

M & J Care Homes Limited

The Hollies Care Home

Inspection report

Florida Street
Castle Cary
Somerset
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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Good



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires Improvement



Overall summary

The Hollies Care Home provides care and accommodation for up to 16 older people. At the time of the inspection 12 people were living at the home. The home is not purpose built and has accommodation arranged over two floors; there are two stair lifts, but no shaft lift. On the ground floor there are bedrooms and communal facilities. The remaining bedrooms are on the first floor.

There is a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission 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.

The last inspection of The Hollies Care Home took place in June 2014. At that inspection we found the home to be in breach of Regulations 9, 10 and 15 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. At this inspection we found that action had been taken to improve the service and ensure these regulations had been met.

Summary of findings

At this inspection we found that improvements were needed to make sure people received a healthy diet and had opportunities to make choices about the food served in the home.

Improvements were also needed to make sure people who lived at the home and staff were fully involved in the running of the home. There were no meetings for people, relatives or staff. Staff did not receive formal supervision or appraisals and there were limited opportunities to discuss issues or identify training needs in a confidential setting.

People spoke highly of the staff who supported them. Comments included: "All the staff are very nice, in fact they are lovely," "Staff are very nice" and "There's lots of kindness here."

People told us they felt safe and there were adequate numbers of staff to make sure they received the support they needed. The risks of abuse to people was minimised because the provider checked staff were suitable before they commenced employment.

Medicines were safely stored and administered by trained staff. People received prescribed medicines correctly.

There was a calm and relaxed atmosphere in the home. Throughout our visit we saw kind and caring interactions between people and staff. We also heard lots of laughter and friendly banter. One visitor told us "One of the things I like best about here is there's lots of chat and laughter."

People were able to make decisions about their day to day lives and staff respected people's wishes. Where people lacked the mental capacity to make a decision, the staff knew about guidance and legislation about making a decision in a person's best interests.

There were some organised activities and people were able to choose to socialise or spend time alone. Visitors were always made welcome and people could see their visitors in communal areas or in private. Staff respected people's privacy.

People felt their healthcare needs were met. One person said "They are very good if you're poorly. They always get a doctor." Another person told us they were seen regularly by a community nurse. Care records showed people were accessing a range of health and social care professionals in accordance with their needs.

People knew how to make a complaint and felt confident that any concerns would be listened to. One person said "I know who to talk with. If I had a complaint they would sort it out." Another person told us they had made a complaint in the past and their concerns had been addressed.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

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 safe. There were systems in place to minimise the risks to people who used the service and protect them from abuse. These included a robust recruitment procedure and the use of risk assessments to identify and minimise risks.

There were adequate numbers of staff on duty to support people safely and ensure they received support in a timely manner.

Medicines were administered safely and in line with people's prescriptions.

Good



Is the service effective?

The service was not fully effective. Improvements were needed to ensure people received a healthy diet and were able to make choices about the food they ate.

People were confident staff had the skills to meet their needs. Staff knew how to support people who did not have the capacity to make a decision for themselves. However staff did not receive formal supervision or appraisals which would allow them to discuss their work and identify training needs.

People had access to a range of healthcare professionals to meet their individual needs.

Requires Improvement



Is the service caring?

The service was caring. People were supported by staff who were kind and friendly.

There was a calm and relaxed atmosphere in the home with lots of laughter and chatter.

People's privacy was respected and they were able to choose how and where they spent their time.

People were involved in decisions about their care and felt listened to by staff.

Good



Is the service responsive?

The service was responsive. People received care which was personalised to their needs and took account of their preferred routines and wishes.

There were some organised activities and significant events were celebrated. Care staff provided on going social stimulation to people.

People knew how to make a complaint and felt confident that any concerns would be appropriately dealt with.

Good



Summary of findings

Is the service well-led?

Some aspects of the service were not well led. There were limited formal opportunities for people, staff or relatives to be involved in the running of the home.

Improvements had been made in the systems in place to monitor the quality of the service and identify where improvements were required.

There was a registered manager in place who was open and approachable.

Requires Improvement



The Hollies Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 11 November 2014 and was unannounced.

This inspection was carried out by one inspector.

Before the inspection we looked at the information we held about the home. This included an action plan which had been completed by the provider in response to the shortfalls found at the last inspection.

During the inspection we spoke with 10 people who lived at the home, three members of staff and four visitors. We looked around the premises and observed care practices. We also looked at records which related to people's individual care and to the running of the home. These included five care and support plans, two staff personnel files, records of health and safety checks and in house audits.

