

Mr H R & Mrs J C & Mr M J Martin

Hollymead House

Inspection report

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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:

Hollymead House is a residential care home providing personal care to 30 people aged 65 and over at the time of the inspection. The service can support up to 35 people. People living at Hollymead House had conditions associated with older age, with the majority of people living an active independent lifestyle. Hollymead House accommodates people in one adapted building.

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

People received care and support that was safe. One person said, "I am very safe here, they take very good care of me." A relative said "I am very pleased my mother lives here. We have no worries about her care and know she is safe."

People were supported by staff who received training and were able to identify and respond appropriately to abuse. There were sufficient staff to meet people's needs. The registered manager used a dependency tool to determine staffing levels. Information was reviewed following falls or changes in a person's health condition.

Training and observation of staff practice as well as supervision ensured staff were competent in their roles. People enjoyed a healthy balanced and nutritious diet based on their preferences and health needs. People were supported to have 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.

People received care from staff who were kind and caring. People told us staff always respected their privacy and dignity. Staff supported people to be fully involved in their care planning and reviews.

Records showed the service responded to concerns and complaints and learnt from the issues raised.

People told us the service was well-organised and commented on the pleasant working atmosphere amongst staff. The provider and registered manager provided a visible presence. People were encouraged in their involvement and development of Hollymead House.

Staff felt well supported in their roles. Staff meetings provided opportunities to reflect on people's care and anything that might be done differently. A system of audits monitored and measured all aspects of the service and were used to drive improvement. The registered manager worked proactively with the NHS and Social Services to proactively meet people's care needs.

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

Rating at last inspection and update:

The last rating for this service was requires improvement (published 14 June 2018) and there were two

breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Hollymead House 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.

Hollymead House

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

This inspection was carried out by two inspectors and an 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

Hollymead House 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. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with 17 people who used the service, two relatives and a visitor about their views of the care

provided. We spoke with the nominated individual, the registered manager, activity coordinator and the chef. We also spoke with four members of care staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at five 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.

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection fire safety measures and environmental risk assessments were not always in place to keep people safe. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- The provider had made improvements to fire safety. This included implementing a fire risk assessment; regular checks, maintenance of fire safety and firefighting equipment. Each person now had a personal emergency evacuation plan (PEEPs) detailing how they would be supported in the event of a fire; fire safety training had also been completed for all staff. West Sussex Fire and Rescue had inspected Hollymead House since our last inspection and confirmed the provider was now compliant to the fire safety standards expected for care homes.
- To ensure the environment for people was kept safe, specialist contractors were commissioned to carry out fire, gas, water and electrical safety checks. There were risk assessments for health and safety.
- Staff understood where people required support to reduce the risk of avoidable harm. One person said, "I don't have any worries about living here as its very safe." We observed staff attending to a person who became unwell. They carried out routine observations and informed the GP. Staff continued to encourage the person with fluids. The person was reassured calmly.
- Risks to people were identified, assessed and managed safely. Risk assessments relating to people's mental health, physical health, personal health, moving and handling, behaviour, skin integrity, nutrition and falls had been completed and were in people's care plans. The registered manager audited these records monthly to review the risks and record action taken to mitigate future risks to people.
- People were encouraged with their mobility by the use of walking frames. Two people were supported using a walking aid by a member of staff with a second member of staff walking behind with a wheelchair, in case the person needed to sit. A member of staff said, "We understand the need for safety, but also know those people who need encouragement to mobilise and rest."
- Incidents and accidents were reviewed to identify any learning which may help to prevent a reoccurrence. The time, place and any contributing factor related to any accident or incident was recorded to establish patterns and monitor if changes to practice were needed.

Systems and processes to safeguard people from the risk of abuse

- The registered persons and staff understood their responsibilities to safeguard people from abuse.

Concerns and allegations were acted on to make sure people were protected from harm.

- Records showed staff had received training in how to recognise and report abuse. Staff had a clear understanding of how to report abuse and felt confident that management would act appropriately.
- Safeguarding concerns were logged identifying any learning and the learning was shared with staff at team meetings. The service had a whistleblowing policy in place to ensure staff understood how to raise concerns and staff confirmed they were aware of it. Whistleblowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations.

Staffing and recruitment

- People received care and support in an unrushed personalised way. Discussions with people, relatives and staff confirmed there were enough staff on duty. Rota's confirmed staffing levels were sufficient.
- There was a robust recruitment programme which meant all new staff were checked to ensure they were suitable to work with people.

