted upon and reflected in the care provided. People were kept safe from the risk of abuse.

Is the service effective?

Good

The service was effective.

People were cared for staff who had received training, ensuring they were skilled enough to provide the support people required. Consent to provide care and support was gained by staff. People had access to healthcare professionals to ensure their well-being and their dietary needs were maintained.

Is the service caring?

Good

The service was caring.

People were regularly cared for by staff who were caring and kind. People's independency was encouraged and their privacy and dignity was respected. The registered manager was made aware of occasions when we had concerns about care and dignity.

Is the service responsive?

Good

The service was responsive.

People received personalised care and support which was responsive to their changing needs. People were supported to choose fun and interesting things to do. There was a system in place for resolving complaints and using these to drive through further improvements where required.

Is the service well-led?

Good

The service was well led.

People benefited from the registered provider having systems in

place to monitor the quality of the service. People knew the registered manager and staff felt supported by the management.

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.

The inspection took place on 21 and 24 February 2017 and was unannounced. The inspection team consisted of two inspectors and an Expert by Experience. An Expert by Experience is someone who has personal experience of using or caring for someone who uses this type of service.

As part of the inspection we looked at the information we held about the service provided. This included statutory notifications. Statutory notifications include important events and occurrences such as accidents and serious injury which the provider is required to send us by law.

We spent time with people who lived at the home and saw the care provided by staff. We spoke with some people who lived at the home but we were unable to have detailed discussions. As we were unable to talk in detail with people we also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

We spoke with the registered manager, the director of dementia care, an internal regulations officer, three nurses, three members of care staff, the activities co-ordinator and the chef.

We looked at the records relating to three people's care including their medicine records. We spoke with three relatives of people who lived at the home at the time of the inspection. We spoke with another six relatives by telephone following our inspection to listen to their comments about the care provided for their family member.

We looked at the records relating to three people's care including their medicine records. We also looked at staff records including recruitment and training, accident and incident reports, resident and relative meetings and compliments as well as quality audits completed by management.

Following our inspection the registered manager sent us some supporting documentation in relation to the quality checks undertaken and other management systems.

Requires Improvement

Is the service safe?

Our findings

People's body language showed they felt safe when receiving care and support from staff. The registered manager worked alongside people supporting staff to provide care. People looked relaxed when with staff members.

We spoke with relatives and staff about the number of staff on duty. One relative told us they had witnessed occasions when people's needs were not met at meals times. They felt this was due to insufficient numbers of staff being available. Another relative told us staff were, "Not always available" A further relative also commented on meal times and felt there were not enough staff because everyone was always, "So busy" resulting in a lack of available staff to supervise.

Staff members who covered night shifts, mornings and afternoons told us they believed the staffing levels to be low. We were told people were not always washed and dressed when they wished and of occasions when it was lunch time before everyone was ready for the day. Staff told us they did not want to rush people while they were providing personal care which meant it took them along time. One member of staff felt they would be able to engage more with people if they had more time. We saw a meal time during which the nurse was not in the dining room. The staff available at the time were not able to meet all the needs of people in that area. The registered manager was witness to this experience and called upon the nurse to assist the staff.

The registered manager explained to us they used a dependency tool to work out the number of staff required to meet people's needs throughout the day. This number of staff were available on the day of our inspection. The registered manager was aware the dependency tool needed to be amended in order to reflect the care and support needs of people living at the home. They had previously brought this to the attention of more senior management. Following our first visit the registered manager was able to have these additional individual needs added to the tool used to calculate staffing numbers as they had discussed it further with senior management. As a result of this they found they were able to increase their staffing numbers by 12 hours per day. The registered manager assured us the increase in staffing number would be implemented without delay.

We saw one bath had a sticker on it showing it had failed a recent safety inspection. The registered manager believed the bath it to be safe to use because the assessment outcome had not been communicated to them effectively. We viewed the documents completed by the engineer who had carried out the test and found they had recorded the bath as not safe to use. Staff we spoke with were not aware the bath had been assessed as unsafe to use and confirmed they had recently used it including since it had been declared unsafe. We brought our findings to the attention of relevant staff as well as the registered manager. The bath was immediately taken out of use upon our findings.