Is the service safe?

Our findings

People told us they felt safe at the home and with the staff who supported them. One person said “I always feel safe. There’s no reason not to.” Another person told us “I’m quite happy with everything, there’s no nastiness here.” A regular visitor to the home said they had never seen anything that gave them cause for concern.

The home had a policy and procedure on recognising and reporting abuse. Staff were aware of issues of abuse and how to recognise and report concerns. Staff told us they would not hesitate to report any concerns. They knew about the whistle blowing policy which enabled them to take serious concerns to relevant agencies outside the home. Staff were confident that any concerns reported to the provider would be acted on to make sure people were protected. One member of staff told us “I wouldn’t hesitate to report anything and I just know my concerns would be acted on.” A visitor said “My relative is certainly well treated I have no concerns on that front at all.”

The risks of abuse to people was minimised because the provider checked staff were suitable before they commenced employment. We were shown two staff personnel files which demonstrated that new staff were thoroughly checked to make sure they were suitable to work with vulnerable adults and had the appropriate skills to support people safely.

There were risk assessments in place relating to the running of the service and people’s individual care. The risk assessments identified risks and gave information about how risks were minimised to ensure people remained safe. A fire risk assessment gave details of the support each person required to keep them safe if the building needed to be evacuated. This information was available to all staff to make sure they knew how to support people in an emergency situation. People who liked to spend time in their rooms had access to a call bell to enable them to summon help at any time. One person we visited in their room wore a pendant call bell. They told us “I prefer my own company but if I want anything I just press the bell. Because it’s round my neck I can always reach it.”

People said there were always enough staff on duty to meet their needs. One person said “I get the help I need when I need it so I think there’s enough.” During our visit call bells were answered without delay and any requests

for assistance were responded to promptly. We were informed by staff that an additional member of staff had been put in place at the weekend which meant staff had more time to spend with people. We were told by a senior member of staff the additional staff had been put in place after several audits took place to identify when extra staffing was required to meet people’s needs. One member of staff said “We have enough staff and the additional person at the weekends works really well.”

There were adequate storage facilities for medicines including those that required refrigeration or additional security. We saw the medication administration records and noted they were correctly signed when medicines were received into the home and when they were administered or refused by a person. This ensured there was always a record of the amount of medication on the premises. We also looked at records relating to medicines that required additional security and recording. We checked the records against stocks held and found them to be correct. All medicines were administered by staff who had undertaken specific training. One member of staff said “No staff administer medication until they have been trained.” One person told us “They are always careful with tablets. I’m confident I get the right ones.”

At the last inspection we expressed concerns about how people were assisted with prescribed lotions and creams. We found there were no clear and up to date plans in place to inform staff how and where creams should be applied. At this inspection we spoke with a person who was assisted to apply prescribed creams. They told us how and when the creams were applied. When we checked their care plan and medication administration chart we found that creams were being applied in line with the prescription. This meant the effectiveness of the treatment could be monitored.

We identified at the last inspection that some furnishings and décor were in need of up-dating to make sure they provided a pleasant and safe environment for people. At this inspection we found some improvements had been made. These included replacement flooring in communal areas, and some bedrooms, and a number of new chairs for the main lounge. Some rooms had also been repainted and the registered manager informed us that work would be on-going to up-date the premises and provide a comfortable environment for people.

At our previous inspection we also found that extension leads, which could potentially be a fire and trip hazard,

Is the service safe?

were being used because there was not always enough electrical sockets for people's personal items. In response to the concerns raised the provider had audited all

bedrooms to make sure people had adequate plug sockets to meet their requirements. Additional sockets had been installed in some rooms to eliminate the need for the use of extension leads and therefore promote people's safety.

Is the service effective?

Our findings

People received effective care to meet their needs but some improvements were needed to make sure people received a healthy diet and were able to make choices about the food they ate. There was a four week menu in place. The current week's menu was displayed in a communal area. The menu did not offer a choice of meal and did not state what vegetables or dessert was available. People told us they were able to ask for an alternative and special diets were catered for but they were not able to make a choice. One person said "The food is OK they cater for my diet." Another person told us "There's no choice at lunchtime but the meals are all very good."

We observed the main meal of the day and the tea time meal. The main meal was sausage, chips and baked beans and at tea time people had a choice of snacks such as sandwiches, eggs on toast and cake. All meals were served plated which meant people did not have a choice about portion size. No fresh vegetables or fruit was offered to people at either of these meals.

