

HICA

# The Hollies - Care Home

## Inspection report

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Date of inspection visit:  
02 February 2017

Date of publication:  
10 March 2017

## Ratings

Overall rating for this service

Good ●

Is the service effective?

Good ●

# Summary of findings

## Overall summary

This focussed inspection of The Hollies took place on 02 February 2017 and was unannounced. The overall rating for the service was unchanged as this was a focused inspection that took place over six months after a comprehensive inspection. However, the rating for the section 'Is the service effective' changed from Requires Improvement to Good.

At the last inspection on 10 and 11 December 2015 the service met all but one of the regulations assessed under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At that inspection the registered provider was in breach of Regulation 15: Premises and equipment. This was because the registered provider did not ensure that weighing equipment was working properly and people were weighed regularly. This meant that people were at risk of harm due to inadequate monitoring of their health and nutrition, particularly where people were at risk of being malnourished.

At this inspection there was sufficient improvement identified to show that the breach was met. The registered provider had acquired a new set of weighing scales and people were being regularly weighed. We saw recorded evidence of this in four people's files, which meant the registered provider monitored people's weight to ensure their health.

The registered provider was required to have a registered manager in post. On the day of the inspection there was a manager that had been in post for the last four months. They had been interviewed and approved as the registered manager by the Care Quality Commission (CQC) one week before the inspection. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were cared for and supported by qualified and competent staff that were regularly supervised and appraised regarding their personal performance.

People's mental capacity was appropriately assessed and their rights were protected. Staff had knowledge and understanding of their roles and responsibilities in respect of the Mental Capacity Act (MCA) 2005 and they understood the importance of people being supported to make decisions for themselves.

The registered manager worked with other health and social care professionals and family members to ensure decisions were made in people's best interests where they lacked capacity to make their own decisions.

People received adequate nutrition and hydration to maintain their levels of health and wellbeing.

The premises were suitable for providing care to older people and to people living with dementia, as the

environment was conducive to their needs.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service effective?**

The service was effective.

People received adequate nutrition and hydration to maintain their levels of health and wellbeing and this was monitored by regularly weighing people that used the service.

People were cared for and supported by qualified and competent staff that were regularly supervised and received appraisal of their performance. People's mental capacity was appropriately assessed and their rights were protected.

The premises were suitable for providing care to older people and to those living with dementia, as the environment was conducive to their needs.

**Good** ●

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## **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 focussed inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to look at the overall quality of the service under the Care Act 2014.

The inspection of The Hollies took place on 02 February 2016 and was unannounced. One Adult Social Care inspector carried out the inspection.

Information had been gathered before the inspection from notifications that had been sent to the Care Quality Commission (CQC). Notifications are when registered providers send us information about certain changes, events or incidents that occur. We also requested feedback from local authorities that contracted services with The Hollies and reviewed information from people who had contacted CQC to make their views known about the service.

We spoke with three people that used the service and the registered manager. We looked at care files belonging to four people that used the service and at staff training records. We viewed records and documentation relating to the running of the service, including the staffing rosters, supervision notes, menus and best interests meeting decision forms. We also looked at the design and layout of the premises with regard to meeting the needs of older people and those living with dementia.

## Is the service effective?

### Our findings

At the last inspection the registered provider was not weighing people regularly as the equipment used to do so was broken. This meant that people were not monitored in respect of their weight and were therefore at risk of harm from any undetected weight loss. The registered provider had not ensured that equipment used to weigh people was working properly.

At this inspection a new set of weighing scales had been purchased and people were being regularly weighed. Their weight was monitored for signs of any physical ill health and staff observed what people ate which gave them an indication of any possible ill health.

People we spoke with felt the staff at The Hollies understood them well and had the knowledge to care for them. They said, "Staff are very good" and "The staff look after us well." We also heard conversations between people and staff which supported this. One person said to a staff member, "You're worth your weight in gold."

The registered provider had systems in place to ensure staff received training and gained experience to carry out their roles. A staff training record was used to review when training was required or needed to be updated and there were certificates held in staff files of the courses they had completed.

Records showed those staff whose training was up-to-date training and those who required training or were due to renew their training. For example, while all staff had completed moving and handling training there were just four from 32 that had not yet had their competency tested regarding moving and handling. Another example, was that while all staff had completed safeguarding adults training, eight were due to have this renewed with two sessions booked for dates in February 2017.

The registered provider had an induction programme in place. They reviewed staff performance via one-to-one supervision meetings and the implementation of a staff appraisal scheme.

Staff told us they had completed mandatory training (minimum training as required of them by the registered provider to ensure their competence) and had the opportunity to study for qualifications in health care. Staff training records confirmed the training they had completed and the qualifications they had achieved.

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 interest 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 interest and legally authorised under the MCA. The application procedures for this in care homes and hospitals are

called 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 were being met. The registered provider and registered manager were following the requirements of the legislation to protect people who lacked capacity with regard to capacity assessments, 'best interests' decisions and DoLS applications and authorisations. Where people required protection of their rights, using the legislation, this was appropriately managed.

People's nutritional needs were met because staff consulted people about their dietary likes and dislikes, allergies and needs due to medical conditions. The staff sought the advice of a Speech and Language Therapist (SALT) when needed. The cooks provided three nutritional meals a day plus snacks and drinks for anyone that requested them, including at supper time. There were nutritional risk assessments in place where people had difficulty swallowing or where they needed support to eat and drink. Menus were on display for people to see what was on offer and people told us they were satisfied with the meals provided.

People's health care needs were met because staff consulted people about their medical conditions. Information was collated and reviewed with changes in their conditions. We were told by staff that people could see their doctor on request and that the services of the District Nurse, chiropodist, dentist and optician were obtained whenever necessary. Health care records held in people's files confirmed when they had seen a professional, the reason why and what the advice or the outcome of the consultation had been. We saw that diary notes recorded where people had been assisted with the health care that was advised for them.

For those people that used the service who were living with dementia, approximately half of the people that used the service, we found that the environment was conducive to meeting their needs. Signage within the property and the patterns of carpets and furnishings enhanced people's quality of life because they were appropriately clear and plain. Environment incorporates design and building layout, colour schemes, textures, experience, light, sound and smell and the environment at The Hollies was suitable for older people and those living with dementia. For example, people had areas they could freely walk between, rummage boxes and activity wall hangings to aid occupation and stimulation.

We discussed with the registered manager some information CQC had received before the inspection. We looked at specific records to help us determine the effectiveness of the service in respect of personal care and protection against deprivation of people's liberty. Care files and records we looked at showed clear information about people's needs and the rationale behind the care practices used to support them. They also documented evidence of the personal care that people had received. We identified no concerns in respect of personal care or the practices used to keep people safe.