People's needs were assessed and where needed risk assessments were completed. These assessments provided staff with information and guidance to assist them keep people safe. These were reviewed following any changes in people's needs. Staff were aware of risks to people's wellbeing such as those

related to eating and drinking and keeping people free from the risk of developing sore skin. Some people were assessed as needing to have their food and fluid intake monitored to ensure their well-being was maintained. Relatives we spoke with believed these risks once identified were managed by the staff. The records however were not always maintained and staff were unable to tell us the amount of fluid people needed. We were told this information would be within people's care plans. We asked staff where this information would be. Staff were unable to find this information as a means of keeping people safe. Following our inspection the registered manager supplied evidence that they had reminded nursing staff of the importance of completing these documents to reflect how risks to people were to be reduced.

We spoke with relatives and they told us they believed their family member to be safe while living at the home and receiving support from staff. One relative told us, "Care is safe" because there family member was, "Well looked after". A further relative felt reassured their family member was safe because of the way they were looked after by the staff team.

Staff we spoke with were aware of their responsibility to protect people from abuse and potential abuse. One member of staff stated, "Safety is important." One member of staff told us, "If anything happened I would go straight to the nurses".

The registered manager was aware of her responsibilities including reporting any incidents within the home whereby people's safety was placed at risk or where potential abuse could have taken place. The registered manager had in the past reported incidents to the local authority and the Care Quality Commission as required. They had previously ensured people were kept safe by taking suitable action such as instigating investigations by other managers, involving agencies including the police and taking disciplinary action. The registered manager had kept us informed of progress following notifying us of these incidents.

The registered manager reviewed any accidents or incidents and took action to prevent a reoccurrence. For example, staff took action when one person was at risk of falls by monitoring their blood pressure on sitting and standing. The person had also been referred for physiotherapy input. The registered manager was able to show us records and was able to extract a range of information to show them any treads and patterns regarding incidents.

Nursing staff and the care practitioner, who had received training from the provider, administered people's medicines. Medicines were kept in people's individual bedrooms and were administered to people in a personalised and discrete way. Records were maintained of people's medicines and when they were administered. We saw this to be completed fully and matched the medicines held for people. Other medicines were stored in the nurse's office. We saw these were stored safely and were appropriately recorded to show when these medicines had been administered to people.

A recently appointed member of staff told us pre-employment checks were carried out before they commenced working for the provider. These included staff having a Disclosure and Barring Service (DBS) check carried out and obtaining references from previous employers. The DBS is a national service that keeps records of criminal convictions.

Good

Is the service effective?

Our findings

People were supported by a team of staff who had received suitable training to meet people's particular needs. Relatives told us they believed staff to be knowledgeable about the needs of their family member. One relative told us, "Staff are very good at meeting complex needs" and added, "Staff know what they are talking about." Another relative felt staff always responded, "Professionally." A further relative told us staff, "Appear to know what they are doing" and added, "They are very able and doing well."

Staff had received training which was relevant to their roles and this was kept updated. Staff told us they had received training which helped them to understand people who lived with dementia and how to support people with their behavioural needs. We saw examples of how staff put this training into practice when they were supporting people. For example, a person took something away from another person who became anxious and upset due to this. A staff member understood what actions to take and effectively distracted the person away from the item by reassurance and providing a similar item. This helped the person to be supported with their needs effectively met. Another person became anxious and staff diverted the person's attention to something which interested them to support and enhance their feelings of wellbeing.

We spoke with one staff member who had recently started working at the home. To help them to get to know people who they supported they worked with other staff as part of their induction programme. The registered manager told us new staff were also enrolled on the care certificate. This is a nationally recognised induction that provides staff with the skills and knowledge they need to care for people safely and follows good practice guidelines. All staff felt supported in their roles by the registered manager and their colleagues. Staff told us they had opportunities to discuss any concerns or issues they had such as regarding training they needed and to gain feedback about their own performance. Staff also advised the registered manager organised daily heads of department meetings and regular sharing of information between shifts which assisted them to keep up to date with people's changing needs.

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 made on their behalf must be in their best interests and as least restrictive as possible.

Staff had received training in the Mental Capacity Act (2005) (MCA) and those we spoke with had an understanding of what this meant for people who lived at the home. They described the main principles of the act and understood people could make every day decisions even when they may need support with larger decisions. We saw how staff reflected their knowledge into practice at different times throughout the day. For example, staff were seen to offer people a choice at lunchtime and they supported people in making their choices in their own time. People were shown small meals on a tray for them to select which they wanted. One person stated they did not like any of them. Staff went back after a short while and the person was able to select a meal of their choosing. Another person selected two different puddings following their main meal. We saw staff provided this person with a small portion of both.

