Guy Curtis Care Limited

The Hollies Care Home

Inspection report

11 Queen Edith's Way
Cambridge
CB1 7PH
Tel: 01223 249924
Website: www.holliescarecambridge.co.uk

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Ratings

Overall rating for this service	**Requires Improvement**
Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Overall summary

The Hollies Care Home provides accommodation and care for up to 22 people some of who are living with dementia. There were 21 people living at the home when we visited.

This unannounced inspection took place on 21 and 22 October 2014. The previous inspection was undertaken on 13 January 2014 and had been undertaken as a dementia themed inspection. During this inspection we found that three regulations were not being met. We received an action plan update in July 2014 stating that action had been taken to address all of the issues raised at the inspection. We asked the provider to make improvements to ensure that each person had their individual needs assessed and planned for and that care was delivered in a way that met people's needs. We found that this action had been completed. We also asked that improvements were made to ensure that people received the necessary support from other medical and social care professionals. We found that this action had been completed. We also asked the provider to improve the way they monitored the dementia care they provided at the home. We found that this action had also been completed.

Summary of findings

At the time of this inspection a registered manager was 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.

During this inspection we found that staff did not have the knowledge to protect people from the risk of harm. Although staff had received safeguarding training they were not aware of the procedures to follow if they suspected anyone had experienced any harm.

There were poor arrangements for the management of medicines which meant that people were put at risk of harm. People's individual health and safety risks were assessed, however the management of these risks were not clearly recorded.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). No applications had been made to deprive people of their liberty and the manager had not considered whether any applications were required. Arrangements to act in accordance with people's consent were not always in place. Where people were thought not to have capacity to make certain decisions, mental capacity assessments were not carried out and there was little evidence that decisions were made in people's best interests in accordance with the Mental Capacity Act 2005 (MCA).

Information from accidents and incidents hadn't been analysed to ensure that any necessary action had been taken to prevent reoccurrence.

Satisfactory checks were completed during the recruitment of new staff so that only suitable staff worked at The Hollies. People living in the home and the staff confirmed that there were enough people working on each shift to meet people's needs. Our observations during the inspection confirmed this.

Staff had received an induction so that they could carry out their role.

Staff knew how to care for people and what their support needs were. However people weren't always involved in the planning and reviewing of their care. The care plans didn't always reflect people's current support needs.

People were supported to eat and drink sufficient amounts of food and drink. They were also supported to access a range of health care services to monitor their health and treat any health conditions that they had.

There were caring and supportive relationships between people living in the home and care staff. Most people were treated in a caring way and this demonstrated that a positive caring culture existed in the home.

The manager investigated and responded to people's complaints, according to the provider's complaints procedure and people were aware of how to make a complaint

People told us they felt their privacy and dignity were respected and made positive comments about staff. Care staff were able to tell us, and we saw, how they respected people's privacy and promoted their dignity. Activities were enjoyed by people and we saw they were offered choices around activities and people who need it, were given the time to consider these choices.

We found a number of breaches 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 the 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?

Requires Improvement

The service was not always safe.

Staff were not aware of the procedures to follow if they suspected that someone was at risk of harm.

There were enough staff to look after people and these staff had full checks undertaken before they worked at the care home.

People did not always receive their medicines as prescribed.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff did not understand how to implement the Mental Capacity Act 2005 and this meant that people may be unlawfully deprived of their liberty.

Staff were supported and trained to provide people with individual care.

People were supported to access a range of health and recreational services to support them with maintaining their health and wellbeing.

Is the service caring?

Good

The service was caring.

The care provided was based on people's individual needs and choices.

Members of staff were kind, patient and caring.

People's rights to privacy and dignity were valued

Is the service responsive?

Requires Improvement

The service was not always responsive.

People weren't always involved in the planning and reviewing of their care and some care plans did not contain up to date information about the support that people needed.

People were supported to maintain contact with their relatives, the community and were able to make friends with other people living at The Hollies.

Complaints were responded to appropriately.

Is the service well-led?

Requires Improvement

The service was not always well-led.

There was not an effective system to identify and manage risks.

Summary of findings

Staff generally felt supported however there was not a development plan for the staff team and staff were not receiving supervision on a regular basis. .

The manager and provider had a clear set of values that staff were aware of.

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 was planned to check 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.

