

Mrs Maryel Dye

The Hollies

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

Summary of findings

Overall summary

About the service

The hollies is a residential care home providing residential care for up to 21 people in one adapted building. At the time of the inspection 19 people were using the service. Some of the people who lived at the service needed care and support due to dementia, sensory and /or physical disabilities.

People's experience of using this service and what we found

Recruitment process did not ensure staff had the necessary information in place to ensure 'fitness checks were effective. For example, full employment histories were not available and gaps in employment had not been explained. . There was no photographic identity documents available and limited evidence of meaningful checks of staff performance in previous care roles. There were no interview notes demonstrating applicants had the skills for the role applied for. This was a breach of the requirements of the regulations.

The management of medicines was not always safe. Records were not accurately maintained and included gaps which meant it was not possible to establish that people had received their medicines as prescribed. There were no protocols in place to record why medicines that were offered if required, were administered. Medicines being checked into the service were not signed for, therefore there was no clear audit trail as to who had been responsible. There were no current systems to identify the concerns found at this inspection. This was a breach of the requirements of the regulations.

Governance systems had not identified the inconsistencies in relation to the service's recruitment processes and the support people received with their medicines. This meant the services leadership were unaware of these failing prior to this inspection. This failure meant the service was in breach of the requirements of the regulations.

The environment of the service was in the process of being modernised at the time of our inspection. In two rooms malodours were identified which were evident on entry and in close vicinity to the rooms. The service's refurbishment plan had identified these rooms needed replacement flooring and these works were planned in the near future.

People lived in an open, friendly, family atmosphere where they felt safe and well cared for. People had good relationships with staff and other people living at The Hollies. During the inspection we saw people engaging happily with laughter and good-humoured banter.

People received care and support from staff who knew them well. Staff were trained and competent in their roles and monitored people's health and wellbeing. When needed, referrals were made to other healthcare professionals. Staff responded to advice given to ensure people received the care they required.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. The policies and systems in the service supported

this practice.

Care plans were personalised and reflected people's individual needs. The service supported people to engage in a range of activities suitable to meet their needs. People's communication needs were being met and complaints were acted upon.

People were supported to maintain relationships that were important to them. People socialised together during meals and activities. Relationships with family and friends were supported and encouraged.

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

Rating at last inspection and update

This service was registered with us on 05/03/2019 and this is the first inspection.

Why we inspected

This was a planned inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

We have found evidence that the provider needs to make improvement. Please see the safe and well led sections of this full report. We found no evidence during this inspection that people were at risk of harm from this concern.

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

You can see what action we have asked the provider to take at the end of this full report.

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 not entirely safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not entirely well-led.

Details are in our well-Led findings below.

Requires Improvement ●

The Hollies

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

The Hollies is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had two managers registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed information from other agencies and statutory notifications sent to us by the registered manager about events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law. We used all of this information to plan our inspection.

During the inspection

We spoke with 8 people who used the service, 4 visitors, 6 staff members and two registered managers. We reviewed the care records of three people, medication records, records of accidents, incidents, compliments and complaints. We reviewed staff recruitment, training and support information as well as audits and quality assurance reports. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this service following a change in registration. At the last inspection this key question was rated Good. At this inspection this key question has now deteriorated to Requires Improvement.

Staffing and recruitment

- Staff recruitment records did not ensure there was an effective process to ensure an applicant's 'fitness'. There was no full employment history for staff with gaps explained. Records had not been maintained of staff identification documents and there was limited reference information available. There was a note reporting, "reference said would re employ". There was no evidence of additional reference verification. Staff records did not provide enough assurance to an applicant's fitness. There were no records demonstrating the applicant's skills for the role applied for. These checks are required to ensure potential staff were safe to work with vulnerable people.

Recruitment systems did not ensure applicants were fit to work with vulnerable people. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- There were enough staff to meet people's needs and keep them safe. Staff were visible throughout the service. Call bells were responded to quickly and people did not have to wait long if they required support.
- People and relatives said there were enough staff. They told us, "The staff are good, when I need them they come quickly" and "Knowing there is someone there when you need them gives me piece of mind." A relative said, "Always staff around whenever I visit and the call bells are not always going off."

