

Longfield (Care Homes) Limited

Hollymount Residential and Dementia Care Centre

Inspection report

Hollymount
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Date of inspection visit:

12 July 2017

13 July 2017

Date of publication:

01 September 2017

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 12 and 13 July 2017. The first day of the inspection was unannounced.

Hollymount Residential and Dementia Care Centre (referred to throughout the report as Hollymount) provides accommodation and personal care for up to 38 older people. There were 35 people using the service at the time of this inspection. The home is located in a residential area close to Blackburn town centre and local amenities. It offers mainly single room accommodation with some en-suite facilities.

The service had a manager in post who was registered with the Care Quality Commission. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers ('the provider'), 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. As the registered manager was also registered to manage the provider's sister home a short distance away, they were supported in the running of Hollymount by two deputy managers. This ensured there was management cover in the home seven days a week.

Without exception people spoken with told us staff were exceptionally kind and caring. Comments people made to us included, "I can't recommend this place enough. The way they are looking after [name of relative] is amazing. Words can't describe the care. Nothing is too much trouble for anyone. They are worth their weight in gold each and every one of them", "Staff are very, very kind. I think I get the best care", "I've never regretted coming here" and "Staff are so good with me. They are very caring." Staff knew people and their backgrounds well and used this knowledge to communicate effectively with people and reassure them when they became anxious or upset. All staff demonstrated a commitment to providing high quality compassionate care.

People were treated with the utmost respect at all times. Staff protected their privacy, involved them in decisions about their care and promoted their independence. The end of life care people received was described as exceptional by relatives.

There were enough staff deployed to meet people's needs. Recruitment procedures helped ensure only suitable staff were employed. Staff knew the correct action to take to protect people from the risk of harm and supported them to receive their medicines safely.

People were cared for in a safe, clean and dementia friendly environment. The registered manager had used evidence based practice to help support people to mobilise safely around the home and reduce the risk of falls occurring; this included painting Zimmer frames and handrails in bright colours.

Care records included good information about how people wanted to be supported. A professional we spoke with told us they were impressed about the level of personalisation in care records. Detailed risk assessments were in place in relation to the care people required. These had been regularly reviewed and

updated to ensure they accurately reflected people's needs.

People told us staff always provided the care they needed and wanted. Feedback from relatives praised the responsive nature of staff at all levels in the home. The registered manager told us their intention was for people to feel that they were living in a 5 star hotel with immediate access to anything they wanted.

The registered manager had been creative in introducing ways to encourage people to eat and drink as much as possible. People told us they enjoyed the food provided and were aware they could access food or drink of their choice 24 hours a day.

Staff received the induction, training and supervision to help them to deliver effective care. Staff understood the principles of the Mental Capacity Act 2005 and appropriate arrangements were in place to help protect the rights of people who were unable to consent to their care in Hollymount.

A wide range of activities was provided. These were aimed at promoting the health and well-being of people who lived in the home. People were encouraged to remain in contact with their family and friends through the use of social media and events both in the home and the local community.

People were encouraged to comment on the care they received. We saw that the registered manager had acted on all suggestions made in their drive for continuous improvement in the service.

People and their families felt the home was well-led. There was a clear management structure in place. All staff understood their roles, were highly motivated and worked well as a team. Robust systems were in place and effectively used to monitor the quality and safety of the service.

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.

People were cared for by sufficient numbers of staff who had been safely recruited. Staff knew the correct action to take to protect people from the risk of harm.

Risks had been appropriately assessed as part of the care planning process. Staff had been provided with clear guidance on how to manage identified risks. Evidence based practice had been used to help support people to mobilise safely around the home.

People were cared for in a safe and clean environment.

Is the service effective?

Good ●

The service was effective.

Staff received the induction, training and supervision required to help them deliver effective care.

Appropriate action had been taken to safeguard the rights of people who were unable to consent to their care in the home. Staff understood their responsibility to support people to make their own choices and decisions wherever possible.

The registered manager had introduced a number of successful and creative initiatives to improve the nutritional intake of people who used the service.

Is the service caring?

Outstanding ☆

The service was very caring.

Without exception people told us staff were consistently kind, caring and respectful. People said they were treated with compassion, dignity and respect and were involved in decisions about their care.

All staff demonstrated a commitment to providing caring and compassionate support to people who used the service and their

families.

The compassionate care people received at the end of their lives was a key strength of the service.

Is the service responsive?

Good ●

The service was very responsive.

People's care plans were personalised and contained detailed information to enable staff to meet their identified care needs. People were empowered to make decisions about how they wished to be supported.

A wide variety of activities were available within the home aimed at promoting people's sense of well-being.

Staff sought and acted on feedback from people to continually improve the service.

Is the service well-led?

Good ●

The service was well-led.

The registered manager demonstrated a drive for continuous improvement in the service.

Staff enjoyed working at Hollymount and found the managers to be supportive and approachable.

Robust systems were in place to monitor the quality and safety of the service.

Hollymount Residential and Dementia Care Centre

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We visited Hollymount on 12 and 13 July 2017. The first day of the inspection was unannounced. We told the provider we would be returning on 13 July 2017 to continue to review the care people received in the service.