Using medicines safely

- Arrangements had been made to ensure the proper and safe use of medicines. There were reliable arrangements for ordering, administering and disposing of medicines.
- Medicines were ordered in a timely way and senior care staff who administered medicines had received training. Records demonstrated arrangements had been made for all trained staff to be annually assessed in their competency to administer medicines.
- Unused medicines were discarded safely and in accordance with the provider's administration of medicines policy. Stocks of medicines showed people received them as the prescriber intended. When people had their medicines administered on an 'as required' basis there was a protocol for this, which described the circumstances and symptoms when the person needed this medicine.
- Medication audits were completed on a daily and monthly basis. The registered persons reviewed and analysed the findings of the audits to ensure they took action that may be required to safeguard people.

Preventing and controlling infection

- The service was clean and without odours. Housekeeping staff completed a daily cleaning schedule.
- Staff used personal protective equipment (PPE) when assisting people with personal care. PPE such as hand wash, gloves and aprons were available in all bathrooms (with visual reminders about washing hands), at the entrance of the building, people's rooms and in the communal areas, to help protect people from risks relating to cross infection.

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 has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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).

- The provider had installed closed circuit television (CCTV) in communal areas of the service. The provider and registered manager had undertaken surveys with people, relatives and staff to ensure understanding. We saw signed consent forms for the use of CCTV, a statement of purpose and signage highlighting to all visitors that CCTV was in operation. However the signage was unclear whether CCTV recorded sound and the provider did not have a system in place for reviewing the footage being recorded. The risk assessment was not a proportionate response to the risk identified and this was an area of practice that needed to improve. The provider and registered manager reviewed the practice and identified there was no longer a need for the use of CCTV and discontinued its use.
- Staff received training in the principles of the MCA and understood their role and responsibility in upholding those principles. One person said, "I get up and go to bed when I want, and staff help me when I need help." Another person said, "I am really happy here. They do all the things I worried about living at home like the laundry which is whipped away and back clean before you know it. This has taken so much stress away from me and my family, but I still have my freedom."
- People's mental capacity was effectively assessed and managed. The registered manager told us, no person at Hollymead House required a DoLS. A visitor said "This is the best home in this area. I have been coming here for a number of years as an advocate for a resident and it is fantastic. The staff are amazing and know the residents so well."

Staff support: induction, training, skills and experience

- Staff told us they were supported by the registered persons through regular supervision and an annual appraisal. This was an opportunity to discuss working practices, what went well and what did not go so well and explore ways of improving the service they provided.
- People received effective care and treatment from competent, knowledgeable and skilled staff with the

relevant skills to meet people's needs. People felt staff were competent to give them the care they needed, and staff were flexible with the support they provided.

- Staff were encouraged to complete further courses such as the Health and Social Care Diploma. These are work based awards that are achieved through assessment and training. One staff member said, "When I first started here I didn't have any NVQs I've now done 2 and 3. I Feel confident with hoists and slide sheets (mobility equipment)."
- New staff had completed a comprehensive induction and worked alongside experienced staff to get to know people. Where staff were new to care, they completed the Care Certificate, a nationally recognised set of standards which provides new staff with the expected level of knowledge to be able to do their jobs well.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People confirmed they were offered choices, and their consent was sought before they received personal care.
- People's needs were assessed before they started to receive support from the service. The information gathered included people's preferences, backgrounds and personal histories. This enabled staff to know people well.
- Nationally recognised risk assessment tools were used to assess risks, for example, those associated with nutrition and skin integrity.

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

- People were positive about the quality of food and choices. People were provided with a choice based on their individual needs. One person said, "I enjoy all the food. I have no complaints." Another person said, "I have breakfast in bed, a main meal (in dining room) at lunchtime and a lighter meal (in lounge) in the evening. I like the evening meal when it's a selection of sandwiches, its brilliant because it is a good selection."
- People were provided with the support they required to reduce the risk of malnutrition and dehydration. Care plans set out the support people required. Kitchen staff were knowledgeable about people's needs and providing for special diets, such as for diabetics.
- We observed lunch which had an informal, social feel. The tables were laid with tablemats, napkins, cutlery and condiments. For some people, sauces were served in small dishes with a teaspoon making it easier to help themselves. People were offered drinks regularly throughout the day, in their rooms and in the lounge and dining areas.

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

- People were supported to access healthcare from professionals such as GPs, chiropodists, dentists and opticians. They told us staff were quick to spot changes in people's health and arranged for GPs to attend in a timely way.
- Records confirmed advice obtained from health and social care professionals was transferred into care planning. The registered persons met with the district nursing team to discuss people's nursing needs and how the care staff could best assist them.

