

Barchester Healthcare Homes Limited

Hollyfields

Inspection report

Habberley Road
Habberley
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Tel:
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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 

Overall summary

The inspection was unannounced and took place on 9 June 2015.

Hollyfields is registered provide accommodation and personal care for a maximum of 41. There were 37 people living at home on the day of the inspection. There was a registered manager in place. 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

People felt safe and had their needs met by staff that were available when they needed them. Staff felt they kept people safe and supported them by reducing their risks and promoting their independence. Staff spent time

Summary of findings

with people providing care and talking to people. People got their medicines when they needed them and as prescribed. Medicines were stored and staff knew how which medicines needed to be monitored or changed.

People and relatives knew the staff well and felt they had been trained had the skills required. People had been able to choose their care and treatment and were supported to make decisions if they had not been able to do this on their own. They were supported by relatives, staff and other health professionals. Where restrictions had been placed on people, the provider had followed the correct procedure.

People enjoyed the food and where needed staff supported them to eat and drink enough to keep them healthy. We found that people's health care needs were assessed, and care planned and delivered to meet those needs. People had access to other healthcare professionals that provided treatment, advice and guidance to support their health needs.

People told us and we saw that their privacy and dignity were respected and staff were kind to them. Staff had been understanding and supportive of people's choice and decisions. People had been involved in the planning of their care.

People got to do the things they enjoyed and said that they also spent time in their home, the garden or out on planned trips. People had raised comments or concerns and they had been addressed.

The management team had kept their knowledge current. The registered manager was approachable and visible within the home. The provider and registered manager made regular checks to monitor the quality of the care that people received and look at where improvements may be needed.

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.

People were supported to have their risks assessed and were cared for by staff that were available to provide safe care. Staff understood the potential for unsafe care and how to report any concerns. People received their medicines as needed.

Good



Is the service effective?

The service was effective.

People were supported by trained staff who had up to date information specific to people's needs. People were supported to make choices about their care and about what they ate. Staff contacted other health professionals when required to meet people's specific health needs.

Good



Is the service caring?

The service was caring.

People received care that met their needs. Staff provided care that met people's needs whilst being respectful of their privacy and dignity and took account of people's individual preferences.

Good



Is the service responsive?

The service was responsive.

People were supported to pursue their personal interests and hobbies. People and relatives were able to raise any comments or concerns with staff.

Good



Is the service well-led?

The service was well-led.

People, relatives and staff approached the registered manager who listened and responded to their views.

People's care and treatment had been reviewed by the provider and registered manager. Improvements had been made to put right any identify areas of concern and improve people's experiences.

Good



Hollyfields

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 unannounced inspection took place on 9 June 2015. The inspection team comprised of three inspectors and an expert by experience who had expertise in older people's care. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

During the inspection, we spoke with five people who lived at the home and two family members. We spoke with eight staff and the registered manager. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at two records about people's care, Deprivation of Liberty safeguarding (DoLS) plans, falls and incidents reports, people's medicines records, records from provider monitoring visits, people's activities records, notes of resident's feedback and staff handover notes.

Is the service safe?

Our findings

People we spoke told us they were safe in their home and knew the staff that looked after them. One person said that they “Felt unafraid” and trusted the staff. The registered manager ensured that all people were introduced to us so they knew who was in their home.

People were supported by staff that responded quickly to reduce risks to their safety. For example, if people became upset staff provided reassurance and support quietly. Staff also knew how to keep people safe within the home and how to raise concerns. Staff felt they knew people well and would recognise if they were “Distressed” and would discuss this with senior care and nursing staff.

Risks to people had been looked at to see where and when support was needed. This also included looking at encouragement for people to support themselves in their daily activities. People were able to ask staff for help and we saw that staff offered support and guidance. For example, spoken instruction or using equipment needed to be used to make the sure the person was safe.

Where people had falls or accidents this had been recorded by staff. Each incident would be reviewed by the registered manager and any learning or actions which had been taken. Staff also told us that the registered manager would discuss any changes with them to help reduce the risk of something similar happening again.

People’s care and support was provided from staff that were available to them and knew how to support them. Where people required higher levels of support we saw that

this was in place. Staff spent time in the communal areas and made sure that people could request assistance when needed. People had their requests met in a timely manner and were not kept waiting.

The registered manager told us they were able to assess people’s needs to ensure that there were enough staff to meet people’s needs. They told us that they listened to staff feedback as well as observations; this had led to an increase in staff for a period of time. Staff felt that they were “busy” but people were not kept waiting for support or care.