The inspection team for the first day consisted of an adult social care 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. The expert had experience of residential care services for older people and was a full member of the inspection team. The second day of the inspection was carried out by one adult social care inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form the provider completes to give some key information about the home, what the home does well and improvements they plan to make. The provider returned the PIR within the agreed timeframe and we took the information provided into account when we made the judgements in this report.

In preparation for our visit, we reviewed information that we held about the home such as notifications (events which happened in the home that the provider is required by law to tell us about). We also contacted the Local Authority safeguarding team, the local Healthwatch organisation and the local commissioning team to obtain their views about the service.

During our inspection visit we spoke with 11 people who used the service, six visiting relatives and two professional visitors. We also spoke with a total of nine staff. These were the registered manager, the office

manager, the deputy manager on duty, three members of care staff, a housekeeper, the chef on duty and the handyman. In addition spoke with one of the directors of the company who owned the service and visited during the inspection.

We had a tour of the premises and carried out observations during the lunchtime period. We reviewed the care and administration records for four people who used the service. In addition we looked at a range of records relating to how the service was managed; these included five staff personnel files, training records, a sample of policies and procedures, meeting minutes as well as records relating to the monitoring of the service provision.

Is the service safe?

Our findings

People spoken with told us they felt safe in Hollymount and had no concerns about the care they received. Comments people made to us included, "Oh gosh yes I feel safe. There is always someone here", "I feel safe; that's why I came here. I have never felt as safe in my life", "I do feel safe here and the staff are very good" and "I am happy enough here and they are all good to me."

We noted the registered manager had been proactive in seeking out best practice in supporting people to be as safe as possible when mobilising in the home. As a result they had taken the decision, in consultation with people who used the service, to paint Zimmer frames in primary colours. They told us this had been a very successful initiative in encouraging people to use their walking aid, particularly those who had previously been reluctant to do so. They told us how one person who in the past had often forgotten to use their Zimmer frame was now very proud of its colour and was eager to use it throughout the home; this meant they were now at a significantly reduced risk of falling. Records we reviewed showed there had been a significant reduction in the number of falls experienced by people in the three months since this initiative had been introduced. The registered manager had also painted handrails around the home in primary colours to help people better identify these against the wallpaper and help to improve their independence and safety when mobilising around the home.

We were told one of the deputy managers had undertaken additional training in order to be able to train staff in correct moving and handling practices. In addition they were also able to quickly assess the support and equipment people who used the service required when their mobility needs changed.

The provider had taken suitable steps to ensure staff knew how to keep people safe and protect them from abuse. We found the staff understood their role in safeguarding people from harm. They were able to describe the action they would take if they became aware of or suspected abuse had occurred. All staff spoken with said they would not hesitate to report any concerns to the registered manager and were confident appropriate action would be taken. Staff also told us they were aware of the whistleblowing policy in place and would always report any poor practice they observed. We noted the whistleblowing policy also advised staff of other agencies they could contact should they feel the provider had not taken the necessary action to deal with their concerns.

The registered manager told us they had been proactive in arranging to attend a safeguarding champions meeting held in a neighbouring authority. They told us this had been useful in informing them of best practice which they were able to disseminate to other staff in the home.

Staff had received training in safeguarding adults and policies and procedures were in place to provide them with guidance if necessary. Staff told us they had also received additional training on how to keep people safe which included moving and handling, the use of equipment, infection control and first aid. The registered manager was aware of their responsibility to report issues any relating to safeguarding to the local authority and the Care Quality Commission.

People's care plans included risk assessments related to their individual and diverse needs and abilities. Care plans explained the equipment and the number of staff needed and the actions staff should take to minimise risks to people's health and wellbeing. All the risk assessments had been reviewed on a regular basis and updated to reflect when people's needs had changed. We saw that where accidents or incidents had occurred these had been appropriately documented and investigated with any required action taken to help prevent future incidents from occurring.

We found that recruitment processes were safe. The four staff personnel files we looked at all contained an application form which required applicants to include a full employment history as well as three references and confirmation of each person's identity. We noted the registered manager had followed up references which contained any negative information in order to make a decision as to whether the person was suitable to work in the home. Checks had also been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant.

The registered manager told us they had experienced difficulties with appointing staff who then decided they did not feel they could work in a service where people were living with a dementia. They told us they therefore now required staff who had passed the interview process to spend two days as a volunteer at the service. They told us that following this process the prospective staff member, other staff and people who used the service were asked for feedback; no appointment was made unless all people consulted provided positive feedback. The registered manager told us that the introduction of this process had made a positive impact on the retention of newly appointed staff and helped to ensure people who used the service were supported by staff who understood their needs.

In addition to paid staff, the registered manager had been proactive in offering placements and work experience opportunities to young people from both the local college and social enterprise scheme which helped people into work. They told us they considered this helped in developing people's understanding of the needs of people living with a dementia and how services could support them effectively. We saw that safe recruitment practices were always followed for these young people to help protect people who used the service from the risk of people who were unsuitable to work in care settings.

We saw there were enough staff on duty to support people safely. During the inspection we saw staff were not rushed and responded quickly to people's request for support. People who used the service confirmed staff always responded promptly if they pressed the call buzzer for assistance. One person told us, "Staff are just there when I need them. They always spend time with me." Another person commented, "Now we have enough staff. It's quite settled now. Staff will come and spend time with me in my room." The registered manager told us staffing levels had recently been increased at tea time at the request of staff. They told us this meant staff were more able to respond quickly to people who sometimes became more agitated at this time of day due to their condition. They also told us they used a staffing level assessment tool to determine the minimum numbers of staff which should be on duty but would always try to overstaff wherever possible. They told us the provider supported them to do this in order to ensure people who used the service had the best experience possible.