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

- The environment was homely with an accessible layout that met people's needs. The registered provider told us people chose the colours, their own furniture and personalised décor in their bedrooms. The premises were in good repair, with a choice of spaces for people to spend time with others or to have private time alone.

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

- Without exception everyone said they received care from staff who had developed positive, caring and compassionate relationships with them. One person said, "They are very kind and always ready to help me." Another person said, "Staff are all very kind, they couldn't do more for me." A third person said, "The staff are marvellous and understanding and I ring a bell and they are here."
- We observed people were treated with kindness and care by staff. Staff spoke respectfully to people and showed a good awareness of people's individual needs and preferences. People were relaxed and cheerful in the presence of staff. We saw there was a strong rapport with staff which was evident when they were talking and laughing with people. One staff member said, "We have banter and nicknames (with people who used the service), I don't mind them calling me 'Titch', it's a term of endearment. If I can make them smile and feel relaxed, then I'm doing my job as well as the care side. If I can make washing and dressing enjoyable then I will do."
- People were part of their local community and enjoyed Holy Communion from their local clergy, who visited monthly.

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

- People confirmed they were involved in day to day decisions and care records showed they participated in reviews of their care. One person said, "It's very good here. I have no experience of being in a home before this and it's brilliant. The staff are so happy. They seek my views, and these are in my care records." People's views were reflected in their care records. Where people needed support with decision making, family members, or other representatives were involved in their reviews.
- Care records included instructions for staff about how to help people make as many decisions for themselves as possible. For example, about which aspects of personal care they could manage for themselves and which they needed help with. One person said, "I feel very involved in my care, choosing my clothes, my meals and how I spend my time during the day."
- Staff supported people to keep in touch with their family. People said visitors were always made welcome and offered a drink, and some privacy to talk. Staff kept people in contact by telephone and email with relatives who lived further away.

Respecting and promoting people's privacy, dignity and independence

- Staff explained how they supported people's privacy and dignity. This included giving people private time, listening to people, respecting their choices and upholding people's dignity when providing personal care. One person said, "I get up at 5.30am, I know it's early, but this is my choice. I am too old and frail as it is. I

don't want to waste time in bed. I go to bed by 10.30pm so I get 7 hours sleep, this is all I need. The carers respect that."

- People were treated with dignity and respect. People's dignity was respected during moving and handling transfers. We observed staff knocking on people's doors to seek consent before entering. Discussions about people's needs were discreet, personal care was delivered in private and staff understood people's right to privacy.
- People were supported by staff to take pride in their appearance. We saw people wearing jewellery and make up. People told us they were supported to maintain their personal hygiene through baths and showers when they wanted them.
- Confidential information was held securely in locked cupboards. People had received an updated privacy policy and policy statements following changes to data protection legislation in May 2018.

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 received personalised care that was responsive to their needs. All care plans were in the process of being transferred to an electronic format and uploaded to a central system accessed by the care team. The service also used a paper-based system until this was completed. Staff completed daily records for people, which showed what care they had received, whether they had attended any appointments or received visitors, their mood and any activities they had participated in.
- From our conversations with people and relatives, it was clear they knew people well. One person said "Staff are very kind, and I would soon say if they weren't. Staff know us all and we are well looked after." We observed a member of staff check with a person what they wanted to drink, and stated, "[Person] here are your favourite biscuits." The person responded, "She knows what I like."

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.

- Each person had an 'Accessible information' care plan. This detailed the person's communication needs and whether the person required a hearing aid, wore glasses and what support the person required around this. One person used a tablet to read their care plans and other information, in large font. Printed off information was provided in larger print for people to read.

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

- People were supported to maintain relationships that were important to them. Visitors were made welcome at the service at any time. People greeted their own relatives at the door and we observed people walking to the front door to let their visitors out. This demonstrated people were empowered to lead independent lives.
- Care plans recorded information about people's interests and hobbies. People confirmed they were happy with the activities on offer. One person said, "We have entertainment, we've got bowling this afternoon." A staff member said, "I like listening to what jobs people used to do, it's interesting."
- Where people were unable or chose not to be involved in communal activities, they received 1:1 support from staff. For example, one person told us they preferred 1:1 stating, "I am a maverick. I like my own company, so I prefer to be in my room." We observed the person had a call bell within reach to obtain the attention of staff when needed. They had been given a drink of their preference, water with fresh lemon. The

person had tissues next to them and their TV remote control. There were blankets within arm's reach and the window was ajar to allow in some fresh air. Another person said, "I have spent my life trying not to be involved in activities and I am not starting to do them now. I have my daily paper and go for walks and that's me."