Using medicines safely

- Medicines were not always provided safely. For example, there were three gaps in people's medicine records which had not been signed for or identified through audit checks.
- Some people required medicines 'as required' or when needed [PRN]. There were no protocols in place to advise staff about these medicines. There were no records to show why these medicines had been administered. This meant there could be no audit to identify patterns or trends.
- Where new medicines were recorded into the service there were no signatures for staff responsible for this task. This meant there was no audit trail for accuracy and accountability. We identified the impact of these omissions had not had an impact on people's health and welfare.

The failure of the provider to ensure safe management of medicines is a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to ensure people were safe. All staff had attended safeguarding training and were able to tell us the actions they would take if they felt anyone was at risk.

- People told us they felt safe living at the service.
- The registered manager/provider had notified relevant persons including the local authority and CQC in line with local safeguarding policies and procedures when required.

Assessing risk, safety monitoring and management

- Risks were identified, assessed and regularly reviewed. These assessments contained some detail of the risk. Staff understood people's individual risks and how to respond to them. However, the information was not always detailed, which had the potential for new staff to be less aware of how to respond to risk. We discussed this with the registered managers who agreed to take immediate action by reviewing the records and including more meaningful detail to support new staff.
- Staff took appropriate action following accidents and incidents to ensure people's safety and this was clearly recorded. For example, when an incident had occurred, a person's falls risk assessment had been reviewed to ensure any associated risks were identified.
- Environmental checks were completed regularly to check the building, and fire safety aspects of the service were safe.

Preventing and controlling infection

- People lived in a clean environment although there were two rooms identified with a malodour. The provider and registered managers told us these rooms had been identified to receive new flooring as part of the current refurbishment programme. This would reduce the impact of malodours. This was necessary for the comfort of the people using those rooms.
- Staff received training in infection control practices. There were appropriate hand washing facilities.
- Staff had access to personal protective equipment such as disposable gloves and aprons.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed so any trends or patterns could be highlighted.
- The registered managers always reviewed risk assessments and care plans following accident or incidents to mitigate the risks of reoccurrence.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this service following a change in registration . At the last inspection this key question was rated Good. At this inspection this key question remains the same.

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

- A refurbishment programme was in place. A new fire system had been implemented and work was currently taking place to replace the call bell system. The dining area and lounge area had been decorated and new furniture introduced. Three rooms had been refurbished and the programme was continuing. People told us they had been supported to choose the decoration in their rooms. A ground floor shower room had recently been completed to provide a choice of bathing options to people. The provider acknowledged redecoration of people's rooms and corridors was necessary.
- Each person had their own room, which they could personalise to their own tastes and needs. For example, one person liked to sit by the window. Staff supported this by making an area for them with a chair and cushions. The person told us, "I love my room and sitting here all day. I can see the world go by." A relative told us, "[Person's name] has a lovely room and we have brought some furniture from home. They are very happy."
- People lived in a homely environment with access to other floors via stair lifts. Most people were independently mobile. Some used mobility aids, for example, walking sticks or frames and only needed verbal support from staff to maintain their safety when walking around the service.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff support: induction, training, skills and experience

- People's care plans were up to date and reflective of their individual needs and choices.
- People said they were supported by a competent, stable staff team who knew them well and understood their preferred routines and needs. One person told us, "I have lived here for a long time. Its lovely and so homely". Family members consistently told us they thought the service was homely and this is what their relative loved about living at The Hollies.
- People were supported in accordance with up to date guidance and legislation because staff received regular training to make sure their knowledge was up to date.
- New staff completed an induction programme to enable them to provide safe care. New staff also had opportunities to shadow more experienced staff to enable people to get to know them and for them to understand people's preferences.

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

- People spoke highly of the meals provided at The Hollies. People told us, "All home cooked I love it" and "There is always a snack or drink. They [staff] are always asking if I want a drink of something."
- Lunchtime was a pleasant dining experience for people. Tables were set with condiments.
- There was adapted cutlery and plate guards to support people to eat independently.