We checked the arrangements in place to help ensure the safe handling of medicines. We saw that all staff responsible for this task had received training in how to administer medicines safely. Policies and procedures were in place to guide staff about the ordering, administration and disposal of medicines. In addition regular assessments were carried out to check the competence of staff in the safe handling of medicines.

We checked the medicine administration record (MAR) charts for four people who used the service. We noted all these MAR charts were fully completed to show people had received their prescribed medicines. People spoken with confirmed they always received their medicines as prescribed. One person told us, "They [staff] are spot on in making sure I get the medicines I need." Another person commented, "I am a diabetic so I take Metformin. The carers always give me this at the right time."

Since the last inspection the registered manager had introduced protocols for 'as required' medicines. These protocols provided guidance for staff to help ensure people always received the medicines they needed. In addition risk assessments had been completed for medicines which required additional safeguards in place to help ensure they were administered correctly. This demonstrated good practice by the registered manager.

We checked the stock of a sample of medicines for three people and noted these corresponded accurately with the records held. All medicines that require stricter controls by law were stored securely and accurately documented. Records we reviewed showed weekly medicines audits had been completed by the deputy managers and a monthly audit was also completed by the registered manager. In addition an external audit of the homes medicine procedures had been completed by a pharmacist. None of the audits had raised any concerns about the way medicines were handled in the service.

We reviewed the systems in place to help ensure people were protected by the prevention and control of infection. We looked around all areas of the home and saw the bedrooms, lounges and dining room, bathrooms and toilets were clean. All the people we spoke with told us they had no concerns regarding the cleanliness of the environment.

The registered manager told us there was an on-going plan to upgrade and refurbish the premises. We noted two of the lounges had been redecorated since the last inspection with new furniture and furnishings having been purchased to improve the safety and comfort of people who lived in the home.

Records we reviewed showed that the equipment used within Hollymount was serviced and maintained in accordance with the manufacturers' instructions. We saw that regular maintenance checks were carried out and action taken where necessary to address any issues found. On the first day of the inspection the registered manager informed us the passenger lift was out of order with a new part having been ordered by the company responsible for servicing the lift. We saw that appropriate contingency arrangements were in place, particularly for those people who were unable to access the communal areas without use of the lift. Staff told us they were undertaking half hourly checks on these people to check their needs were met. We noted that the lift was in the process of being repaired prior to us leaving the home on the final day of the inspection.

We looked to see what systems were in place to protect people in the event of an emergency. We saw procedures were in place for dealing with utility failures and other emergencies that could affect the provision of care. Inspection of records showed that a fire risk assessment was in place and regular in-house fire safety checks had been carried out to check that the fire alarm, emergency lighting and fire extinguishers were in good working order and the fire exits were kept clear. Staff had completed annual training to ensure they were able to take appropriate action in the event of a fire as well as six monthly fire drills. Records were also kept of the support people would need to evacuate the building safely in the event of an emergency. In addition the registered manager had undertaken an assessment of the additional support employees under the age of 18 might require in line with current fire regulations. This displayed a commitment to the health and safety of everyone who lived and worked in the home.

Is the service effective?

Our findings

All the people spoken with during the inspection told us staff were well trained, knowledgeable and very skilled in meeting people's needs effectively. Comments people made to us included, "Staff are very knowledgeable about people's needs", "The staff know me and I just get on with doing what I want", "I've worked in a care home before I came in here to live and the staff here are the best I've seen" and "Staff know [name of relative] very well. I would recommend this place to anyone. The quality of care she is getting is brilliant."

Staff told us they received good quality training which enabled them to deliver effective care. One staff member told us, "I enjoy the training we get. I am up to date with everything." Another staff member commented, "We do a lot of training which I think you need." Records we reviewed confirmed staff were provided with a range of training courses including fire safety, safeguarding vulnerable adults, Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), health and safety, food hygiene, first aid and moving and handling. In addition to this training, the registered manager delivered training sessions which covered the requirements of the Care Certificate. The Care Certificate aims to equip health and social care workers with the knowledge and skills which they need to provide safe, compassionate care.

Records we reviewed showed the registered manager kept a log of the training courses completed by staff and when refresher training was due. This helped to ensure staff were supported to keep their skills and knowledge up to date. Staff told us they were also encouraged to access additional training opportunities to help develop their practice and skills.

We spoke to the most recently appointed member of staff. They told us they had completed a comprehensive induction when they started work in the home; this included a general health and safety induction, reading policies and procedures and mandatory training. In addition they told us they had completed three weeks shadowing more experienced staff. They told us the induction helped them understand their role and what they needed to do to support people effectively. All the staff personnel files we reviewed contained an induction checklist which was completed by the registered manager to confirm staff had received all the necessary information.

Records we reviewed showed staff received at least six monthly supervision in line with the provider's policy as well as an annual appraisal of their performance. We saw that during supervision sessions staff were asked about their understanding of safeguarding and DoLS as well as any training they required. Staff told us they found supervision sessions to be helpful and they always felt they could raise any concerns with senior staff during these meetings. We noted that staff were asked to identify achievements and future goals during their annual appraisal.

