

Prime Life Limited

The Hollies

Inspection report

The Hamlet
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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

The Hollies is registered to care for people who need nursing or personal care but nursing care is not provided. It offers accommodation in one adapted building for up to 23 people with mental ill health. At the time of inspection 23 people were living in the home.

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

People had developed positive and friendly relationships with the staff and staff could tell us about people's likes, dislikes, interests and the support they needed.

Care plans and risk assessments were person centred and they detailed how people wished and needed to be supported. People were supported to eat and drink enough to maintain a balanced diet and were able to access other health care services when needed.

People were recruited safely. Staff received regular training, received supervisions, attended staff meetings and had regular practice checks.

Medication needs were assessed and medication was only given by staff who were trained to do so. Accidents, incidents, safeguarding and complaints were managed appropriately and monitored by the management.

The registered manager and provider had internal and external audits in place and accessed other sources of information to review and improve practice. People were able to give their opinions on their care service and a range of communication methods were in place to ensure people continued to have this opportunity. There were 'easy read' or pictorial documents in place.

Policies and procedures were in place and updated, such as safeguarding, complaints, medication and other health and safety topics. Infection control standards were monitored and managed appropriately.

There was an infection control policy in place to minimise the spread of infection. There was also a series of health and safety checks in place to ensure the building was safe. The home was clean, however we saw there were areas that were in need of refurbishment. The registered manager had already identified and actioned this.

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.

The registered manager and staff regularly worked with other professionals to ensure the best outcomes for

people living in the home.

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

Rating at last inspection - The last rating for this service was Good (published 07 March 2017)

Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Hollies on our website at www.cqc.org.uk.

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.

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.

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 and one 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

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 a manager 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

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 used all of this information to plan our inspection.

During the inspection

We spoke with eight people who used the service and four relatives about their experience of the care provided. We spoke with four members of staff including the registered manager, and the regional manager. We also spoke to a visiting nurse and a visiting podiatrist.

We reviewed a range of records. This included three people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We received feedback from two professionals who regularly visit the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. There was a policy in place to ensure that people were protected from the risk of harm and abuse referrals had been made to the local authority safeguarding team when abuse had been suspected. One person told us "Nobody hurts us, nobody abuses you."
- Staff completed training in safeguarding, demonstrated a good awareness and understood the actions they must take if they felt someone was being harmed or abused. Staff were also aware of the whistleblowing process and stated that they would feel confident to raise concerns. A professional informed us that 'I feel the home have a good understanding of risk and the individual factors that can impact and feel all my clients are safe.'

Assessing risk, safety monitoring and management

- There were risk assessments in place to ensure staff were safe when working alone and each person had a Personal Emergency Evacuation Plan (PEEP) in place. This informed staff of the safest way to evacuate a person from the building in an emergency.
- People's care plans contained a wide range of assessments identifying potential risks. Records showed that measures were in place to mitigate those risks.
- We identified that some documentation had not been fully completed. There were some documents that were not dated, some parts of the care file had not been completed. We discussed this with the registered manager who informed us that this would be actioned immediately.
- Risks to the environment had also been assessed to help ensure people were safe. The provider had systems in place to ensure regular checks on equipment took place to ensure that it was safe and fit for purpose.

Staffing and recruitment

- We looked at four staff recruitment records and all were in order with all relevant checks completed.
- Staff were safely recruited by the service. Checks such as criminal records checks, known as Disclosure and Barring Service (DBS) records, were carried out. This helped to ensure that only people who were suitable to work with vulnerable adults were employed by the home.
- The registered manager had followed the company's disciplinary procedures appropriately and in accordance with policies.
- Feedback received from staff, people living in the home and relatives indicated that staffing was sufficient

Using medicines safely

- Medications were stored securely, and medication was only administered by staff who had the correct training to do so.
- There were procedures in place to support the safe administration of medicines. There was a medication policy which covered the process staff needed to follow. Staff also had access to best practice guidance regarding medicines.

Preventing and controlling infection

- The environment was visibly clean and free from any unpleasant odours. There was a clear system in place for the maintenance of cleanliness and hygiene in private and communal spaces.
- Staff had completed appropriate training and were aware of the need to control the potential spread of infection

Learning lessons when things go wrong

- There was a system in place to monitor and review accidents and incidents. Accidents and incidents were reviewed regularly by the registered manager which enabled them to analyse trends.
- The provider have an organisational process of ensuring their homes learnt from each other if issues were identified. This was included in a regular information newsletter. For instance, they designated a champion in infection control.

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.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. 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

- Staff were aware of the relevant standards and guidance and used this effectively to assess people's needs and plan their care.
- People were involved in discussions about their care and their outcomes were good. One person told us how they were about to have a review meeting which meant they were looking forward to the possibility of starting independent living again.
- People were supported by staff who knew them well and supported them in a way they wanted.

Staff support: induction, training, skills and experience

- Staff were given an induction in accordance with recognised standards for care staff.
- Staff were also given regular additional training to improve their skills and knowledge. This was supported in discussion with staff.
- Staff received an appropriate level of support for their role through regular supervision and appraisal.

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

- People's nutritional and hydration needs and how they were to be met were recorded in their care plans. Where needed, people were supported with specific diets associated with their individual needs. One person told us "I enjoy it."
- There were smaller kitchen areas within the home that allowed people to access their own drinks and snacks when they wanted to.

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

- People had access to healthcare services when they needed it. People were referred for healthcare assessments promptly if required.
- When other health and social care professionals were involved in people's care, any advice given was incorporated within their plans of care. One healthcare professional emailed us the following, 'three of my four clients have failed to thrive in alternative homes yet have been settled and not required psychiatric admission since arriving at The Hollies. So I feel they are effective, the manager contacts me over any important events that occur and if difficulties are arising allows me opportunity to respond quickly and work to overcome any issues.'
- We were able to discuss how the manager and staff worked with them to support people to live healthier lives and we only received positive feedback from both.