We visited the home on 21 and 22 October 2014. Both of these visits were unannounced. The inspection team consisted of two inspectors.

Before our inspection we reviewed the information we held about the home, including the provider information return (PIR). This is a form in which we ask the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed notifications the provider had sent us since our previous inspection. A notification is important information about particular events that occur at the service that the provider is required by law to tell us about. We contacted local commissioners to obtain their views about the service.

During our inspection we spoke with five people who lived in the home, one relative, six care staff the registered manager and the provider. We observed care and support in communal areas, spoke with people in private and looked at the care records for three people. We also looked at records that related to how the home was managed including recruitment records, training records, health and safety records and audits.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe because the staff were good and they liked them. One person told us, "The staff tell us it's our home. If I didn't like how something was done I would talk to the manager".

Despite staff having attended safeguarding training not all of them (including the manager) were aware of the correct procedure to follow if they suspected anyone had suffered any type of harm. The pre inspection information we received from the manager stated that they checked staffs understanding of the safeguarding policies during supervisions and staff meetings. For this to be effective the manager must ensure that they also are aware of the correct procedures to follow if a member of staff reports a safeguarding concern to them.

People's money and valuables were not being looked after in a safe manner. We found that, although there was a book to record what was being held, items and money had not always been recorded and that when they had been, the record was not always accurate. The records or money and valuables held were not checked on a regular basis to see if the records were accurate. This meant we could not be confident that people's valuable and money were safe.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We could not be confident that people had always received their medicines as prescribed. For example, one person was prescribed to have olive oil applied to their ears twice a day to soften any ear wax before having their ears syringed. However the records showed that there had been 21 occasions during the current month that it had not been recorded as being applied. We found that the medicines were not stored securely or at an appropriate temperature and that the records of administration had not been completed accurately. Staff had completed training before administering medication but there were no practical competency assessments to ensure that they were following the correct procedures. Although there was a medication procedure in place we saw that staff were not always following it when administering medicines. For example, the homes administration procedures stated that before administering a medicine the person's administration records should be checked (to ensure it was the right medicine for the right person). However we saw that medicines were administered without the medication administration chart being checked. No internal audits of the records or the stock levels of medicines had been completed. Not receiving their medicines as prescribed could place people at risk of harm. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People's health and safety risk assessments were carried out and measures were taken to minimise these risks. However, although the risk assessment had been completed and highlighted the risk the measures to reduce the risk were not always been recorded. The risks included, for instance, people developing pressure ulcers. We found that for one person the risk assessment had been completed and this identified they were at a high risk of developing pressure ulcers. However, the risk assessment did not state how the risk would be reduced. Staff told us that the person had a pressure relieving mattress and that they assisted them to reposition on a regular basis. This information had not been recorded in the person's records.

Staff told us and records confirmed that they were only employed at the service once all appropriate and required checks had been satisfactorily completed. We found that prospective employees had also attended a face-to-face interview which was part of the recruitment process.

The atmosphere of the home was calm and people were looked after by members of staff in an unhurried way. The manager told us that the staffing levels had recently been increased to allow staff more time to spend with each person. We saw that there were enough staff on duty to enable them to take the time to sit down and talk with people that they looked after. One person told us that when they called for staff, they came in a "reasonable time". We observed when people asked for help this was done in a timely manner. One member of staff told us, "We now have an extra member of staff. Staff are working well together to give the best care." The manager told us and the staff confirmed that relief staff and agency staff were used to cover staff shortages but the agency member was usually paired up with a permanent member of staff.

Requires Improvement

Is the service effective?

Our findings

People who we spoke with said that they considered staff had the right training to do their job. One person told us, “Staff all get a certain amount of training, they’re very good”. Members of staff told us that they had the right training so that they could do their job effectively.

The manager and some staff were not fully aware of their roles and responsibilities in relation to consent, as defined in the MCA 2005.Some of the staff had completed MCA training. The manager stated that no capacity assessments had been completed for anyone living at the home and that no applications had been submitted. Our discussions with the manager about people living in the home showed that people were having their rights and liberty restricted without the necessary procedures being followed. For example, one person was restricted from leaving the home on their own as the manager stated they would, “get lost and not understand to ask for directions.” This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The records showed that all staff had attended induction training that included information about the principles of care and how to treat people with dignity. The training also included health and safety information such as food hygiene, fire safety, infection control and moving and handling. The manager stated in the pre inspection information that all of the care staff held a nationally recognised care qualification at level 2 and the senior staff held a qualification at level 3. The manager, provider and staff also told us that several staff were being recognised as “Champions” and they received additional training to enable them to carry out this role effectively. One member of staff told us that they were a “care champion” and had recently attended extra training so that they could then pass this knowledge on to the other members of staff. Another member of staff told us that they had completed extra training about working with people with dementia and that they thought this had helped them understand people’s behaviour when working with people who were living with dementia.