People had their medicines stored in their room in locked cabinets, however nursing staff looked after their medicines for them and they were happy with this. People were supported to take their medicines when needed or at a particular time to help maintain their health. Staff that provided people with their medicines were able to talk them about what they were and why they needed to take them. Where people had not been able to make decisions about their medicines the provider ensured the correct legal process had been followed to ensure the decision had been made in the person’s best interest.

People’s medicines were up to date and had been recorded when they had received them. Where people required medicines ‘when needed’ we saw that staff had guidance that supported people in way they needed them. Nursing staff told us about people’s medicines and how they ensured that people received their medicines at the time they needed them. Medicines were also reviewed when needed to ensure that the correct dosage was given or to monitor the benefits or side effects for the person. The staff checked the stocks of medicines and ensured that they were stored and disposed of correctly.

Is the service effective?

Our findings

Where people received support and guidance from staff they had their needs met. Care staff demonstrated and told us that they had been able to understand people's individual care needs. Six staff we spoke with told us the training helped them in their knowledge and understanding the needs of people who lived at the home. Staff told us they were supported with supervision and this provided them with an opportunity to discuss any further training needs. For example, they had requested further training in understanding the different types of dementia related illnesses. The registered manager was looking at how best to increase staff knowledge in this area and how this would further benefit people's care.

We saw that people were able to have their day to choices met by staff that listened and supported them to. All staff we spoke with told us they were aware of a person's right to choose or refuse care and that it was "Important" for people to get what they "Wanted or needed".

The Mental Capacity Act 2005 sets out the requirements that ensure where appropriate; decisions are made in people's best interests when they are unable to do this for themselves. People who did not have the capacity to make a decision on their own had been supported by family and other professionals. The senior staff knew who had a power of attorney in place. This is someone who has the legal authority to make a decision on their behalf about their finances, care and welfare. This meant that where relatives had provided consent on behalf of their family member the provider had ensured they had the legal authority to do so.

We also looked at Deprivation Liberty Safeguards (DoLS) which aims to make sure people in care homes and

hospitals are looked after in a way that does not inappropriately restrict their freedom. Where people had their freedom restricted they had been protected by the correct procedure being followed. For example the registered manager told us that they had submitted 36 DoLS applications to support people with their care and support needs.

People we spoke with told us they were happy with the food and drink provided. We saw that staff respected people's choice of where and when they wanted to eat. People received meals that they enjoyed and staff provided a choice at the time of the meal. For example, plated food was shown to people to enable them to make a choice. During lunch staff spent time chatting with people and ensuring the meal was enjoyable for them, offering condiments as required to meet personal preferences.

The nutritional needs of people had been looked at to ensure they either received a specialist diet or food and drink that met the needs. For example, people received a soft diet or were supported by staff to eat their meal.

Health and medical support was available to people when they needed it. Relatives told us their family members got to see the relevant health professional. For example, physiotherapist and social workers. The registered manager confirmed that the local GP visited the home once a week or when requested. Visits from doctors and other health professionals were requested promptly when people became unwell or their condition had changed. Two visiting healthcare professional we spoke with felt there was a good relationship. They told us that the staff and registered manager made changes as required following their involvement. Records we looked at confirmed that people saw opticians and dentists regularly.

Is the service caring?

Our findings

People we spoke with told us they were “Happy here” and that they “Liked” living at the home. The atmosphere was lively in one of the communal lounges and people enjoyed spending time there. In another lounge, which was quieter people were happily enjoying the company of staff and each other. Staff were attentive, observant and recognised people’s needs as they happened. Staff responded to each person with an individual approach that recognised their needs and preferences.

People were comfortable with staff and looked to them for guidance and reassurance. For example, if a person needed help with their meal or where they would like to go. Staff spent time sitting and talking to people about their lives and interest. They also used photographs to start conversation that were important to people. Staff spoke warmly with people and knew them well.

People were able to express their views and were involved in making decisions about their care and treatment. They were also involved in reviewing their care or were supported by a family member. Two family members told us they visited their relative often and there were no restrictions on visiting times. They felt the staff were “Very caring” and would speak to them about how their relative had been between visits. They also said that they would be

contacted by the staff if there were any changes or information to share about their relative. The registered manager had ensured that advocacy services were accessible and used as needed.