The registered manager had introduced a number of champions in the service since the last inspection. These staff completed additional training in relation to areas including infection control, stroke, nutrition and dementia and were expected to provide leadership to other staff in relation to best practice in their particular area.

We looked at what consideration the provider gave to the Mental Capacity Act 2005 (MCA). The 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 so that they can 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). 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 were being met.

Our review of records showed the registered manager had submitted DoLS applications for 16 people who used the service; two of these applications had been authorised by the local authority. We noted the registered manager had a system in place to regularly check with the local authority regarding the status of all applications submitted.

Staff we spoke with told us they had completed training in the MCA. They were able to tell us how they supported people to make their own decisions and choices. This was confirmed by our observations during the inspection when we heard staff regularly check with people what they wanted to do. One staff member asked a person, "Would you like your breakfast in here or would you prefer me to bring it to you on a tray." Another staff member asked, "Are you coming into the dining room or would you like to stay in the lounge?" They also advised the person, "It's not my choice, it's yours."

We noted the registered manager completed a regular human rights checklist. The aim of this was to ensure processes were in place to enable people's choices, dignity, privacy, diversity and independence needs were met. These processes included the provision of appropriate information to enable people to make their own decisions as well as ensuring people were able to make choices about how they lived their lives in Hollymount. All the people we spoke with confirmed staff always respected their choices and decisions about their day to day care and support. Comments people made to us included, "I can do whatever I want here. Staff do exactly what I want them to do; there's no bother at all" and "I can choose what I want to do here. I don't go out by myself but that's my decision."

The registered manager demonstrated a commitment to improving the nutritional intake of people who used the service. They told us they had tried a number of initiatives to encourage people to eat. This included making people packed lunches so they were able to have this with them and eat whenever they felt like it and the introduction of a 24 hour snack service, the menu for which was in each bedroom. They had also introduced a number of activities which were food related including 'Milkshake Monday', 'Fizzy Friday' and food tasting events. During the first day of the inspection we noted people were encouraged to use a chocolate fountain which was in the dining room, together with fresh fruit and marshmallows. As the day was very hot people were also able to get an ice cream from a van which regularly visited the home at the provider's expense. This experience was very much enjoyed by all the people we spoke with.

People provided positive feedback on the quality of the food. Comments included, "The food is really nice. We can get any snacks we need during the night", "The food is good" and "I like the food. If there is something I don't want they will always make me a salad."

Records we reviewed showed the chefs had prepared food for special events including the Queens's birthday and Valentine's day. The registered manager told us there was an annual event for which the dining

room was turned into a restaurant and relatives were invited to share a table with their family member who lived in Hollymount. Restaurant quality food was provided and staff acted as waiters for the evening. We were told this event was very much enjoyed by all who participated.

During the first day of the inspection we observed the lunchtime experience in the dining room. We saw that people were offered a choice of main course and dessert. We also noted staff responded immediately a person asked for an alternative as they had changed their mind about what they wished to eat. The meals served were freshly cooked and well-presented. We found the experience to be relaxed and unhurried. Some staff sat and ate their lunch with people in the dining room, which made lunch a social occasion. They also encouraged and reminded people to eat in a discreet manner. In addition to the use of positive staff relationships to encourage people to eat, we noted the registered manager had purchased crockery and cutlery to help people be as independent as possible when eating their meals.

We spoke with the chef on duty on the first day of the inspection; this role was shared between three people on a rota across the provider's two homes. The chef told us they were aware of the likes, dislikes and any allergies people who used the service had. They told us they always made meals with fresh ingredients and took care to ensure people received a balanced diet. We noted drinks were served to people throughout the day and people were able to access fresh fruit and snacks, including people who remained in their rooms. The chef told us they took pride in ensuring food was always attractively presented to encourage people to eat. They also told us the snack menu had been successful in encouraging people to eat whenever they felt hungry rather than waiting for mealtimes. The registered manager told us the impact of all the initiatives they had introduced was that only one person who used the service required close monitoring of their nutritional intake. One of the relatives we spoke with told us their family member had gained weight since arriving at the home.

We found the kitchen was clean and well stocked. The service had received a 5 rating from the national food hygiene rating scheme in February 2016 which meant they followed safe food storage and preparation practices.

Since our last inspection the registered manager had worked to improve the environment for people living with dementia. They had improved signage on bathrooms and toilets throughout the home and had worked with families to place memory boxes outside people's bedrooms. These boxes contained familiar objects and photographs to help orientate people to their own rooms. The objects also helped staff and visitors promote meaningful conversations when they met people or entered their rooms. In consultation with people who used the service the registered manager had also purchased brightly coloured posters which were on display in corridors throughout the home to help stimulate people's memories and discussions about childhood and early life events such as holidays at the seaside.

Records we reviewed showed staff regularly contacted healthcare professionals including GPs, district nurses, dentists and opticians to help ensure people's health needs were met. The provider was also part of a pilot project in the use of 'Telemedicine'. This allowed people who used the service prompt access to a review by a healthcare professional. The registered manager told us this project had contributed to a reduction in hospital admissions from the home.

Is the service caring?

