

Wicksmith Holdings Limited

Hollybush Residential Home

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

Hollybush Care Home is a residential care home providing residential care for up to 14 people in one adapted building. At the time of the inspection 14 people were using the service. Some of the people who lived at the service needed care and support due to dementia, sensory and /or physical disabilities.

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

Staff understood their role in protecting people from harm and assessing avoidable risks. There were enough staff to provide care to people and they were available when people needed support. People received their medicines as prescribed.

Staff received training to enhance their skills and knowledge to provide the support and care people wanted.

People could choose how they wanted to be supported and how to spend their time. People were supported to have maximum 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.

Staff were kind and compassionate and respected people's privacy and dignity.

People's needs were assessed, and care and support were planned and delivered in line with their individual care plan. Records confirmed people's preferences, interests, aspirations and diverse needs had been recorded and care and support had been provided in accordance with people's wishes.

People were supported to have maximum 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.

The quality of the service was monitored regularly through audit checks and receiving people's feedback. There was system in place to handle and respond to complaints.

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

Rating at last inspection

The last rating for this service was Good (published 26 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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.

Hollybush Residential Home

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

The inspection was carried out by one inspector 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

Hollybush 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

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection-

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 spoke with eight people who used the service, three relatives and observed how staff interacted with people. We also spoke with the registered manager and four care staff. We spoke with a visiting professional.

We looked at the care records for three people and we looked around the home. We also looked at records in relation to the management of the home such as quality assurance checks, staff training and recruitment records, safeguarding information and accidents and incident information.

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 Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse, Staffing and recruitment

- There were enough staff to meet people's needs and keep them safe. People's needs were being met by the staff team. Call bells were answered promptly, and staff were attentive to people who chose to stay in their room or needed to be in bed because of their health needs. A family member said, "When we come [staff] are always around sitting with [Person's name] and talking with them". One member of care staff worked at night with on call support very close by. The registered manager told us night time staffing levels were constantly reviewed to ensure additional staff were available when necessary. For example, if people's health needs or dependency levels changed.
- People felt safe and comfortable at the home. A relative told us, "I always leave here knowing [Person's name] is very safe and well care for."
- The risks of abuse to people were minimised because the provider had a safe recruitment process. This made sure all staff checks were completed before they began work in the service.
- Staff had received training in how to recognise and report abuse, and people had information about this. Staff understood how to raise any issues with the registered manager or the provider. They were confident action would be taken to protect people.

Assessing risk, safety monitoring and management

- Risks to people had been assessed and care plans guided staff in how to provide care safely. For example, one person's mobility had reduced meaning they were at a higher risk of falls and needed support to move around safely. The registered manager had made a referral to a health professional to ensure appropriate equipment was put in place to support the person.
- People lived in a service which was maintained to a safe level. Regular checks were carried on the environment and equipment to minimise risks to people. People had personal evacuation plans in place in case they needed to leave the home in an emergency.

Using medicines safely

- There were systems in place to ensure medicines were managed safely. Only staff who were trained and had been assessed as competent were able to administer medicines to people. We observed people receiving their medicines in a personalised way. A staff member told us, "We always make sure we give the medicines out personally and explain what they are for and why it's important."
- Some people were prescribed medicines on an 'as required' basis, such as to control pain. There were protocols in place for when these should be given to promote people's well-being. Records showed these medicines were being administered in accordance with guidelines and not routinely.
- People's medicines were stored safely, including those which required additional security. Staff kept clear records of medicines administered or refused by people. This enabled the effectiveness of prescribed

medicines to be monitored.

Preventing and controlling infection

- The premises were clean and free from malodours.
- Staff had access to aprons and gloves to use when supporting people with personal care. This helped prevent the spread of infections.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed so any trends or patterns could be highlighted.
- When accidents and incidents occurred, these were discussed at regular staff meetings, as a learning opportunity.