Staff knew people’s everyday choices, such as choice of clothes and personal care routines and preferences. We saw that staff ensured the person knew they were engaging with them and were patient with people’s communication styles. One staff said they always considered “How they (people) wished to be looked after” so people got the care they wanted. We saw that staff did not rush people and took time to with each person.

We saw that people were supported in promoting their dignity and independence. Staff told us they offered encouragement for people to do things on their own. Where people needed equipment this was used to help people remain independent with walking and at mealtimes. We saw that people were involved in tidying their rooms and dusting the communal areas.

Staff took time to make sure people were comfortable or if they needed anything. Staff were considerate and allowed people time to respond and did not rush or answer for them. Staff told us they would always provide care in a dignified way and respected people’s right to privacy. For example, staff told us they covered people as much as possible during personal care and talked to them about what was happening. People chose where they spent their time and staff always knocked and asked permission before going in to people’s bedrooms.

Is the service responsive?

Our findings

People's care needs were met by staff that knew their care and support needs. Two relatives told us that their family member's health was looked after by the staff. They told us that staff provided the care and support they felt was needed. They felt able to talk to staff to ask questions or suggest changes if they had wanted.

People's wellbeing was monitored by staff that were able to use observations and discussions with other staff to recognise any changes or concerns. Staff told us they felt this supported people and would record and report any changes in people's care needs to nursing staff and felt they were listened to. People's needs were discussed when the shift changes to share information between the team. The handover book was available for staff and were reminded to refer to it if needed.

All staff we spoke with told us the information in people's care plans provided them with information about people's choices and individual needs. Staff told us they also got to know people's needs by spending time with them individually. We looked at two people's records which had been kept under review and updated regularly to reflect people's current care needs. The wishes of people, their personal history, the opinions of relatives and other health professionals had been recorded.

People were spending their time enjoying painting, ball games and listening to music. We saw group activities were

arranged for people to be involved in. Trips were arranged for people to go to the local community such as a recent trip out to a local public house. The registered manager told us they had access to minibus for part of the week, however when this was not available then taxis were used. There was also a member of staff that engaged people in group and individual activities. They also spent time with each person to gain their views, experiences and requests. We saw that these were recorded and any requests had been completed.

Staff told us that they knew how to raise concerns or complaints on behalf of people who lived at the home. They also told us the registered manager and nursing staff were approachable. The registered manager spent time with people and we saw that that people knew them well. Throughout our visit we saw that relatives had been comfortable to approach the registered manager to talk about the care and treatment of their relative.

The provider used annual surveys to gain people's overall experiences of their care and treatment. The results of the last survey had been positive and no concerns had been identified. Written complaints had been received and the provider had used feedback from people and relatives on how to improve their individual care needs. The registered manager told us that "We always use complaints as learning". We saw these had been recorded with the outcomes or action taken. For example, they were looking at new ways to ensure that people's belongings were clearly marked

Is the service well-led?

Our findings

All people and family members we spoke with knew the registered manager and they felt they were listened to and supported. There was a consistent team of care staff that were confident in the way the home was managed. The registered manager held a weekly meeting that involved each person on a rotational basis. The person was asked for their views, had records reviewed and environmental checks completed. We were shown improvements that had been made and requests that had been agreed. For example, changes to the person's room and a day at the races had been organised.

All staff we spoke with told us that the registered manager was approachable and accessible. Staff felt able to tell management their views and opinions at staff meetings. Senior staff also met daily to discuss issues and concerns. The registered manager told us that they had good support from the provider, and the staffing team. They also told that they had made suggestions that they felt would improve outcomes for people. For example, appointing a deputy that would allow the registered manager to assist with caring for people and working alongside the nursing and care staff.

The registered manager told us they were supported by the provider in updating their knowledge and carry out monthly checks of the home. The provider also spoke with people and staff at the home and any actions required were recorded. Any gaps identified from these checks were recorded and discussed with the registered manager. We saw that there were no current outstanding actions.

The registered manager monitored how care was provided and how people's safety was protected. For example, care plans were looked at to make sure they were up to date and had sufficient information and reflected the persons current care needs. The registered manager had then been able to see if people had received care that met their needs and review what had worked well. The registered manager was also looking to offer training in understanding dementia to relatives as they felt this would provide a greater understanding for families.

The registered manager had sought advice from other professionals to ensure they provided good quality care. For example, they had followed advice from district nurses and the local authority to ensure that people received the care and support that reflected professional standards. They had also completed a leadership course and were in the process of designing and implementing new care plans that they felt would provide further person centred care.