

Garforth Residential Homes Limited

The Hollies

Inspection report

27 Church Lane
Garforth
Leeds
West Yorkshire
LS25 1NW

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on 21 January 2016 and was unannounced. At the last inspection in April 2014 we found the provider was meeting the regulations we looked at.

The Hollies provides care and support for up to 28 older people; some who are living with dementia. The service had a registered manager. 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.

During our visit we saw people being well cared for. We observed staff speaking in a caring and respectful manner to people who lived in the home. Staff demonstrated they knew people's likes and dislikes.

There was a happy and friendly atmosphere. People enjoyed the company of staff who often sat and chatted to them. People told us the service was caring and they received person centred care

We found the service was meeting the legal requirements relating to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). People's care records demonstrated that all relevant documentation was securely and clearly filed.

People told us they felt safe. Staff had a good understanding of safeguarding vulnerable adults and knew what to do to keep people safe. People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines safely.

We saw the provider had a system in place for the purpose of assessing and monitoring the quality of the service. Records showed the provider investigated and responded to people's complaints, according to the provider's complaints procedure. People spoken with told us they had no concerns about their care and support.

People had a good experience at mealtimes. The home met people's nutritional needs and people reported they had a good choice of food. People received good support that ensured their health care needs were met. Staff were aware of and knew how to respect people's privacy and dignity.

Staff knew people well and understood how to meet people's needs. People were involved in making decisions about their care. Care planning and assessment was generally effective. People engaged in social activities and the provider was looking at how these could be broadened.

There were enough staff who were skilled and experienced to meet people's needs. Staff were supported to do their job well. Robust recruitment checks were carried out before staff started working at the home. There was an on-going training programme in place for staff to ensure they were kept up to date and aware

of current good practice.

The service had good management and leadership. The home's management team promoted quality and safety and had good systems in place to help ensure this was achieved. People were encouraged to share their views and contributed to the running of the home.

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 told us they felt safe. Staff knew how to recognise and respond to abuse correctly. Individual risks had been assessed and identified as part of the support and care planning process.

There were enough staff to meet people's needs. The provider had effective recruitment procedures in place.

We found that medicines were well managed.

Is the service effective?

Good ●

The service was effective.

Staff training equipped staff with the knowledge and skills to support people safely and staff had the opportunity to attend supervision and appraisal. Staff completed an induction when they started work.

People enjoyed their meals and were supported to have enough to eat and drink. They were offered a varied and nutritious diet.

A range of other professionals were involved to help make sure people stayed healthy.

Is the service caring?

Good ●

The service was caring.

People told us they were happy with the care and support they received and their needs had been met. People valued their relationships with the staff team.

Staff were confident people received a good standard of care and were proud to work at the service.

Staff knew people well and understood their current care needs.

Is the service responsive?

Good ●

The service was responsive.

People's care plans contained sufficient and relevant information to provide consistent, person centred care and support.

People engaged in a range of activities within the home and the community and the provider was looking at how they could further improve in this area.

Complaints were responded to appropriately.

Is the service well-led?

The service was well led.

People who used the service and staff spoke positively about the management team. They told us the home was well led.

People who used the service, relatives and staff members were asked to comment on the quality of care and support through surveys, meetings and daily interactions.

The provider had effective systems in place to monitor the quality of the service.

Good ●

The Hollies

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 21 January 2016 and was unannounced. One adult social care inspectors, a specialist advisor in governance and an expert-by-experience who had experience of people living with dementia carried out the inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service

Before inspection providers are asked to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We did not ask the service to provide us with a PIR prior to this inspection. We contacted the local authority and Healthwatch. We were not made aware of any concerns by the local authority. Healthwatch feedback stated they had no comments or concerns. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

At the time of our inspection there were 25 people using the service, three were in hospital. During our visit we spoke with nine people who used the service, six relatives and seven members of staff which included the registered manager. We observed how care and support was provided to people throughout the inspection and we observed lunch in the dining room. We looked at documents and records that related to people's care and the management of the home such as staff recruitment and training records and quality audits. We looked at eight people's care plans and medication records.

Is the service safe?