People were able to make choices about the food they ate with a main choice and alternatives available. There was a choice of sherry with lunch if people wanted this or a soft drink to accompany their meal.

- Staff assisted people in a respectful way. Some people chose to eat in their rooms and staff respected their decisions.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People saw healthcare professionals according to their individual needs.
- We looked into whether people were having their oral healthcare needs met. Each person's oral health needs had been identified in their care plans. People had access to dental care and dental check-ups. Staff understood the importance of good oral healthcare. However, there was no current training programme, this had been identified by the registered managers and was being acted upon.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so 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. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service was working within the principles of the MCA. Applications had been submitted where restrictions were in place. There were no authorisations in place at the time of the inspection.
- Staff had a good understanding of consent. We saw this in care records and practise. Staff always asked permission before supporting people. The service had introduced consent records for care and treatment, photographs, sharing and storing confidential information.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated Good. This is the first inspection of this service following a change in registration. At this inspection this key question remains the same.

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

- Staff focused on retaining and promoting people's independence, as much as they could within a care home setting, and developing community links. This was confirmed by our observations during the inspection visit and comments from people we spoke with. One person said, "I go out every day. I like to walk around because I have always lived around here."
- People's personal relationships with friends and families were valued and respected. For example, staff took time to speak with families when they visited. Families told us they were always made to feel welcome and could visit when they chose. They told us, "We are always made to feel welcome. The staff are always cheerful" and "I know [Person's name] is very well cared for here."
- The registered manager and staff were aware of people's equality needs and supported people to retain their community links. For example, supporting people to visit family and having local news publications available.
- The service respected people's diverse needs in relation to disability, gender, marital status, race, religion and sexual orientation. There was evidence that people's preferences and choices regarding some of these characteristics had been explored and people were supported by staff. There was no evidence that anyone who used the service was discriminated against and no one told us anything to contradict this.
- There was a house cat which people frequently talked about. We observed people stroking the cat and talking to it throughout the inspection. People told us they were very fond of the cat and that it added to the place feeling like home.

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

- People told us they were able to make decisions about what they did and the care they received. One person said, "I am very independent and like to come and go when I want."
- People's care plans were written in a way they could be understood. Families and some people told us they were involved in reviews and felt their contributions were respected by staff. One relative said the registered managers had explained everything to them about what to expect and they had been involved in their relatives care planning and review.

Respecting and promoting people's privacy, dignity and independence

- Each person had a room where they were able to spend time in private if they wished to. People's privacy and independence were respected by staff. People told us they valued their independence and liked to do things for themselves as far as they were able. One person said, "I have my own routine I get up when I want and go out when I want."
- Staff were respectful of people when they assisted them with personal care. One person commented,

"They [staff] always make sure the door is closed. They are very discreet."

- People felt valued and respected by staff.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated Good. This is the first inspection of this service following a change in registration. At this inspection this key question remains the same.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff knew people well and how they liked to be supported. Care was delivered in line with people's preferences. This also helped to make sure people received care which was personal to them.
- People were treated as individuals and were able to follow their own routines. Some people went out independently or with family and friends.
- Care plans provided information about people's care and support needs, preferences, likes and dislikes. People were involved in and understood their care plans. Each person received personalised care based on their level of need.
- Some people needed support to help them to move around. The care plans detailed the equipment required and how staff should support them. We observed staff supporting people with mobility equipment correctly. Staff were confident when using this equipment and provided reassurance and encouragement to people during transfers.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care staff adapted their communication style to suit the needs of people living in the service. We observed people and staff communicated openly using a range of verbal and non-verbal techniques which people fully understood and responded to positively. This enabled people to be fully involved in communicating their needs and preferences with members of the staff team.
- Each person had a communication care plan, recording any visual problems or hearing loss and instruction for staff about how to help people communicate effectively.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to lead meaningful lives. They participated in a range of social activities, that met their individual needs and preferences. Some people chose to follow their own interests. An activity coordinator visited the service twice a week for organised activities. This included, arts, crafts, music and quizzes. On days the coordinator was not working, staff supported people or external groups and entertainers came to the service. Two people told us they liked the activities. Others told us they liked to 'do their own thing' or stay in their room.
- Relationships with family and friends were supported and encouraged, especially those whose family did

not live locally. One person was supported by staff to use a system to video call relatives in another country to help maintain these important relationships.