Support was provided for people to gain access to a range of services to maintain their health. A variety of health care professionals visited people in the home including by GP’s and district nurses. In addition, people had health support and advice from physiotherapists, opticians, local hospitals and community mental health services. A person told us that if they were unwell they would inform the manager or a member of staff and they, “Phone the doctor for me”. Another person told us that when they are feeling unwell staff always offered to get the doctor to visit them.

People told us that they had enough to eat and drink and that the food was good. One person told us they didn’t know what flavour the soup was they were eating but said that they were enjoying it. Another person who we spoke with confirmed that they had enough to eat and drink and liked the range and choice of menu options. We saw that people were offered hot and cold drinks and snacks between breakfast, lunch and tea time meals. We observed the lunch time and saw that when people needed assistance with eating, this was done in a way that allowed them to be as independent as possible and upheld their dignity. When one person couldn’t decide what they wanted to eat, the staff member told them that they could try the food and if they didn’t like it they could try something else instead. The cook confirmed that vegetarian options were available each day and any special diets or requests would be catered for.

Good

Is the service caring?

Our findings

People told us that staff were kind and caring. One person said that the staff were, “All very friendly and provided a nice atmosphere”. The relative of one person told us, “Mum is definitely getting what she needs, lots of gentleness and affection”. Another person told us, “I like living here the staff are friendly”.

We saw that staff knew people well and treated them in a caring manner and with dignity and respect. Staff referred to each person by their name and took time to ask them how they were and talked to them about things they found interesting. We saw that people felt happy to move freely around the home and could choose if they wanted to join in with any activities that were taking place. We also saw that people went and chatted to the manager in her office and that she stopped what she was doing and gave them time to talk. When people asked for assistance this was done in a timely way and when people had to wait this was explained and staff checked with the person that this was acceptable. When staff offered people assistance with personal care this was done quietly and discreetly and people were supported to go to their bedroom or the bathroom as appropriate.

Staff used different ways of communicating with people. For example we saw a member of staff using picture cards to help them explain to one person that it was time for lunch. Staff made sure they were on the same level as people when they were talking to them or assisting them with their food.

We found that people had access to information in relation to complaints and advocacy services. Although no one was using an advocate in the home the information about how to contact agencies that could supply an advocate was displayed in the home.

Staff told us that they treated people how they would want a family member to be treated, with kindness and respect. We saw that when one person became worried about missing an appointment the staff member sitting near them took the time to explain that it wasn’t a problem and that another appointment could be arranged. We saw one member of person trying to gently wake a person up so that they could go to lunch. The person still seemed sleepy so they were left alone to rest and the staff member went back to them later. One member of staff told us that would be happy for a family member to live in the home and that staff, the manager and the provider get to know each person individually so that they could care for them in the way that they preferred. One member of staff told us, “I treat people as a person. I chat with them about what’s important to them. They’ve got to feel safe, secure and have privacy and choices”.

Requires Improvement

Is the service responsive?

Our findings

The relative of one person told us, “Staff understand my mother’s needs”.

We saw that improvements had been made to the care for people living with dementia since the previous inspection. Staff had received extra training and a “Dementia Champion” had been appointed to provide staff with extra support when needed. The environment had been improved so that there was clearer sign posting around the home. Staff knew more about people’s past, what mattered to them and how they would like to spend their day.

One person told us they thought they had seen their care plan but that the staff, “Know what help I need”. Staff we spoke with knew people’s needs well and were able to describe the care and support people required. The care plans that we looked at contained detailed information about people’s needs and how they should be met. However we found that the information was not always up to date. Staff told us that people should be involved in the reviewing of their care plans. However we noted there wasn’t evidence to show that this was happening. The care plans we looked at did not show that people had read and understood them. The manager could not give us a clear answer about whose responsibility it was to ensure that people were involved in the assessment of their needs and the writing and reviewing of the care plans.