At our last inspection we expressed concerns about how people's nutritional needs were being met. We found that people were not having their nutritional needs assessed and therefore there were no plans in place to meet people's needs or monitor their well-being. At this inspection we found nutritional assessments had been completed and there were clear plans in place for the support people needed to eat. One care plan stated the person was able to eat independently if food was cut up for them and a plate guard was put in place. At lunch time we saw the person received their meal in line with the instructions in the care plan. One person needed a specialist diet and a dietician had been involved in this person's care. We saw that it was recommended the person reduced their weight to maintain their mobility. The person was in agreement with this plan and records showed their weight was reducing.

People told us they were confident that staff had the skills needed to support them safely. One person said "Staff are very good. They give you real peace of mind." A visitor said "I have no complaints about the staff or the care they give."

Staff told us they were happy with the training and support they received. However staff said they did not receive individual supervisions or appraisals. This meant there were no formal opportunities for staff to meet with a more

senior member of staff to discuss their work or highlight their training needs. New staff completed a basic induction programme when they began work at the home to make sure they had the knowledge and skills needed to support people safely. There was an on-going programme of mandatory training for all staff. However there were limited opportunities for staff to take part in training which was specific to the needs of people who used the service. Records showed that some mandatory training was due to be updated and the registered manager informed us this training was being booked for staff. The lack of appropriate training, supervision and appraisal is a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People felt their healthcare needs were met. One person said "They are very good if you're poorly. They always get a doctor." Another person told us they were seen regularly by a community nurse. Care records showed people were accessing a range of health and social care professionals in accordance with their needs.

Since the last inspection the provider had introduced a new computer based care plan system. Staff said the new care plan system was excellent and gave them all the information they needed to support people. One member of staff said "I love the new care plans. They tell you everything you need to know. They are brilliant and easy to keep up to date." Care plans were comprehensive and gave details about the care and equipment people required to meet their needs effectively. One person had been assessed as being at high risk of pressure damage to their skin and it was recommended they had a pressure relieving mattress on their bed. We saw this equipment was in place.

Staff had an understanding of the Mental Capacity Act 2005 (MCA) and worked in accordance with the principles of the act to make sure people's legal rights were respected. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. One member of staff said "We try to involve people about all aspects of their care. If people can't make decisions we consult other people and make decisions in

Is the service effective?

their best interests.” Care plans gave details about the person’s ability to consent to aspects of their care and stated who should be consulted if a person was unable to make a decision for themselves.

No one was being deprived of their liberty under the Deprivation of Liberty Safeguards (DoLS) set out in the MCA. DoLS provides a legal process by which a person can be

deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. The registered manager was aware of recent changes which determined when a person may need to be deprived of their liberty and was in the process of making an application for one person.

Is the service caring?

Our findings

People received support from staff who were kind and caring. People spoke highly of the staff who supported them. Comments included: "All the staff are very nice, in fact they are lovely," "Staff are very nice" and "There's lots of kindness here."

There was a calm and relaxed atmosphere in the home. Throughout our visit we saw kind and caring interactions between people and staff. We also heard lots of laughter and friendly banter. One visitor told us "One of the things I like best about here is there's lots of chat and laughter."

Staff offered people assistance in a caring and dignified manner. Staff spoke quietly when they were asking people if they needed support which meant other people were unable to hear the conversation and respected their privacy. At lunch time we saw a member of staff knelt down beside a person to offer gentle prompting which encouraged the person to eat their meal.

We saw one person became confused and distressed because they believed they needed to go somewhere. Staff were gentle and offered reassurance to the person which resulted in them becoming calm and they happily sat with a member of staff chatting.

People were able to choose to socialise or to spend time alone and their privacy was respected. One person said

"Your privacy is always respected which is good. Sometimes you just want peace and quiet." In the afternoon we saw that a member of staff sat with people in the lounge to watch a film. Popcorn was shared out and there was a sense of inclusion with everyone chatting and laughing. We saw the member of staff also went to the individual rooms of people who chose not to socialise to offer them popcorn.

Visitors told us they were always made welcome at the home and were able to visit at any time. We noted people were able to see visitors in communal areas or the privacy of their rooms. During the inspection one person and their visitor went off to the person's bedroom so they could play music together. Another person sat in the lounge with their visitor and chatted happily.

People and their representatives were involved in reviews of their care and were able to make their views known on a day to day basis. Care records showed that personal and professional representatives were involved in reviews of care. One visitor told us communication was good and they were kept informed of all significant events. One person said "One of the best things; the staff listen to you."

Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people's care needs with us they did so in a respectful and compassionate way.

Is the service responsive?

Our findings

People received care that was personalised to their needs and took account of their wishes and preferences. Staff had a good knowledge of people's likes and dislikes and provided care which was tailored to each person. Staff demonstrated a good knowledge about the personalities and life histories of the people who lived at the home. We heard staff reminiscing with people about their past and talking about their family and friends.

People were able to make choices about their day to day lives. People chose what time they got up, when they went to bed and how they spent their day. One person said "You choose what you do." Another person told us "I make my own decisions. There's no worries they are all easy going."

One person told us they did not like to get dressed and preferred to spend their day in their night clothes and dressing gown. They said "I'm very comfy, no one minds." A member of staff said "It's part of their routine. When they get washed they change into clean pyjamas. It's not up to us to dictate what they wear."

Care plans were personalised to each individual and gave information about people's likes, dislikes and the things that were important to them. This ensured staff had information about how people liked to be supported and their preferences. One person's care plan gave information about how their diet was influenced by their religious beliefs. Staff we spoke with were aware of this and respected their wishes.

During the inspection we attended a handover meeting between staff working in the morning and staff working the

afternoon shift. Staff demonstrated a good knowledge of people and showed how care practices were adjusted to meet people's changing needs. Staff passed on information about a person who required more support than usual to mobilise and discussed how care should be changed to meet their needs.

Organised activities were arranged two afternoons a week and at other times care staff supported people in informal activities of their choosing. Staff spent time chatting with people and providing social stimulation. One person told us "It's a bit like being part of a large family. We just socialise with each other and the staff. Never a dull moment." Another person told us "We generally do exercises a couple of afternoons a week which is a giggle." Some people chose not to join in with any activities and their wishes were respected. One person said "I'm not a social person. I like my radio and enjoy a chat with the staff but I don't want any more than that."

People told us celebrations were held at the home to mark special occasions. One person said "At the weekend we had fireworks in the garden and we all ate hot dogs." At the time of the inspection the registered manager and staff were making plans for Christmas. There were posters advertising a Christmas raffle and a party for people and their friends and relatives.

People did not have any complaints about the service they received but all said they would be confident to raise any concerns. One person said "I know who to talk with. If I had a complaint they would sort it out." Another person told us they had made a complaint in the past and their concerns had been addressed.

Is the service well-led?

Our findings

At our last inspection to the home we found that quality monitoring systems had not been effective in identifying and addressing shortfalls in the service. At this inspection we found improved auditing had been put in place to monitor the service and plan on-going improvements.

The registered manager had begun to audit all areas of the building, including bedrooms, to see where improvements were needed. A full infection control audit had also been carried out. A new care plan system had been put in place which enabled the registered manager to carry out on-going monitoring of care plans. The registered manager informed us the provider had also carried out monitoring visits to the home to plan further refurbishment. Although more thorough audits had been put in place it was too early to evidence that these would lead to on-going improvements that were able to provide a consistently high level of care.

People described the registered manager as very open and approachable. People who lived at the home told us they were always able to speak with the registered manager and would feel comfortable to raise any concerns with them. Since the last inspection two safeguarding meetings have been held with representatives from the local authority, and relevant professionals, to discuss the shortfalls in the service. The registered manager and provider have been fully co-operative with this process and have demonstrated a genuine commitment to raising standards at the home.

The registered manager and staff have welcomed appropriate professionals into the home and have been open and honest in their dealing with them. Where recommendations have been made about people's individual care these had been acted upon.

Staff said the ethos of the home was to provide personalised care to people in a homely environment. We were told by staff that they aimed to involve people in decisions to ensure care provided was in line with their wishes, needs and expectations.

Although the registered manager was very visible in home and asked people's opinions about things on a day to day basis, there were limited formal opportunities for people or staff to share their views. There were no meetings for people who lived at the home, their relatives or staff to make sure people were kept up to date and able to make suggestions about the running of the home. People were not fully involved in planning activities or menus. We did not see any evidence that people had been asked for their views about the refurbishment plans for the communal areas or their personal rooms.

The provider had sent out satisfaction surveys to gauge people's views on the care provided. We saw a number of returned surveys and these showed a high level of satisfaction with the service offered. These views were echoed to us during the inspection. One person said "You'd go a long way before you found a place as nice." A visitor told us "I don't think we would find better."

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff</p> <p>Regulation 23 (1) a</p> <p>The provider had not ensured that staff received appropriate training, professional development, supervision and appraisal.</p>