Staff we spoke with told us they were aware of a person's right to decline their support and explained how they managed this which assisted in people's rights being respected. Staff explained most people living at the home were able to make day to day decisions with staff using people's facial and body language as clues. Additionally, staff were aware of who to include when other decisions needed to be made. We saw the appropriate people had been involved when a best interest's decision was needed.

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

Staff and the registered manager understood the legal requirements for restricting people's freedom and ensuring people had as few restrictions as possible. We saw the registered manager had made applications to the local authority to ensure people were not restricted unlawfully. The registered manager had sought advice from the local authority when needed and kept the process under review. Additionally, the registered manager showed us how they had used the requirements in the DoL to meet people's needs with their best interests kept at the heart of the law applied. One example shared with us showed how one person's needs had been assessed for a specialist chair to meet their needs which was progressing at the time of our inspection so the person was not restricted and/or isolated in their room. The registered manager told us working in this way "Enhanced people's wellbeing."

We saw and heard positive comments about the meals provided. One person commented in the regular meetings held for people, "Food is lovely here." One relative described the food provided as, "Brilliant." Another relative told us their family member's health had improved since they had come to live at the home and were eating and had gained weight.

People had a choice of two meals and we saw specific dietary requirements were met. For example some people had their meals pureed due to swallowing difficulties. The cook showed us they had information about people's likes and dislikes and described how they fortified some people's meals to provide additional nutrition. Specific diets needed for people with diabetes or for other medical needs had been provided. No one required a cultural or religious diet but the cook told us this could be provided if needed. Some people needed support to drink enough; we saw that drinks were readily available and topped up throughout the day. People who needed their drink thickened to help their swallow were provided with suitable drinks they could manage. The cook regularly provided milkshakes to enhance people's nutritional intake.

People were supported to stay healthy and well. One relative stated staff, "Let me know if (family member) not well" and "Get the doctor out if any concerns." Another relative told us, "No issues with how staff respond" when their family member was unwell and the actions taken. During the day of our inspection people had treatment to their feet by a chiropodist and one staff member told us if people required an optician this was arranged for them. Additionally, we heard how staff shared information during their handover meeting about the potential need to contact people's doctors so their current healthcare needs could be met.

Good

Is the service caring?

Our findings

People we spoke with told us they liked living at the home. Comments from people included, "Alright here, staff very nice" and "Staff good". One person gave us a thumbs up to indicate they were content with their care. We spoke with some relatives who gave us positive comments regarding the care their family member had received from the staff at the home.

Relatives we spoke with told us they found the staff to be kind and caring and believed their family member to be well cared for in their appearance. One relative told us staff were, "So friendly". Another relative stated they were, "Quite happy with the care" provided for their family member and added, "On the whole very nice staff." The same relative felt this depended on whether agency staff were working at the home or not as they found agency staff to have less knowledge about people and their individual needs. A further relative described Hollyfields as a, "Homely" place to live".

During the inspection we saw numerous occasions whereby the majority of staff demonstrated kind and caring practices. A relative told us their family member had been a lot happier since they had moved into the home due to the staff and how they were with them. One member of staff told us it was important to them to see people smile and told us things like that made their job worthwhile. We highlighted to the registered manager that we did see occasions when staff did not fully involve people with the care and support they were providing for people. The registered manager undertook to look at this as a matter of urgency.

We saw occasions when people responded positively to members of staff including the registered manager and housekeeping. For example we saw staff supported a person with their care needs during which they gave encouragement and reassurance. People's facial expressions and their responses to staff indicated they were at ease with staff. People were involved in friendly banter with staff while having a laugh. Some people showed signs of anxiety. At these times we saw staff recognised these signs promptly and offered both reassurance and comfort to people which improved their wellbeing. We saw one person become anxious because another person had their newspaper. Without any hesitation we saw a member of staff assisted the person find another newspaper which reduced their anxiety. The member of staff told us they were, "Trying to make life as good as possible for people." This member of staff spoke fondly of people throughout our inspection and was seen to be supportive.

The registered manager showed us compliments they had received written by family members. One person wrote about the staff team and how they carried out their work with 'care and compassion' Another person wrote about the staff team and how they were all 'wonderful' and 'dedicated' and looked after a person with dignity.