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

- Areas of the home were in need of home refurbishment, however the registered manager had already identified this and waiting for this to start.
- Each person's room had two entrances to it as each personal space had a lounge area and a bedroom. One was for their main entrance and there were covers of actual 'front doors' to give the person the sense of it being their own area.
- The home had three self-contained flats for those people aiming to become more independent.

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.

- DoLS applications had been made appropriately. A system was in place to monitor authorisations and when they needed to be reapplied for.
- Staff obtained consent for people's care and support. Staff understood the principles, of the MCA and people were supported wherever possible to make their own decisions.
- Where necessary, mental capacity assessments had been completed and the best interest decision making process was followed and documented.

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 as Good. At this inspection this key question has remained the same. 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

- On the day of the inspection we observed that people living in the home looked comfortable with the staff. We asked if staff listened and acted on the wishes of the people living in the home and we were told 'yes'. One person said "They're all friendly and we have a laugh."
- People we spoke to told us that they were treated with respect. One healthcare professional informed us that 'the atmosphere feels comfortable and like it should in my opinion, like a family, there is respect between residents and staff and each other in general, my opinion of this is of a deeply caring and compassionate home.'
- People's sensitive and confidential information was safely stored and protected in line with General Data Protection Regulation (GDPR).

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

- We saw how meetings were held with people living in the home where they could put forward their opinions on aspects of the home,
- We asked people if they were involved in their own care decisions and we were told yes.
- Comments included "They read it out to me and I dictate it", "We talk about everything" and "I've got a big meeting on Thursday with my funders."
- Care plans we looked at showed where people had signed to agree their own care plans and it was noted where people were unable to do so.

Respecting and promoting people's privacy, dignity and independence

- Each person we spoke with felt their privacy and dignity was always respected.
- People were encouraged to retain their independence by staff and others were supported to do as much as they could. One person told us how they did their own laundry and another said "They remind me of things. I have a poor memory so they remind me." A relative told us how one person had been able to attend a meeting on their own for the first time.
- At the entrance to the home we saw that there was a 'Hollies Hub' that had information for people living in the home and visitors. This included information regarding activities, how to raise a concern and employee of the month.

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 as Good. At this inspection this key question has remained the same. 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 individual needs had been assessed and care plans developed to meet those needs.
- People's preferences in relation to their care and treatment, daily routines and how they liked to spend their time was clearly documented. An example of this was how one person enjoyed photography so the registered manager and staff sourced their own camera and supported the person to enjoy their hobby.
- The registered manager and staff knew the people they supported well, including their dietary needs and preferences and activities they preferred. We were able to discuss people's needs in depth with staff.

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.

- The service was meeting the Accessible Information Standards as they assessed, recorded and shared information regarding people's communication needs. Examples included if a person needed hearing support of glasses.
- People's support plans also included guidance on how to appropriately communicate with a person. For instance a person who was hard of hearing.
- Documents were available in different formats for people.

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

- Relatives we spoke with told us how there was no restrictions on visiting and that the home communicated with them regularly.
- The registered manager was in the process of evaluating the activities within the home. People had been on outings to Skegness, The Sealife Centre in Birmingham and Cadbury World.
- The registered manager and staff had developed an outside bar area with a Hawaiian theme and had organised a party that had invited people from other homes in the area.
- There was a 'tuck shop' that opened for the people living in the home that gave them the opportunity to independently buy their own personal items.

Improving care quality in response to complaints or concerns

- A complaints policy was available and this was on display within the home. This was also available in an 'easy read' version for ease of understanding for those living in the home.

- People told us they knew how to make a complaint should they need to, and relatives agreed.
- The registered manager told us that complaints would be received positively and used as an opportunity to improve the service.
- The registered manager maintained a log of any complaints received and records showed they were investigated and responded to appropriately.

End of life care and support

- At the time of the inspection, nobody at the service was receiving end of life care. However, people's care plans documented peoples wishes if they wanted to discuss it.
- The registered manager told us how they would support people wishes and we were provided with the providers end of life policy.

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 as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- One health care professional we contacted said 'My opinion is that it is well-led by the manager'.
- We saw evidence of how the registered manager and staff worked closely with others to achieve positive outcomes for people living in the home.
- Peoples care plans showed annual reviews that documented what goals had wanted to be achieved and if and when they had achieved them. One person told us how they had arrived at the home in a wheelchair and was now independent walking with a stick.
- There was an adaptive culture within the home for instance on the day of inspection there was meant to be dancing, however as it was too hot due to the weather it was agreed that the pub would be a more attractive option for people.

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

- Policies and procedures were in place, including infection control, data protection and disciplinary processes. This helped to ensure staff were aware of the expectations of their role and were held accountable for their actions.
- Ratings from the last inspection were clearly displayed within the home as required.
- Information related to people who used the service was stored securely and treated in line with data protection laws.

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

- The registered manager and provider completed regular safety and quality audits to measure performance and generate improvements.
- When actions were identified through the audit system, they had been addressed to improve the service and reduce the likelihood of the same issue arising again.
- The registered managers had shared information with the CQC as required.
- The registered manager and the staff we spoke with were clear with regards of what was expected of them within the home.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People living in the had the opportunity to give feedback regarding their care by meetings, one to ones and meetings.
- Professionals we spoke with all told us that the communication with staff and management was good and that there were no issues.
- Staff were supported to express their views and contribute to the development of the service at team meetings.