

# Making Space Hollymere

## Inspection report

Hollymere  
New Grosvenor Road  
Ellesmere Port  
CH65 2HH

Tel: 07890550861

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07 March 2023  
09 March 2023  
16 March 2023

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Hollymere is an extra care service consisting of 71 apartments, accommodating people within a large purpose-built building. At the time of our inspection there were 59 people using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

The majority of feedback received about the service was positive. People felt safe with the care they received and were supported by staff who understood their role in keeping people safe from abuse. Risks associated with people's individual needs were assessed with measures in place to mitigate. The provider aimed to support people with a consistent staff team. Whilst recruitment was ongoing the service was supported by consistent agency staff. Systems were in place to ensure recruitment was safe. People received their medicines safely. Staff received training and were aware of the procedures to follow to prevent and control the spread of infection.

People's needs were assessed and incorporated into personalised care plans. Systems were in place to ensure staff were appropriately trained to carry out their role and their competency to do so was checked. The service worked effectively with external agencies to support people to maintain their health and well-being.

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.

People were supported by staff who treated them with kindness and respect. One person told us, "The best thing is the care team, they are fabulous." People's privacy and dignity were respected.

People's communication needs were considered. Information was available in alternative formats to meet people's needs. People had information about how to raise a concern and were aware of who they would speak with should the need arise. Procedures were in place to ensure complaints were handled and responded to appropriately.

The majority of people spoken with felt the service was well-led and told us they were able to speak with the management team quickly if needed. Systems were in place to assess the quality of the service. Opportunities to capture learning were identified and the Regional Head of Operations confirmed ongoing plans to continuously improve the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 08/09/2021 and this is the first inspection.

#### Why we inspected

This was a planned inspection to provide the service with its first CQC rating.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Hollymere

## 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 Health and Social Care Act 2008.

#### Inspection team

This inspection was carried out by 1 inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. However, following the departure of the previous registered manager a new manager had been recruited and commenced their employment 20 March 2023. They confirmed their intention to submit an application to become the registered manager.

#### Notice of inspection

We gave a short period of notice of the inspection. This was because we needed to be sure that the provider would be in the office to support the inspection.

Inspection activity started on 9 March 2023 and ended on 22 March 2023. We visited the location's office on 16 March 2023.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection and sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 5 people who used the service and 6 relatives. We also spoke with the Regional Head of Operations, five care staff and an agency worker. We reviewed a range of records. This included 3 people's care records, medication records and a variety of records relating to the management of the service, including policies and procedures. We also reviewed 4 staff files in relation to recruitment, supervision and training.

# 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 of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems and procedures were in place to protect people from the risk of abuse and to ensure safeguarding incidents were reported to relevant agencies as required.
- Staff understood their role in keeping people safe from abuse and told us they felt able to report any concerns should the need arise.
- People told us, "I am so, so happy and safe" and "[Relative] feels he is safe there as he knows everybody. It has certainly never occurred to me that he would not be safe."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks associated with people's individual needs were assessed and incorporated into risk assessments with measures in place to mitigate.
- Accidents and incidents were recorded and reviewed to identify themes and trends and to capture learning opportunities.
- Actions taken to reduce the level of risk or prevent reoccurrence had been identified. Relevant professionals had been consulted when required.

Staffing and recruitment

- Staffing levels were determined by people's support needs. The service aimed to support people with a consistent staff team. Whilst recruitment was ongoing, the service was supported by consistent agency staff to fulfil care requirements. One staff told us, "There are enough staff and we're always fully staffed."
- One person told us "They try not to have too many agency staff, but I have noticed at the moment there are more agency staff." The Regional Head of Operations confirmed that agency usage had increased recently, due in part to staff's annual leave. However, several initiatives were in place and/or planned to promote and encourage recruitment of permanent staff.
- Care calls were scheduled in runs for efficiency, with allocated staff members. The majority of people told us staff were usually on time and their calls had never been missed. People told us, "The carers are on time", "They have never missed [a call] but they are not always on time if there is an emergency, but on the whole they are on time", "He has one carer and they have never missed."
- Records reviewed evidenced that staff did not always record 'time out' of calls and one person told us one staff had not stayed the correct amount of time. We saw evidence that follow up action had been taken with staff in this regard. In addition, the provider was introducing a new electronic system which would generate an alert regarding any omissions. The system would be monitored daily by the management team to enable swift follow up.
- Systems were in place to ensure recruitment was safe. We brought an aspect of recruitment to the

attention of the Regional Head of Operations due to specific circumstances, which has now been addressed.

#### Using medicines safely

- People received their medicines as prescribed, from staff who followed systems and processes to administer and record their medicines safely.
- Regular checks were carried out to ensure medication administration was safe. Any discrepancies were promptly acted upon.
- Policies and procedures were in place to promote the safe management and administration of medicines, including medicines which were administered 'when required'.

#### Preventing and controlling infection

- Staff received training and were aware of the procedures to follow to prevent and control the spread of infection. Information regarding guidance in relation to COVID-19 was available for staff.
- Policies and procedures were in place and up to date, providing relevant guidance to staff.
- Staff had access to plentiful supplies of personal protective equipment (PPE).
- People told us, "They [staff] were amazing around the residents when there is COVID" and "They wear masks and gloves when needed."



# 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 newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- An initial assessment of peoples' needs, likes and choices took place before they received a service to ensure the provider could meet them. This information, along with information from relevant professionals, was used to develop personalised care plans.
- Staff told us, "Some people have never had care before so we talk to the individual about what needs to be covered and family and social worker when appropriate" and one person said, "They did have a meeting with her regarding her support plan and they discuss it with me."

