

Vorg Hollies Ltd

The Hollies Residential Care Home

Inspection report

447 Norton Road
Stockton On Tees
County Durham
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12 January 2017

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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

This inspection took place on 12 January 2017. The service was last inspected on 1 October 2014, the service was rated Good. At this inspection we found the service remained Good.

The Hollies is a large detached house built in 1801 in the centre of Norton. The Hollies provides services for up to 18 adults with mental health problems.

Risks to people arising from their health and support needs and the premises were assessed, and plans were in place to minimise them.

There were systems in place to ensure that people received their medication as prescribed.

There was enough staff to meet people's needs. Robust recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. Staff told us they received training to be able to carry out their role. Staff were given effective supervision and a yearly appraisal.

Staff understood safeguarding issues, and felt confident to raise any concerns they had in order to keep people safe.

People were supported to maintain a healthy diet, and people's dietary needs and preferences were catered for. People told us they had a choice of food at the service, and that they enjoyed it.

The service worked with external professionals to support and maintain people's health.

The interactions between people and staff were cheerful and supportive. Staff were kind and respectful.

Care was planned and delivered in way that responded to people's assessed needs. Plans contained detailed information on people's personal preferences.

People had access to a wide range of activities, which they enjoyed.

The service had a clear complaints policy that was applied when issues arose.

The registered manager was a visible presence at the service, and was actively involved in monitoring standards and promoting good practice. The service had quality assurance systems in place which were used to drive continuous improvements.

Further information is in the detailed findings below:

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 remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

The Hollies Residential 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.

This inspection took place on 12 January 2017 and was unannounced.

The inspection team consisted of one adult social care 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.

Before the inspection we reviewed information we held about the service, including the notifications we had received from the registered provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

During the inspection we spoke with ten people who lived at the service and one relative via the telephone. We looked at three care plans, and Medicine Administration Records (MARs). We spoke with three members of staff, including the registered manager and support workers. We also spoke with an external healthcare professional after the inspection. We looked at four staff files, including recruitment records.

We also completed observations around the service.

Is the service safe?

Our findings

People said they felt safe at the service. One person said, "I am really happy in this lovely home where I know I can come back and be safe." Another person said, "I like the people here we all look out for each other and tell the staff if we can see someone is struggling and they support us all the time and keep us safe" And another person said, "If we wanted to do something that was not safe, we would sit and talk it through, no one says no."

An external healthcare professional said, "I think people are safe, staff alert me of any concerns immediately."

Risks to people were assessed and detailed plans were put in place to minimise them. We saw risks assessments for mobility, poor appetites and decline in mental health. Signs of decline in mental health were recorded along with how staff managed and monitored this. Risks to people arising from the premises were assessed and monitored.

We were provided with evidence of positive risk taking. For example one person loved to visit their family and during these times would self-medicate. The service had enabled this to happen.

The registered provider had a business continuity plan, which provided information about how they would continue to meet people's needs if an event such as flooding or a fire forced the closure of the service. This showed us that contingencies were in place to keep people safe in the event of an emergency.

The registered provider had systems and processes in place for the safe management of medicines. People were supported to access their medicines when they needed them. Medicines were stored securely and safely. Two staff members administered medicines at all times, medicine administration records [MARs] were completed correctly. Staff were trained to administer medicines.

Staff understood safeguarding issues and knew the procedures to follow if they had any concerns. There were safeguarding policies in place and staff were familiar with them. Staff also received safeguarding training. Staff had a clear understanding of the whistleblowing (telling someone) procedures

We saw there was enough staff on duty to support people throughout the day. One staff member worked on a night with the registered manager or deputy manager on call.

Recruitment procedures were in place to ensure suitable staff were employed.

Is the service effective?

Our findings

People we spoke with said staff had the training they needed. One person said, "They know what they are doing."

Staff we spoke with said they received plenty of training and felt they had the right training to carry out their role.

An external healthcare professional said, "The staff attend meetings and always give helpful information."