- The majority of people went out independently if they chose or on joint community outings. One person said, "I walk down the lane with my walking thing and tell the staff when I am going". Another person said, "I go to the shops when I want," which we observed during the inspection.

Improving care quality in response to complaints or concerns

- Complaints were managed in line with the provider's policy. There had been one complaint since the last inspection. People told us they were confident that any issues they raised would be listened to and acted upon. Records reflected this. One person said "I have been here for eighteen months and am very well looked after. All staff are pleasant." Another person said, "If I was worried about anything, I would tell those in charge, but there's nothing to complain about. I go for little walks on my own, choose when I go to bed and when I get up, staff are very kind." A relative said, "If I have any concerns, I will see [registered manager]. All the staff are very understanding."
- Relatives complimented the service, comments included, 'Thank you so much for all your kindness,' 'I would like to say how very nice, you and all the staff are. Thank you' and 'A big thank you to you all for the care you gave [person] over the last four years.'

End of life care and support

- Peoples' end of life care was discussed and planned, and their wishes were respected if they chose not to discuss this.
- People could remain at the service and were supported until the end of their lives.
- Observations of documentation showed that people's wishes, about their end of life care, had been respected.

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection there was a lack of systems and processes to effectively monitor the quality and safety of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

- The registered manager had made improvements to the quality assurance system to protect people's safety. This included reviewing and updating audits in relation to environmental checks and fire safety. The audits measured all aspects of the service and were effective in driving improvement. Audits were carried out by the management team in relation to care plans, medicines, activities, kitchen, mealtime experiences, call bells and infection control. Actions were recorded that had arisen out of any issues found. Actions were clearly documented and followed-up.
- The registered manager demonstrated their understanding of the regulatory requirements. Notifications which they were required to send to us by law had been completed. The rating awarded at the last inspection was on display at the service entrance and on the provider's website.
- Staff were clear about their roles and responsibilities. Monthly team meeting records showed topics discussed included what might have been done differently. These meetings provided opportunities for discussion and reflection.

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

- The registered manager understood their responsibilities under Duty of Candour. The registered manager said, "The Regulation protects residents and their relatives. It's being honest. If anything happens, to tell the truth and apologise."
- People and staff felt confident to talk with the provider or the registered manager if they needed to. One staff member said, "The door is always open for the managers and we can talk about any problems. I look forward to coming to work." Another staff member said, "I'm proud to work here and proud to be part of a really good team. If I've ever got any problems their (managers) door is always open. They are very approachable."

- Policies and procedures were in place, including disciplinary processes. This helped to ensure staff were aware of the expectations of their role and were held accountable for their actions.

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

- People and relatives told us they found all staff to be approachable, from care staff to management.
- Staff were motivated and proud of the service. All staff consistently knew people well and felt they worked well as a team. One staff member said, "I would recommend this home. It's lovely here, it is homely. We laugh and joke. It is like family. They are like my nannas." Another staff member said, "It's a lovely home, it's like a family. Everyone gets on. Everyone helps each other, works as a team."
- Interactions between people, relatives and staff, including the management team, were all warm and positive and they clearly knew each other well. A staff member said, "I love the residents, they are all really lovely. You can talk with people, there is much communication. We have time to do that."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Records showed that 'Equality and Diversity' had been discussed in team meetings. Minutes of those meetings demonstrated how the topic was promoted and opportunities given to share good practice. The deputy manager completed monthly observations to assess staff competency around this topic. This had improved staff understanding and practice.
- 'Residents and relatives' meetings, and staff meetings were held monthly and various methods of involving people and staff were in place. People had requested a bowl of fruit to be available at a meeting earlier in the year. In April they fed back that apples were on occasions bruised and not edible. Feedback from May demonstrated there was a better selection of fruit and the fruit available was no longer bruised as staff made a point of checking this daily on shift.

Continuous learning and improving care

- The registered manager collected and analysed information about the service, for example falls, and used this information to create an action plan to reduce or mitigate identified risks.
- Staff told us they were given opportunities to share ideas and make suggestions to improve the service at team meetings, supervisions and as and when they wanted to.
- The provider issued satisfaction surveys annually to gain people's feedback. We reviewed the outcome of recent surveys and saw that people had expressed a high level of satisfaction with all aspects of the service. The provider had acted in response to any negative comments, including changing menus and providing additional activities. Relatives' feedback indicated that staff were always friendly, helpful and supportive. They were happy with how their loved ones were looked after and cared for.

Working in partnership with others

- Staff worked closely with local healthcare providers such as the GP surgery, district nurses and the local pharmacy. The registered manager worked in partnership with the local authority commissioners to share information and learning around local issues and best practice in care delivery.