Staff spoke with us about an awareness they held about privacy and dignity such as ensuring people wore suitable clothing. We saw staff provided personal care for people with their bedroom doors shut. Staff told us they ensured people had a choice on the gender of the member of staff who provided their personal care. We saw staff members knocked on bedroom doors before they entered people's private space.

We saw a healthcare professional providing treatment to people in a communal area. This was brought to the attention of staff at the time of the inspection who acknowledged this was not good practice and should not have happened. An undertaking was given to ensure this did not reoccur again to ensure people's dignity was maintained and staff acted as advocates for people's right of privacy.

Good

Is the service responsive?

Our findings

We saw and heard examples of how staff met people's needs in the way they wanted them to. One person commented they were able to go to bed when they wanted and were able to stay up late and watch a film if they wanted. The same person told us they were able wash and dress themselves at a time of their choosing.

Staff we spoke with had a good understanding of people's preferences, routines and care needs. Staff were able to describe how they supported people and knew changes in behaviours may indicate something was wrong. Staff told us people's choices and routines were written down in their care plans together with people's life histories. We saw examples of how staff responded to meet people's preferences as assessed and planned for. For example, one person enjoyed having a newspaper and another person liked to spend time in their room which staff respected.

We saw staff provided support and care which responded to people's needs during the day. For example, one person whilst blowing bubbles put this near to their mouth. The staff member without hesitation noticed this and asked the person if they would like a drink as they thought this could be a sign the person was thirsty. Another example was how staff made sure each person had the right cups and cutlery to be able to independently enjoy drinks, cakes and biscuits at different times during the day. We saw from people's facial and body language how they liked helping themselves in their own unique ways.

Some people required one to one support in order to respond to their particular needs and help with their safety and that of others. We saw staff were attentive to people's needs and responded when they required assistance to support them with their behavioural needs so people's wellbeing was enhanced.

Staff we spoke with described how people received care personalised to them. One staff member said, "I always ask people what they want." Another staff member said the staff team shared information in handover meetings about people's current needs together with any changes to people's needs. They told us this was important as a lot can happen between each shift changing. Staff told us they were able to refer to the notes during the shift.

Relatives told us they had been involved in the assessment and planning of their care. Additionally, we noted relatives were involved in attending review meetings and had been kept fully informed of any changes to people's needs.

The provider also had an initiative called 'Resident of the day' where each person had a nominated day where their individual needs were reviewed. This initiative involved people in having their say in how aspects of their care was provided and responded to. For example, people needs would be focused upon along with how the facilities met their needs and consideration was given to any improvements as required. Although this initiative was in place we saw people were provided with opportunities to speak about their needs and how these were responded to. We saw this was achieved in different ways, such as staff spending one to one time with people to establish people's preferred meal choices for the new spring and summer menu. One

staff member told us this helped to ensure people's different tastes in food were responded to.

We saw people could join in group games, quizzes, watching films or do something they enjoyed on their own, such as, painting. One relative told us the activities co-ordinator, "Tries to get people to do something" and told us about the "Entertainment" provided and how they believed, "People had had a nice time." Another person described the activities coordinator as, "Very happy and jolly" and how they "Built a relationship with people."

Additionally, we saw staff took time to chat with people on a one to one basis where smiles and laughter took place. We spoke with staff about how they supported people with their individual interests. Events were arranged and people attended as they wished, such as, entertainers and people could attend church services. We noted in a meeting for people who lived at the home one person had commented, 'Enjoyed a visit from Nell the dog today.' We also saw the newsletter held information for people to read about different events due to take place so people were supported in being involved in life at the home.

We spoke with the activities co-ordinator who was enthusiastic about their role in supporting and improving opportunities for people to lead fulfilled lives. One example they talked about was the hand held computer which held some interactive games people enjoyed doing for fun. Another example was the sensory lights the activities co-ordinator brought into the home on different occasions. We saw photographs showing how people were interested in the lights and had fun with these. We heard how people's own levels of independence were taken into account when planning things for people to do, such as the buttering of hot cross buns which happened on the first day of our inspection visit. The activities co-ordinator reflected on their role and said they were, "Trying to make life as good as possible for people."