Our findings

Without exception people spoken with told us staff were exceptionally kind and caring. Comments people made to us included, "I can't recommend this place enough. The way they are looking after [name of relative] is amazing. Words can't describe the care. Nothing is too much trouble for anyone. They are worth their weight in gold each and every one of them", "Staff are very, very kind. I think I get the best care", "I've never regretted coming here" and "Staff are so good with me. They are very caring."

We also looked at recent reviews left on an independent care home review site by relatives of people who had been cared for in Hollymount. All the contributors spoke extremely highly of the caring and compassionate nature of staff. One review stated, "[Name of relative] has been at Hollymount for over two years. He needs full time care which he gets with a smile no matter what time of day. The staff are wonderful. Nothing is too much trouble. Patience, time and understanding is shown by all staff with dignity and respect in abundance." Another person had written, "Not enough words to express how wonderful the staff are in this home. The staff are extremely helpful and nothing is too much trouble. The care my relative receives is done with so much love."

People spoken with told us they were always central to the decisions about the care they received. One person told us, "Staff always do exactly what I want." Another person commented, "They [staff] are kind, treat me well, listen to me and act on what I say."

We saw that information about advocacy services was on display in the home. The registered manager told us they had recently requested an advocate for a person to help them express their views about proposed dental treatment. This demonstrated the registered manager was committed to upholding people's rights to make choices about their care and treatment.

During the inspection we observed staff were warm and respectful in their attitude towards people who used the service. We saw that staff knocked and waited for an answer before entering bathrooms, toilets and people's bedrooms. This was to ensure people had their privacy and dignity respected. We noted the registered manager had introduced signs for the doors of people who were cared for mainly in their rooms. These signs advised staff and visitors that the person was receiving care in order to protect their privacy and dignity. One person told us this sign provided them with reassurance. They told us, "I have a sign to tell staff to knock on my door and wait which they always do." We noted that discreet symbols were placed on the doors of some bedrooms. Staff told us the symbols, which had been made to look like decorations, gave them information about the person's needs including whether they were living with dementia or receiving end of life care.

We noted staff had completed a dignity survey. Within this staff were asked to consider how they promoted people's dignity throughout their daily interactions and whether they always encouraged people to be as independent as possible. We saw that the results from this survey had been very positive, with staff able to identify ways in which people's dignity was respected.

People spoken with told us Hollymount felt like a family where everyone was made to feel welcome and at home. All our observations during the inspection confirmed that staff were motivated to consistently provide the highest possible care and demonstrated highly respectful and caring attitudes towards the people they supported. We noted that staff were constantly focussed on asking people what they wanted to do, how they were feeling, if they wanted anything and what support they required. These observations were confirmed by the comments of a training advisor from a local college who had recently visited the home. They had e-mailed the registered manager to say, "I just wanted to comment on your lovely setting after visiting this afternoon. I sat in the dining area and was overwhelmed at how welcoming, friendly and spotless the place is. Staff were so lovely with the residents. It was really nice to see. I obviously visit many settings across Lancashire and your home has really made an impression. It is refreshing to see a home from home environment where residents are treated like family member."

All the staff we spoke with told us they would have no hesitation in recommending Hollymount to others and would be more than happy for any family member to be cared for in the home. One staff member commented, "One of my relatives was going to come here but we didn't have any vacancies. If you want to have your own family here it says something about the care people get." A visiting professional also told us, "I do the mum's test. You get a feel for places and I would be more than happy for a relative to be placed here."

People told us staff regularly went out of their way to help them. One person commented, "If they [staff] think I need things they will always get them for me when they go to the shops. I can't fault them at all." This attitude was also demonstrated by the handyman who told us how he had helped a person find a table for their room. They told us, "I tried several which they didn't like. Eventually I took her round the home so she could find one which suited her needs. Finally she found one with wheels which was also adjustable and she is now very happy with it."

Throughout the inspection we observed all staff were consistent in their caring and sensitive approach towards people who lived in the home and their visiting family members. We noted how a relative was offered breakfast and time to talk when they arrived at Hollymount to visit their family member who was very unwell. Staff also provided gentle reassurance, distraction and support to help prevent people who used the service from becoming agitated. We noted the actions of staff were fully reflective of the guidance which was contained in people's care records.

People who used the service were supported in a way that met their individual communication needs and in line with their care plans. Staff made sure they gave people their full attention and ensured people had the time to process information and take part in conversations. In addition we saw that staff showed a high level of patience, responding to repeated questions as if it was the first time the person had asked it.

Care records we reviewed were very personalised and included important information about people's lives and backgrounds; this information was used to help staff hold meaningful conversations with people. A visiting health professional told us, "I love it here. Care plans are excellent. They are personalised and coherent which is everything a care plan should be."

During the inspection we observed staff encouraged people to be as independent as possible. They were discreet in the support they offered and careful to ensure they did not do things for people which they were able to do for themselves. We also observed that people who used the service were encouraged to assist staff in completing tasks of daily living. This was confirmed by one person who told us, "I like doing jobs here. I enjoy folding towels and setting tables at night." Another person commented, "Anything I want to do myself, they [staff] will let me do it." We also observed two people who used the service organised and

operated a weekly shop for other people in the home; this helped to give them a sense of independence and personal responsibility.

The manager told us they had introduced regular one to one sessions with people who used the service in order to ensure they were receiving personalised care that met their needs. During these sessions people were asked for their suggestions about how the service could be improved, although we noted those people whose care records we reviewed were extremely happy with everything and did not feel any improvements were necessary.