- Some people liked to spend time relaxing quietly on their own. This was respected by staff. One person was using their room during the afternoon. They told us, "I don't really go out of my room. It's nice and I have my things around me."

Improving care quality in response to complaints or concerns

- Complaints were recorded and action taken to address them in line with the services policies and procedures.

- People told us they had not had reason to complain but felt confident to approach the registered managers, or staff with any issues. A relative told us, "If have not had any reason to complain, but if I wasn't happy about something I would go straight to the manager. I do have confidence with them".

- There were no open complaints at the time of the inspection.

End of life care and support

- People were supported as they were approaching the end of their life.

- Staff worked in collaboration with other health care professionals to ensure people's symptoms were well managed.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated Good. This is the first inspection of this service following a change in registration. At this inspection this key question has now deteriorated to Requires Improvement.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The services governance and recording systems were not entirely effective. At this inspection we found records necessary to demonstrate safe recruitment practices had been followed were missing. In addition, records in relation to the management of medicine had not been accurately maintained. These failures had resulted in two breaches of the regulations as detailed in the safe section of this report.
- The providers auditing and quality assurance processes were ineffective. They had failed to identify the issues in relation to recruitment practices and medicines management prior to this inspection.

By not having effective governance systems in place meant the service was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014

- Staff demonstrated an understanding of their roles and responsibilities and told us they enjoyed working at The Hollies. They said, "Been here years I love it it's a great supportive team from the top down."
- The management team were clear about their roles and responsibilities. The registered manager was supported by the providers. There were also senior care workers supporting and reporting to the management team.
- CQC were notified of incidents and events in line with legislation.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider and registered managers understood their duty of candour and told relatives and people where things had gone wrong and what was being done to improve.
- Regular engagement between the provider, registered managers and staff supported the management team to share good practice and learning across the service. This allowed management the opportunity to reflect on current practice within the service, as well as driving discussion about how to constantly improve provision of care.
- The provider and registered managers were visible and approachable. They took an active role in the day to day operation of the service and continually supported all stakeholders.
- Staff told us it was a good place to work where they felt valued by the management team and supported each other. They said this helped to create a family type environment for people to live in. One staff member said, "Some of us have worked here for years. Others have left and come back. It's that sort of place. We all

get on like a family"

- The provider had a clear ethos regarding the way care and support was provided at The Hollies. They told us they wanted a relaxed, homely atmosphere and staff echoed this view. During the inspection we heard a lot of laughter and good-humoured banter. One person said, "It's like this all the time."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider used an annual survey as well as regular one to one conversations with people and their families to gain their views. The most recent survey was positive. However, the sample size was small. Two surveys each for people using the service, relatives and professionals. This small sample did not give a balanced overview. We discussed this with the provider who agreed to gain a larger sample for a more meaningful result. However, during the inspection people and relatives consistently told us they were satisfied with the service they received.

- People's equality characteristics relating to sensory and physical disabilities were being carefully considered so they could navigate their home more easily. For example, the use of signage to support people and mobility equipment.

Working in partnership with others

- Staff at The Hollies worked in partnership with other services and organisations such as GPs, mental health teams, community nurses and other healthcare professionals involved in people's care.

- Staff sought out appropriate guidance, and advice from health professionals was used to ensure the safety and wellbeing of people was maintained.

- The service worked in partnership with other agencies to achieve positive health and wellbeing outcomes for people.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|--|---|
| Accommodation for persons who require nursing or personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not ensured that robust processes and procedures were in place to ensure the safe management and storage of medicines. |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance Governance processes were not robust. The provider had failed to ensure that audits and checks were effective in identifying concerns found at this inspection. |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Recruitment systems did not ensure applicants were fit to work with people. |