Staff support: induction, training, skills and experience

- Staff received ongoing 1:1 supervision. Although some sessions had become overdue during the transition period between managers, it was evident that supervision was taking place and all staff spoken with told us they felt well supported. One staff member told us, "I'm completely supported."
- People were supported by staff who had completed an induction, which included shadowing an experienced member of staff before working independently.
- Staff's competency to carry out their role was checked using assessments and ongoing checks.
- The provider had a training programme which covered a range of core topics. The Regional Head of Operations confirmed a schedule was in place to ensure 100% training compliance. Staff were also supported to undertake professional qualifications to promote their development.
- People were supported by staff who had the skills and knowledge to meet their individual needs. The majority of people spoken with felt staff were sufficiently trained. People told us, "They are absolutely well trained and really good" and "They know what they are doing." However, one person felt at times agency staff didn't know what to do."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support; Supporting people to eat and drink enough to maintain a balanced diet

- The service worked effectively with external agencies to support people to maintain their health and well-being.
- People told us, "The carers would call a doctor for me if I needed one" and "They would definitely call a doctor, [relative] fell and they did call one."
- The provider ensured staff had the information they needed to support people who required assistance with eating and drinking.
- Staff ensured people were offered choice from foods available and were involved in food preparation as far as they were able, to support people to maintain their independence.

- One staff member told us, "It's important to let them help as much as they can."

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 MCA 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Staff sought people's consent when delivering care and people were involved in decisions about their care.
- The service was working within the principles of the MCA, systems were in place to assess a person's mental capacity to make specific decisions if needed. We discussed the record relating to one Best Interest Decision with the Regional Head of Operations as although appropriate action had been taken, records did not fully reflect this. Immediate action was taken to address this matter.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff spoke with passion about the care they delivered and the people they supported. It was evident genuine bonds had developed.
- People were supported by staff who treated them with kindness and respect.
- The majority of people told us staff treated them well and were happy with the care they received. People told us, "They are kind and caring and are very good, and I can't fault them" and "They will have a chat with me and are very kind", and "The carers have been absolutely brilliant, I would have been lost without them." However, one person told us, "The agency staff don't care."
- Policies and procedures were in place to ensure people were treated fairly and without discrimination.

Respecting and promoting people's privacy, dignity and independence

- Staff understood the need to deliver care in a way which supported and respected people's privacy and dignity. One person told us, "They understand me. They treat me with respect and dignity."
- People were supported to maintain their independence as far as they were able to and staff were aware of the importance of people being involved in their care. Staff gave examples of how they achieved this during day to day care delivery with meal preparation, when using equipment and during personal care.

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

- Care plans and reviews demonstrated how people were involved in making decisions and choices about their care.
- People told us, "They go through the care plan with me", "The management have asked my views" and "[Relative] chose for them to knock, open the door, call and come in."
- Questionnaires were issued to seek people's views about their experience of the care they received. We saw feedback received within these questionnaires had been positive.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People's care and support needs, their likes, dislikes and preferences for how they would like their care to be delivered were incorporated into person-centred care plans.
- Regular reviews took place to ensure people's care needs were updated as and when required to ensure they remained reflective of people's needs and wishes.
- People told us, "I am kept up to date with the care package. I do look at the care plan" and "I am very happy with the care."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed and incorporated into their care plans. Staff were aware of people's needs in this regard and were able to explain the methods of communication used.
- Accessible information to meet people's needs was available if required, and information about alternative formats was included in each person's care file.
- Policies and procedures provided guidance to staff in this regard, demonstrating the provider's understanding of this legislation.

Improving care quality in response to complaints or concerns; 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

- Policies and procedures were in place to ensure any complaints were handled and responded to appropriately. Compliments were also recorded.
- Information about how to complain was included within each person's care file which was retained in their home. People said, "If I needed to complain I would know who to complain to."
- Staff supported people to maintain relationships with families when needed. One person told us, "They will get [relative] on the phone to speak to me if he wants."

End of life care and support

- The service worked alongside other agencies to ensure people's needs were met at this stage of their life

to enable them to remain comfortable and pain free.

- Information about people's wishes in respect of this aspect of their care was incorporated into care plans.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The management of the service was in transition following the departure of the previous registered manager, the arrival of the new Regional Head of Operations and the new home manager. During the transition the day to day running of the service was led by senior staff, with oversight provided by the provider's leadership and management team.
- Staff demonstrated a clear understanding of their roles and responsibilities.
- The majority of people spoken with felt the service was well-led. People told us, "The carer service is well-run, they take care of [Relative's] needs and contact me" and "It is definitely a well-run service." However, one person did not feel positive about the service following the change of provider.
- Audits were carried out to assess and assure the quality of the service. Records were in the process of being transferred to a new electronic system which would further improve governance and oversight. Plans were in place to hold a weekly 'surgery' to support staff with the introduction and ongoing use of the system.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics;

- Feedback received during the inspection indicated a positive culture within the service.
- Staff spoke positively about their roles and felt well supported. This included one agency worker who told us they had been made to feel part of the team and had "been supported from the first day." Staff told us, "I love the job I do, I'm completely supported" and "[Names] are very supportive."
- The majority of people spoken with spoke positively about the culture within the service and the care they received. People told us, "They [staff] do a great job and are always happy" and "The best thing is the care and the commitment that the staff show."
- People were able to express their views during care reviews, meetings and in questionnaires, in addition to the general day to day operation of the service. People told us, "There is no issue ever talking to them, the door is always open" and "You can have a meeting with management quickly if you need and I have good contact."

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; Continuous learning and improving care

- During the inspection the management team engaged with the inspection process throughout.
- CQC had been informed of events which occurred within the service as required.

- Plans and processes were in place to promote ongoing learning and continuous improvement with clear priorities.

#### Working in partnership with others

- The provider worked in partnership with other agencies effectively.