We saw that people were supported to meet their spiritual and religious needs. A representative from a local church regularly visited the home to offer communion. In addition the registered manager had made arrangements for the church service to be live streamed to the home each week so that people unable to attend in person could still participate.

The registered manager told us that since the last inspection they had improved how people were cared for at the end of their life. Staff had completed training in end of life care to enable them to deliver compassionate care. Advance care plans had been completed for anyone who was considered to be reaching the end of their life; these documented the care and support people wished to receive at this time. We saw that the registered manager had also developed a book which was placed in the room of any person who was receiving end of life care and support; this included a commitment to providing high quality personalised care which included massage therapy if they so wished and the dedicated attention of a keyworker on each shift. Poems and prayers reflecting different faiths were also included for people to read and share as well as information about bereavement counselling support available. The registered manager had also purchased a guest bed and toiletries for the comfort of relatives who wished to stay overnight with their family member when they were receiving end of life care.

We spoke with two relatives whose family member was receiving end of life care. They told us they could not speak highly enough about the care their family member was receiving. One of the relatives commented, "The room is calm and tranquil. They allocate a keyworker to her every day but all the staff are amazing from the managers to the domestics. We wouldn't have got this level of care anywhere else. It's not just been [name of person] they've supported but us as a family as well. They've been our angels." They also told us that their family member had just said to them, "Aren't we having a lovely day." This showed the positive impact the care the person was receiving had on their emotional well-being at this difficult time.

We saw that the registered manager organised a service of remembrance every six months at the home. This gave the families and friends of people who had died at Hollymount the opportunity to remember them in a caring and supportive environment. Roses had been planted in memory of people and a tree of remembrance was placed on the patio area with photographs of people placed on it by families. This demonstrated the service placed importance on celebrating and remembering the lives of people who had lived in Hollymount.

Is the service responsive?

Our findings

People who used the service told us staff were very responsive to their needs. Comments people made included, "I'm so happy here. I feel I get all the care I need" and "I can't fault anything here. I've never regretted coming and I wouldn't like to go anywhere else. Staff are so good and help me in any way they can."

A visitor also told us they could not speak highly enough about the responsive nature of staff. They told us of one occasion during a visit when they noted their relative's mattress was very slightly lumpy. They told us they had mentioned this to staff and were astounded that the mattress was replaced before they left the home at the end of their visit.

The registered manager told us they set very high standards and that their aim was to ensure people who used the service felt like they were living in a 5 star hotel with access to food, drink and anything else they wanted at any time of day.

All the care records we reviewed contained a detailed pre-admission assessment. The registered manager told us they always met personally with people referred to the service so that they could discuss if Hollymount might be appropriate to their needs. The registered manager told us people were also invited to attend the weekly open house coffee morning held at the home to help the person make an informed choice as to whether Hollymount was the right place for them. They told us this had worked well and had enabled a smooth transition to the home for people. It has also provided reassurance to family members about the care their relative would receive in the home.

Staff we spoke with consistently demonstrated an excellent understanding of the individual needs of people who lived in Hollymount. They knew how each person preferred to receive care and support. For example, they knew which people needed to be encouraged to drink, the support each person needed with their continence and when people liked to get up and go to bed. They recognised that people's mobility sometimes varied from day to day and were able to assess and accommodate the level of support each individual needed at a particular time.

We saw from the records we reviewed that each person had care plans in place which were tailored to their individual needs. They were centred on the needs of each person and took account of their medical history, their skills and abilities, their preferred lifestyle, daily routines and how the person wished to receive each aspect of their care and support. The care plans included clear instructions for staff to encourage people to be as independent as possible, while providing information on the level of support required, including how this might fluctuate depending on the person's condition each day.

Staff told us they would regularly consult people's care records to ensure they were fully aware of any changes in the way each individual wished to be supported. Information about any changes in a person's condition was also shared during the handover meeting which took place at the start of each shift. We observed this meeting during the first day of the inspection and noted staff were provided with good

information about how people had spent their day, their nutritional intake, changes to medical conditions or care needs and details of any additional checks which were required to respond to people's changing needs.

We saw that all care records had been regularly reviewed. Staff told us they would always sit with the person concerned and, where appropriate, their relatives to ensure the care plans were fully reflective of how they wished care to be provided. This process was confirmed by people we spoke with during the inspection. One person who lived in Hollymount told us, "I always go through my care plan with staff." A relative also commented, "I have been to quite a few review meetings. I am aware of the plans staff have put in place to manage [name of person's] behaviour when they are not well."

The registered manager told us they had identified that for some people, whose level of anxiety often increased in the afternoon or early evening due to their condition, the offer of a bath at this time was effective in helping reduce distress and promoting the person's sense of well-being. A relative told us how their family member's mood had become more positive that day as a result of staff encouraging them to have a relaxing bath. This demonstrated how the service was responding effectively to people's needs.

The registered manager told us the call bell system had recently been replaced. They told us they were regularly monitoring the time it took for staff to respond and would take action if they found any response times had been longer than two minutes. They told us they considered it was unacceptable for people to wait longer than this to have their needs met. They commented that they had very high standards and wanted to ensure people always had everything they needed and wanted in a timely manner.