We confirmed from our review of staff records and discussions that staff were suitably qualified and experienced to fulfil the requirements of their posts. Training included safeguarding, food hygiene, moving and handling, infection control and Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff we spoke with said, "Training is paramount, there is a training timetable set out and time allocated for it to be met." Another staff member from housekeeping said, "This role has helped me improve my communication skills and make me aware of the misconception of disability and mental health issues, the staff have helped me so much I am considering a career in care now."

Staff were supported through supervisions and appraisals. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. One staff member we spoke with said, "We have supervision but also less formal one to one times, we can talk about anything anytime."

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act (MCA) 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. At the time of inspection there was one person who had DoLS authorisations.

People we spoke with said the food was excellent and they really liked the new chef. One person we spoke with said, "I am vegetarian and there is always a vegetarian option which is really good even if you are not vegetarian, today is ricotta and spinach cannelloni." Also on the menu was spaghetti bolognese with garlic bread. One person said, "I don't like spaghetti so I ask for mash, the chef makes it taste nice with butter and

pepper." Another person said, "We don't like 'take away' we prefer the food here."

People were supported to maintain a healthy diet. People had access throughout the day to make drinks and snacks.

People were supported to access external professionals to maintain and promote their health. Care plans contained evidence of referrals to professionals such as GPs, the district nurse, dieticians, speech and language therapist and psychiatrists. A few people attended appointments on their own but would update the registered manager on when appointments were taking place. One person said, "They [staff] really know me and when I am down they do everything to make me feel better. If I need the doctors I see them as soon as possible and I am asked if I need the support worker to go in."

Is the service caring?

Our findings

People and their relatives told us they were very happy and the staff were extremely caring. One person we spoke with said, "There are no horrid people here we all get on because we are treated like a big family this is my family." Another person said, "This home will not solve my problems but is home for me and I am well supported." And another person said, "It is peaceful, quiet and well organised, the staff are wonderful."

A relative we spoke with said, "My relative is very well cared for otherwise she wouldn't be there."

Staff we spoke with all enjoyed working at the service. One staff member said, "Sometimes it is hard to go home as this is such a nice place to be."

Staff promoted people's privacy and dignity. Staff recently worked on the ten steps to Dignity in Care and were given this as a pocket guide. We saw that staff were courteous towards people who lived at the service. One person we spoke with said, "The staff always knock before coming into our rooms."

Everyone who lived at the service was independent and staff encouraged people to maintain their independence. One person who used the service said, "I like the fact that I can be independent but know I can come home to my friends and staff." People who used the service were involved in preparing for meals by setting tables and arranging drinks. People cleared the tables afterwards and helped with rinsing the dishes before they went in the dishwasher. One person we spoke with said, "I really enjoy doing the dishes."

People were encouraged to keep their room's clean and tidy, do their own washing and ironing and help around the home. One person needed support with hoovering and changing their duvet covers. One person who used the service said, "I like to feel useful and I have a list of jobs to do, I am in charge of emptying bins and collecting rubbish, it is my job."

The registered manager said, "Almost all our residents access the local shops and are very well known and treated with respect."

Throughout the inspection we observed staff interacting with people with care and kindness. Staff knew people well; there was also lots of fun and banter. Staff also demonstrated extreme patience when they were asked the same question over and over again; the question was answered as if it was the first time it was asked.

One person at the service was using an advocate. Advocates help to ensure that people's views and preferences are heard.

At the time of inspection no one was on end of life care. Care plans did document people's wishes and preferences in this area, such as preferred hymns.

Is the service responsive?

Our findings

Staff understood what was meant by and how to deliver person centred care. Person centred care is care that is centred on the person's own needs, preferences and wishes. Staff knew how to approach people, how to speak to people and when to leave people alone. Staff also knew people's routines, where they preferred to sit and what times they preferred to do things. For example people had certain seats where they sat at meal times, both staff and people knew who sits where.

Records showed people had their needs assessed before they moved into the service. This ensured the service was able to meet the needs of people they were planning to admit. We looked at care plans and assessments and saw these were comprehensive and included people's likes, dislikes and life stories.