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

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff support: induction, training, skills and experience

- People's individual needs had been assessed before they moved to Hollybush Care Home. People and their relatives were involved in assessments and were supported and empowered to make choices about their care.
- Assessments of people's individual needs were detailed and expected outcomes were identified and their care and support regularly reviewed.
- People were supported in accordance with up to date guidance and legislation because staff received regular training to make sure their knowledge was up to date.
- New staff completed an induction programme to enable them to provide safe care. New staff also had opportunities to shadow more experienced staff to enable people to get to know them and for them to understand people's preferences. One person told us, "We have every confidence in the staff. All of them not just one or two."
- Regular supervision sessions were arranged where staff were able to discuss any training needs as well as raising issues around working practices. Staff told us they were well supported by management.

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

- People were very complimentary about the food and drinks provided. One person said, "The food is very good."
- Risks to people associated with eating and drinking were assessed and managed. Some people had been assessed as being at risk of malnutrition. Care plans guided staff in how to support people including monitoring their weight on a regular basis if required. Staff told us about one person who had a poor appetite and sometimes needed encouragement to eat. A staff member said, "We know who needs a bit more encouragement than others and who needs supplements." We observed people being offered choices throughout the morning.

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

- People saw healthcare professionals according to their individual needs. One person told us, "If you need the doctor they come, and [staff] take me to hospital appointments if I have them."
- Care plans showed people's health was monitored and when people asked to see a healthcare professional this was followed up by staff. A visiting health professional told us staff were responsive to any advice given and said, "The staff always let us know if they are concerned about somebody's health."
- People's care records highlighted where risks had been identified. For example, where people needed a

soft or pureed diet, this was provided.

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

- The physical environment was continuously being reviewed, updated and improved.
- People's rooms were decorated with personal belongings to ensure people felt comfortable with familiar items around them.

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 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).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People made decisions about their day to day lives and the care they received. Staff described their understanding of MCA and DoLS and were able to identify their responsibilities within the legislation. One staff member told us, "It's really important we respect residents' rights to make decisions. If they can't then we need to consider their best interests."
- Staff had completed training in MCA and had a clear understanding of how to apply it in their daily work.

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 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

- People lived in a happy, extended family type atmosphere. There were strong relationships with other people and staff. This created an atmosphere where people cared about each other and enjoyed spending time together. People told us, "It is a wonderful place where I have made many friends," "The staff listen to me. They help me get dressed and take me to bed when I want, sometimes at 8pm, sometimes at 7pm" and "The staff are precious. Will do anything for you and always bright and cheery." Relatives said, "I can't think of anywhere else I would want [Person's name] to be," "Exceptional staff, they go over and above" and "[Staff] bought some items off their own back so that [Person's name] has some stimulation."
- People's religious wishes were respected, and people were supported to continue practicing their chosen faith.
- Staff had received training in equality and diversity, and consideration and respect was shown to people's diverse needs and cultures.

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

- People told us they were involved in making decisions. One person said, "I always feel involved". A relative said, "I have a copy of the Care Plan. When [Person's name] had a fall, the manager told me about it. I have no complaints whatsoever".
- People and those acting on their behalf were provided with a range of opportunities to express their views about the care and support through regular care reviews, meetings and surveys. People agreed that all the staff and the registered manager made time to sit and talk with them.
- Staff were skilled at supporting people's relatives to understand the changes in their family member's behaviours, wishes and emotions. A relative told us the staff team, "Couldn't be more supportive" and said the staff always understood and met their relative's needs.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and confidentiality was respected. Confidential information was kept securely.
- People were encouraged to do as much for themselves as possible. People's care plans showed what aspects of care they could manage independently and when staff needed to support them. Staff promoted people to be as independent as possible by encouraging and praising them.

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 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; End of life care and support

- People received personalised care because each person had a care plan which gave information about their needs and their likes and dislikes. People were involved in and understood their care plans. A relative told us, "We feel involved all of the way."
- Staff knew people well and how they liked to be supported. This helped to make sure people received care which was personal to them. People were treated as individuals and were able to follow their own routines. For example, one staff supported a person with a dementia condition by changing family photos on a daily basis as they were cared for in bed. The family told us this attention to detail had really supported [person's name] in recollecting times in their life which was meaningful to them.
- People were supported to maintain and develop relationships with those close to them. One relative said; "We are always kept informed about any issues." Records showed family members had been updated when changes in people's needs were identified.
- People's care was adapted to meet their changing wishes and needs. One person liked to stay in their room. Staff respected this decision and ensured regular welfare checks were made to support the person in the way they chose.
- People's care plans gave information about the care they would like to receive at the end of their lives.
- Staff had received training in end of life care and had a good understanding of current good practice and guidance in relation to end of life care.
- There were positive links with external professionals, including GPs, the hospice and community nurses.