We noted the registered manager produced a weekly newsletter for staff. This was used to remind staff about the high expectations they had about the level of care people should receive. We noted the most recent newsletter focused on person centred care and advised staff that, "We don't have a set routine. We encourage people to live their lives as they choose to and are flexible to ensure their needs are met." This approach was confirmed by a staff member who told us, "We make sure people are directing their care. People have choice in what they want and don't want. It's all about them."

The registered manager told us they had introduced a new 'resident of the week' system to help ensure people had regular opportunities to discuss the care they received in Hollymount with a senior member of staff. We were told that either the registered manager or deputy would have lunch with the person who was resident of the week. They used this opportunity to ask the person what they thought about all aspects of their care. The person received a bouquet of flowers and was supported to go on a trip into the community with the activity coordinator. The person's family were also invited to enjoy tea with their relative. We saw photographic evidence of the 'resident of the week' sessions held and were told that these had been well received by all involved. One person who used the service told us they felt the resident of the week system was, "really nice for everyone." This system showed that people's care and support was planned proactively in partnership with them.

We saw that the registered manager had developed a library of information for people who used the service, staff and visitors regarding the different health care conditions people might experience. This was on display in the reception area and people were encouraged to use the information to help improve their understanding of people's health care needs.

We found the range of activities provided was a strength of the service. Since the last inspection the provider had employed a full time activity coordinator in the home who organised activities including flower arranging, bingo, baking, a gardening club and exercise sessions. Although this person was on holiday at the

time of this inspection, we noted regular activities took place throughout both days led by care staff. These activities included arts and crafts, games and a singalong session. On the second day of the inspection we joined a reminiscence group which was held in the garden area. We saw staff had taken the time to find photographs of places people had referred to in previous sessions as having enjoyed visiting when they were younger. A vibrant discussion took place with staff taking the time to encourage all group members to participate and share their memories. We noted people were also supported to visit the local museum which ran regular reminiscence sessions. Individual reminiscence books had also been produced for some people with the support of their family which included photographs and memories to help stimulate meaningful conversations.

In addition to group activities, people told us the activity coordinator and care staff would spend time with them individually, taking the time to chat and discuss current events. People we spoke with during the inspection told us they enjoyed the activities provided and considered they had improved significantly over the previous six months. Comments people made to us included, "Staff will come and spend time with me in my room" and "Staff are just there. They always spend time with me. The activities are also absolutely great." One person told us how they had particularly enjoyed the Christmas party held at a local pub and paid for by the provider. They commented, "We have never had that before and it was really nice."

We were told there had been an increasing number of men admitted to Hollymount. As a result the registered manager had sought out best practice to help them achieve gender balanced care in the service, since they felt many activities were traditionally biased more towards the interests of female residents. This had led to them developing a 'Gentleman's Room' in consultation with the men who lived in the home. This provided the opportunity for men to engage in activities of their choice including pub nights and film afternoons. They told us this had been positively received by the men who lived in the home. They had also enjoyed visiting a local pub with staff support. The registered manager told us they would also be purchasing a dart board as this had been requested by one of the men who used the service.

In addition to activities provided by staff, we noted the registered manager had made great efforts to involve the local community in the home. Children from local schools visited regularly to do arts and crafts with people and a local choir visited regularly. The registered manager told us they recognised the importance of encouraging people to participate in singing due to the evidence of the positive impact this had on people's well-being, particularly those living with dementia. Volunteer befrienders from the local university came in to read with people and a local owl sanctuary had recently visited. People from the local community were also invited to attend the weekly open house coffee morning. All of these events helped to protect people from the risks of social isolation and loneliness.

We noted the registered manager had used social media to develop a private group through which friends and family members were able to remain in touch with people who lived in Hollymount. We saw from the comments made by relatives that this was much appreciated and provided reassurance about the care people were receiving, including the activities in which they had participated. We saw one relative had commented they were, "Very impressed with Hollymount." We saw that the pages of this group showed a wide range of events organised in the home including birthday celebrations, resident of the week, reminiscence sessions and 'red lippy' day in support of Dementia UK. We saw that a quarterly newsletter was also produced advising people of planned events and inviting relatives to participate in activities.

Records we reviewed showed regular resident/relative meetings were held in the service. These provided a forum for people to provide feedback on the care provided in Hollymount. We looked at minutes from the last meeting held and noted the topics discussed included the complaints procedure, safeguarding, DoLS, fire procedures, the new snack menu and activities. We saw that following these meetings the registered

manager completed a 'You Said, We Did' board in the reception area of the home to show what action had been taken in response to feedback from people. We noted the most recent changes included more exercise sessions for people, additional chairs purchased for visitors to use and one to one sessions with the managers for people who did not like speaking up at meetings.

The provider had also carried out a satisfaction survey with people who used the survey in January 2017. We saw that all the responses to this survey were very positive. Comments people had made included, "The staff are very good with me here" and "I don't want to go anywhere else, it feels like home." A survey of professional visitors to Hollymount had also included very positive feedback. One person had written, "All staff are helpful and friendly. They give a high standard of care to all residents. Hollymount has a good relationship with the district nurses which is important in providing excellent care."