We looked in detail at the care plans for three people who used the service. The support plans were written in an individual and person centred way. Staff were provided with clear guidance on how to support people as they wished. There was clear evidence of personal preferences in the care records. Care plans described signs of people becoming unwell and how staff were to support the person at these times. One person who used the service said, "We are individuals and not cared for as a group, and staff treat us as individuals all of the time."

Each plan contained guidance for staff to ensure people received the support they required consistently. They covered all aspects of people's care and support needs including personal hygiene, physical well-being, diet, weight, sight, hearing, falls, medicines and personal safety and risk.

Staff showed good knowledge and understanding of people's care, support needs and routines and could describe care needs provided for each person. It was clear they knew people and their needs well. For example, staff described how they managed someone's smoking in a way that was personal to them.

People were involved in a wide range of activities outside the service such as attending day services, visiting the market, shopping, going for coffee or to play snooker. In house activities took place in the activity room where they could play board games, snooker, and darts or do crafts. One person enjoyed knitting and another person enjoyed writing. One thing they all enjoyed were the cookery lessons put on by the chef. One person said, "Sometimes we cook and next week we can make cakes, I really enjoy that." And "I iced buns at Christmas and had lots of fun."

There was a clear policy in place for managing complaints. This set out what would constitute a complaint, how it would be investigated and the relevant timeframes for doing so. It also contained information on external bodies' people could complain to if they were dissatisfied with the service's response. One complaint had been received since the last inspection and this had been thoroughly investigated with a full outcome recorded.

The service had received a few compliments one was from a family member writing a note of appreciation. Two were from external healthcare professionals, one complimented staff on their communication and

another said, 'How well the staff know the residents, this gives me confidence in our judgements. So thank you for all being a fab, caring team.'

The service promoted a comprehensive transition for people who were new to the service. One person who planned on moving in had visited for tea a couple of nights. they were then able to stay over for a night if they chose to. The registered manager told us they work with the person as slow or fast as they wanted. If the people who used the service were not happy about a particular person the registered manager said that person would not move in, saying "It is their home and their choice."

Is the service well-led?

Our findings

The service had a registered manager in place who was qualified for the role and who had been registered with the Care Quality Commission since 2012.

Staff we spoke with were complimentary about the leadership and management of the home. Comments included, "Very supportive." "Very helpful." "Good manager." One staff member said, "This is a new environment for me and I was worried but the staff have been great from the manager down."

The registered manager carried out a number of quality assurance checks to monitor and improve standards at the service. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. The registered manager carried out daily, weekly and monthly checks of areas including medication, health and safety, staffing levels, infection control and kitchen. The registered manager told us that following a medicine audit it became clear the night medicine administration was being rushed. The night support worker started coming in earlier to assist with this. The night medicines were now being administered in a more timely manner.

Feedback was sought from people and their relatives through annual questionnaires. We saw all feedback was positive. The registered manager told us they were looking to change the way feedback is sought as at that present time people were just ticking yes and the registered manager wanted to obtain more information.

People who used the service and staff told us the culture of the home was good, open and honest. One person we spoke with said, "We look out for each other and support each other." One staff member we spoke with said, "We have an open house and an honestly policy which we stick to."

Meetings took place on the first Thursday of every month for people who used the service. These meetings were very much run by people using the service and one person took great pride in taking the notes. The topics of discussion were the tidiness of the house such as cups being left in bedrooms, smoking, food, staff and trips out.

Staff meetings took place every two months and topics discussed were infection control, laundry, key working, updates on people who used the service, policies and any other business.

We asked the registered manager what links they have with the local community. We were told the service had good links with the church next door and the members of the congregation often call especially if they have not seen someone for a while in case they are unwell. They also have good links with the local shops.

We asked for a variety of records and documents during our inspection. We found these were well maintained, easily accessible and stored securely. Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC) of important events that happen in the service. The

registered manager of the service had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.

Staff we spoke with were very proud to work at The Hollies. One staff member said, "I look forward to coming to work, every day is different and I know I am valued and appreciated as I am told this often and this makes me feel good." Another staff member said, "I am most proud to work here, if I had a family member or a friend or myself, this is how I would want to be looked after."