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.

- People's care plans outlined any communication need and documents could be provided in other formats if required.
- Information could be provided to people in an easy read format to help aid their understanding. This demonstrated the service was identifying, recording, highlighting and sharing information about people's information and communication needs in line with the Accessible Information Standard.

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

- Some people had forged strong relationships with other people they lived with and often chose to

socialise together. One person said, "We get on really well. It's a lovely place to live."

- People were supported to follow their interests. One staff member told us about one person's interests and described how this was related to their previous profession. We observed people were engaging in activities that were relevant to them. For example, being supported to play a floor game, going into the community to visit areas of interest and chatting together in small groups in a meaningful way.
- Relatives told us that communication with staff was good and they were regularly invited to events at the home.
- There were links to activities in the community. One person told us, "We look forward to what's going on. We are doing a tour of Newquay soon I think."

Improving care quality in response to complaints or concerns

- There were known systems and procedures in place for the reporting and investigation of complaints. ● People and relatives said that they felt able to speak to the management team at any time.
- There was evidence that complaints received were taken seriously, and used to help improve the service where possible, with appropriate actions and records in place.

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 Good. At this inspection this key question remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was a clear ethos focusing on delivering a quality service for people. This was reflected in the relaxed and friendly atmosphere. Staff echoed this view and during the inspection we heard a lot of laughter and good-humoured banter. One person told us, "This really does feel like home to me." A relative said, "It's just been the best place for [person's name] to live. Very inclusive."
- Staff told us the service was well managed and they felt valued. Staff spoke positively about the service saying, "It's a small friendly environment. There is a nice atmosphere here."
- Staff told us the registered manager was very approachable and always available for advice and support.
- There was a person-centred culture which kept people at the heart of the service.
- The provider's systems ensured people received person-centred care which met their needs and reflected their preferences.
- Staff meetings provided staff with the opportunity to give their views about the service and to discuss people's care needs and best practice.
- People had opportunities to maintain and develop positive links with their community. People accessed local facilities and amenities regularly.

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

- People benefitted from a registered manager who was open and honest. Where complaints or concerns had been raised, full investigations had been carried out to identify what had gone wrong and what lessons could be learnt. The management of the home had worked with other relevant parties, such as the local authority, to make sure people's health and well-being was promoted.

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

- There were clear lines of responsibility across the staff team. Staff understood their roles and responsibilities and received training to deliver the level of care and support to meet people's individual needs. The registered manager and provider had an oversight of what was happening in the service.
- The registered manager was visible in the service and took an active role in the running of the service.
- Regular audits took place, and these were completed by the registered manager and the provider.

- The registered manager understood their role in terms of regulatory requirements. For example, notifications were sent to CQC when required to report incidents that had occurred and required attention.
- Staff felt respected, valued and supported and said they were fairly treated. There was a positive attitude in the staff team with the aim of trying to provide the best care possible for the people living at the service. One staff member said; "It's just a lovely place to work. In fact, it doesn't feel like work to me. We have a very close staff team and the support from the manager is great."
- There was good communication between all the staff employed. Important information about changes in people's care needs was communicated at staff handover meetings each day and regular staff meetings.

Continuous learning and improving care

- The registered manager kept up to date with developments in practice through working with local health and social care professionals.
- Policies and procedures held were designed to support staff in their practice.
- Organisational audits were in place and used to develop the service by reflecting good practice.

Working in partnership with others

- The service worked in partnership with healthcare and social care professionals to improve outcomes for people by making sure people received the care, support and encouragement they needed to achieve their goals.
- Health and social care professionals told us that management and staff communicated well with them, and people received the care they needed.
- The registered manager told us people would be supported to access an advocate if they wished. Information about advocacy was available to people and staff.