We looked at the complaints procedure which showed how people would make a complaint and what would be done to resolve it. Most people who lived at the home would need support in order to raise their concerns and staff told us they would observe people's body language or behaviour to know whether they were unhappy or happy. We also spoke with relatives about how they would raise any concerns or complaints they had. One relative told us if they were worried about their family member they felt able to speak with staff or a member of the management team about them. Another relative told us, "We are listened to" in relation to raising concerns about their family members care. A further relative told us they had no concerns about the care their family member received but felt they could speak up if needed.

Complaints received either by the registered manager or the provider were entered onto a computer system and were not able to be closed until the matter was resolved. The registered manager had an awareness of the duty of candour and put this into their everyday practice. For example, we saw the registered manager was open and transparent in aspects of the service when things could be improved. Complaints were used as a way of improving the service provided to people to prevent a reoccurrence in the future.

Good

Is the service well-led?

Our findings

People we spoke with gave positive comments about the registered manager. One relative told us the management, "Really, really care" and believed they could speak with someone at any time about any concerns they had to be reassured about their family member's care and support. Another relative told us they found the management to be open and honest as they had contacted them following an incident involving their family member. Another relative was also positive about the communication they had experienced with staff in the event of anything regarding their family member. A further relative described the management to be, "Very good" and told us they had found people to be, "Supportive" as they could take any concerns they had to them.

The registered manager had different ways of gaining people's views about the quality of care they received together with suggestions where improvements could be made. We saw staff communicating with people in their preferred ways for their views suggestions in planning menus and what they would like to do for interest and fun. Meetings had been held where people who lived at the home and their relatives had the opportunity to share their experiences. We noted in one of these meetings one person said they were 'Very happy' and they liked their chair and being in the lounge. In addition to this people expressed themselves by sending in compliments. We looked at some of the comments people had made in 'thank you' cards. One person's comments read, 'We always felt confident that she was receiving the best care.' Another person had written, 'There is a world of difference between people just doing a job and those who do it with care and compassion.'

The registered manager had a good knowledge of people who lived at the home as well as their care needs. They were able to give as an overview of the care people needed and led by example as they used their knowledge of people's needs to support them in a personalised way. People showed through their verbal communication, facial expressions and body language they were happy for the registered manager to assist them. For example, the registered manager assisted one person in doing up their neck tie and another person was guided to the bathroom.

Staff told us they liked working at the home although many found their job to be busy. One member of staff told us, "I love my job so much". Staff told us they worked as a team. One member of staff told us nursing staff would help them. Staff were confident the registered manager would assist with providing care and support for people as needed.

Staff confirmed they were able to attend staff meetings and able to bring matters they felt needed to be discussed at these meetings. One member of staff told us, "If someone [staff member] has something to say, they will" in relation to the running of the home.

We attended a heads of department meeting. This was a daily meeting involving key staff members such as a nurse, catering, housekeeping, maintenance and management to share information about the previous 24 hours and plans for the day. People's care and support needs were at the forefront of the discussion and were used as a method of ensuring key staff were aware of on-going matters for them to pass on to their

teams.

The provider had systems in place involving the registered manager and others to assess and monitor the quality of the service provided for people. During our inspection the registered manager was able to show us a range of these processes and supplied further evidence following the inspection.
The registered manager told us and we saw documentation following them undertaking night visits and weekend visits to monitor the quality of care provided to people.

As part of the provider's internal audits and quality checks a need for refurbishment and replacement of furniture had been identified. We were told of and saw improvements on the ground floor including the replacement of lounge chairs. The registered manager was aware of further improvements scheduled for elsewhere in the home including communal toilets and corridors. The registered manager was also aware of proposed improvements to assist people who lived with dementia find their way around the home such as improved signage.

Regular audits were undertaken or overseen by the registered manager. These included the monitoring of people's weights, health and safety, medication and care planning. One person was nominated as 'resident of the day' on a daily basis. This person had their care plan reviewed by the registered manager to ensure it was an accurate reflection of the person's current care needs.

The registered manager showed they had an accountable and responsible leadership style. For example, we saw information in the entrance hall highlighting the registered manager had listened to concerns raised about missing clothing. The information indicated management of the home had listened to these concerns and taken action to make improvements. Relatives we spoke with told us missing clothing was at times an issue but believed action had been taken to resolve the matter. In addition during our inspection we brought to the attention of the registered manager a malodour in one part of the home. Action was taken to address this and to combat the odour detected once this was highlighted.

The registered manager was aware of their responsibility to report certain events to the Care Quality Commission (CQC). The registered manager was aware of what these events were and the circumstances when a notification was needed to be made.