Staff told us that everyone was weighed monthly so that any necessary action could be taken however the records did not reflect this was being undertaken. One member of staff showed us that they were setting up a folder that contained people’s weights and nutritional assessments so that any changes to people could be identified quickly and any necessary action taken.

We saw that staff supported people to make everyday choices such as what they would like to eat. People also told us that they could decide what time to get up. One person told us, “I use the call bell when I want to get up, I choose when I get up”.

At the beginning of each shift there was a handover from the previous staff. This included information about how each person was and any issues staff needed to be aware of. Staff told us this meant that they were aware if anyone needed any extra support or if they were unwell.

People’s social care needs, and choices of what they wanted to take part in, were taken into account and acted on. We saw how this had promoted people’s sense of wellbeing and had reduced the risk of isolation and boredom. One person told us, “The staff know my interests”. We saw one member of staff leading a craft group with several people. Everyone involved looked engaged in the activity and were smiling and talking to the other people in the group. We also saw one member of staff spending time with one person talking to them and painting their nails. The person looked like they were happy and were enjoying it.

Links were maintained with the local community. People were supported to have access to religious services that had been held in the home. Visitors had been made to feel welcome and were offered to have a meal with the person they were visiting.

People we spoke with told us they if they had any complaints about the home they would talk to the manager about it. Staff told us that they would report any complaints to the manager to be investigated. There had been one complaint in the last year and this had been dealt with appropriately and in line with the home’s procedure. This showed us that the service responded to complaints as a way of improving the service it provided.

Requires Improvement

Is the service well-led?

Our findings

The service had a registered manager who was available to people, relatives and staff. We were told by people who used the service and staff that the manager was approachable. The manager told us that they encouraged people to see them and their door was, "Always open" so that people living in the home, their relatives and staff could discuss any concerns with them at any time. One person told us that if they weren't happy with anything they would talk to the manager as she was, "Very approachable."

Although there were systems in place to audit some areas of the service being provided this was not being completed effectively so that the improvements could be made. The manager told us that the falls audit was completed to identify anyone who was having regular falls so that the appropriate action could be taken. However, we found that when needed, the necessary action hadn't been taken to identify a possible cause of the falls or to prevent it from happening again.

The audits of care plans had failed to record what action needed to be taken as a result of the findings and had not resulted in the necessary improvements being made.

The manager did not always identify risks. There had been no analysis of accidents and incidents so that they could be learnt from and prevented from reoccurring where possible.

We saw there were plans for dealing with emergencies, such as an outbreak of fire. The fire records showed that the fire alarms should be tested weekly but that it wasn't always being completed on a weekly basis. We asked the manager why this was and they told us they didn't have the time.

The registered manager had received completed residents' and relatives' surveys and the results had been positive. However, there was no report to show the emerging themes or any action points needed. Meetings for people that lived in the home and their relatives had been held so that they could discuss any issues or suggestions for improvements.

This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities)Regulations 2010.

Although staff told us they felt supported they also stated that they didn't always receive regular supervisions. The records showed that there had been a gap of over a year between supervisions for some staff. One member of staff who was responsible for carrying out supervisions told us that they hadn't done them as they didn't have time.

The manager stated that there was no development plan for the whole of the staff team. Individuals had be chosen to attend extra training courses according to their roles and extra hours were being given to senior carers each week to completed extra study. There was no system in place to ensure that staff were putting their training into practice. For example, there were no practical competency tests for administering medicines. The manager stated that some staff had requested training about Parkinson's disease so they had bought some books about the subject. She was not aware if the books had been read or if the staff had understood them.

The home had a clear set of values, staff were aware of these and they had been discussed at staff meetings. Staff contracts had also been updated to reflect the values of providing a safe, effective, responsive, caring and well led service. Staff told us that if they had any concerns they would talk to the manager or the provider about them.

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	Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010 Safeguarding people who use services from abuse The registered person had not made suitable arrangements to ensure that people were safeguarded against abuse.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines Appropriate arrangements for the safe administration and storage of medicines were not in place.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment People were having their rights and liberty restricted without the necessary procedures being followed to ensure that this was in done their best interests and in line with legal requirements.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers An effective system was not in place to regularly assess and monitor the quality of the service and to identify, assesses and manage risks relating to the health, welfare and safety of people.