None of the people we spoke with had any complaints about the care they received in Hollymount. People were aware of how to make complaints and we saw that copies of the service's complaints procedure were displayed at various locations around the home. People told us they would raise any issues or complaints with staff. People's comments included, "We can make suggestions at the residents meetings but I wouldn't wait for this. I would go to the office and have a talk about things and I know they would put them right straight away", "I feel they [staff] always listen to us. I can't find fault with anything" and "The manager is lovely. She would definitely listen to me if I had any complaints but I don't." A visitor also told us, "I am happy that [name of person] is in a good and well run place here and I have never had cause to complain." Another visitor commented, "I have approached the manager with some minor concerns and she has always listened to me."

We looked at the complaints log held in the home and noted there had only been one recent complaint. We saw that the registered manager had taken appropriate action to investigate the complaint and provide feedback to the person concerned. We were told that lessons learned from any complaints were discussed with staff in order to help avoid future concerns arising. This demonstrated a commitment to continuous improvement in the service.

We noted that numerous 'Thank You' cards had been received in the service. We saw that one person had written, "Thank you so much for all the loving care and attention you gave to [name of person] these past few months. You should all be very proud of the care you give to everyone." Another family member had written, "We would just like to say a really big thank you to you all for the special care and attention you have given to [name of person] at what has been a very difficult time for them."

Is the service well-led?

Our findings

People spoken with during the inspection told us they considered the home was well run and the managers were very approachable. Comments people made included, "You can always ask the manager for anything", "[Name of registered manager] is lovely. You couldn't ask for a nicer manager" and "[Name of deputy manager] always has time to listen to me."

Before our inspection, we checked the records we held about the service. We found that the service had notified CQC of any incidents as required by law. This meant we were able to see if appropriate action had been taken by the service.

During our inspection our checks confirmed that the provider was meeting the requirement to display their most recent CQC rating both in the home and on the provider's website. This was to inform people of the outcome of our last inspection.

Since the last inspection there had been a change in the directors of the company who owned the service. The registered manager told us this had had a positive impact on the home as the new directors were committed to a process of ongoing service improvement. We spoke to one of the directors who visited the service during the inspection. They told us they wanted to ensure they could always sleep at night knowing people were well cared for. They had a plan for future improvements in the service which included an ongoing programme of refurbishing bedrooms in consultation with people who lived in the home. They told us they were keen to ensure everything in the home was of a high standard. We saw that the directors had recently completed an environmental audit in which they identified all the areas they wished to improve in the premises.

In order to improve their understanding of the service the directors had taken part in training sessions and resident meetings. People who used the service told us they were used to seeing the directors in the home and that they had been able to speak with them about the care they received. The director told us they did not currently record the conversations they had with people who used the service, visitors and staff but would begin to do so as part of their quality monitoring visits.

We saw that people were cared for by staff who were motivated and committed to providing a safe, high quality service for people. In order to demonstrate their appreciation of the hard work of staff, the registered manager had introduced an 'Employee of the Month' award.

All the staff spoken with told us they thoroughly enjoyed working at Hollymount and that all staff were motivated to ensure people received high quality care. They told us they found the managers in the service to be approachable and supportive. One staff member told us, "The management are very good. I can go to them with any problems." Another staff member commented, "The home is definitely well-led. Everything goes smoothly and the manager and owners are very approachable."

The registered manager told us the key achievements in the service since the last inspection had been the

improved activities, the focus on ensuring staffing levels were always appropriate to meet people's needs and improved communication across the staff team.

The registered manager demonstrated a drive to continuously improve and develop the service. They had an ongoing plan in place which documented the improvements they wanted to make in the service. We saw that most of the tasks had already been completed; a fact which was reflected in our findings during the inspection.

The registered manager told us they regularly reviewed inspection reports to learn from services which had been rated as 'good' or 'outstanding' particularly those which specialised in the care of people living with a dementia. In addition we noted staff had been asked to review the report from a service which had received a negative rating to help ensure none of the practices detailed in the report were taking place at Hollymount. They told us they also sought out best practice from national organisations which specialised in the care of people living with a dementia.

The registered manager told us they had recently contacted the local police service to put Hollymount forward as a 'safe haven' as part of a national initiative. Safe havens are located in approved care homes or day centres, where anyone who is living with dementia and other related conditions can temporarily go if they are confused in public and are unable to provide sufficient information to be taken home. This demonstrated the registered manager was committed to improving services for people living with a dementia in the wider community.

We saw that regular staff meetings took place and staff were encouraged to put items they wished to discuss on the agenda. Records we reviewed showed the most recent meeting had focused on areas including infection control and the whistleblowing policy in place. All the staff spoken with told us they were able to make suggestions at the staff meetings and their views were always listened to. One staff member told us, "We can voice our opinions. They look into things and will introduce anything they think will work." The registered manager told us how staffing levels had been increased on the early evening shift at the suggestion of staff in order to help improve the experience of people who used the service. They told us this had been successful in enabling staff to respond more promptly to people's needs, particularly if they were displaying signs of agitation due to their condition.

We looked at the systems in place to monitor the quality and safety of the care people received. We saw that there was a monthly task sheet in place. This detailed the actions which staff needed to take to ensure records were up to date and all required equipment was available and clean. On the day of our inspection we noted that all required tasks for the month had been completed. The registered manager also completed monthly audits relating to medicines, equipment, care plans and infection control.

Records we reviewed showed the registered manager completed regular out of hours spot checks at the service. They told us the last spot check had been conducted to review whether night staff were undertaking all required duties in a timely manner. We looked at the report from this visit and noted no concerns had been raised.