Our findings

People who lived at the home were safeguarded from abuse. They told us they felt safe and knew they could share any concerns with staff and the management team. Staff we spoke with told us people were safe. They said systems were in place to protect people from bullying, avoidable harm and potential abuse. Staff said they had undertaken adult safeguarding training and training records we reviewed confirmed this. The staff we spoke with understood how to report a concern about abuse and were confident the management team would treat any concerns seriously.

Information was displayed about abuse' and 'whistle blowing'. 'Whistleblowing' is when a worker reports suspected wrongdoing at work. Making everyone aware of procedures helps keep people safe.

The service had systems in place to keep people safe. We looked at a range of assessments which showed risks to people were identified and managed. People's care records showed areas of risk to individuals. For example, personal emergency evacuation plans, pressure ulcer prevention, nutrition, falls monitoring, weight monitoring and moving and handling plans. They were regularly updated and necessary actions addressed.

As part of our inspection we looked around the home. We looked at some bedrooms, bath and shower rooms, and communal living spaces. The home was clean, safe and well maintained. Fire-fighting equipment was available and fire escapes were kept clear of obstructions. Records showed fire safety equipment, emergency lighting and portable appliances were tested and maintained. All cleaning materials and disinfectants were kept safe. Windows had window restrictors in place. Several people commented on the cleanliness of the home. One person said, "The cleaning staff do a very good job."

Through our observations and discussions we found there were overall enough staff with the right skills and experience to keep people safe. During the inspection we observed people did not have to wait for assistance and call bells were answered promptly. Staff had time to sit and chat with people. However, we saw one of the lounges in the afternoon was left unattended by staff for considerable periods of time. The four people sitting in the lounge were observed to be particularly immobile and vulnerable. We raised this with the registered manager who told a member of staff should be available in that room and would address this immediately

We reviewed the staff duty rotas over the past two months and these showed staff levels were consistently maintained as planned. People who used the service, visitors and staff told us there were enough staff.

The home followed safe recruitment practices. We looked at staff recruitment records and found relevant checks had been completed before staff had worked at the home. We saw completed application forms, proof of identity, references and Disclosure and Barring Service (DBS) checks. The DBS is a national agency that holds information about criminal records.

Medicines were managed consistently and safely. The afternoon administration of medicines was observed.

Staff ensured people had taken their medicines. Additional drinks were offered to assist with swallowing. People were asked if they required pain relief. We looked at people's medicine administration records (MAR) and reviewed records for the receipt, administration and disposal of medicines, and found records were complete. We looked at a sample of medicine stock and found on all occasions the medicines could be accounted for.

Some medicines had been prescribed on an 'as necessary' basis (PRN). PRN protocols existed to help staff consistently decide when and under what conditions the medicine should be administered. We found people's medicines were available at the home to administer when they needed them and medicines to be administered at specific times were given as prescribed. Some prescription medicines contain drugs controlled under the misuse of drugs legislation. These medicines are called controlled medicines. At the time of our inspection some people were receiving controlled medicines. We looked at the contents of the controlled medicine cabinet and controlled medicines register and found all drugs accurately recorded and accounted for.

We saw storage was appropriate for the amount and type of items in use. All medicines and trolleys were kept in a locked room. Drug refrigerator and storage temperatures were checked and recorded daily to ensure medicines were being stored at the required temperatures.

Is the service effective?

Our findings

People's needs were met by staff who had the right skills, competencies and knowledge. We spoke with staff about training. They told us they were encouraged to develop and learn, and the training they received provided them with the skills and confidence to carry out their roles and responsibilities. One member of staff said, "I love working here. They went on to say "I've learnt so much here. The training's great."

We reviewed training records which showed staff had received varied training which included; moving and handling, safeguarding, falls, nutritional needs, mental health matters, dementia awareness, person centred care, diabetes awareness and stroke awareness. We saw evidence all staff undergo induction training before starting work.

Staff we spoke with told us they were very well supported and the team worked well together. They told us they received regular supervision and annual appraisals. Supervision is where staff attend regular, structured meetings with a supervisor to discuss their performance and are supported to do their job well to improve outcomes for people who use services. We saw evidence of this in records we looked at.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the home was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager told us there were three people subject to a DoLS authorisation. A further 21 applications had been submitted and were awaiting assessment. We saw all documentation was completed correctly to ensure that it was lawful.

People's care plans contained completed capacity assessments and information regarding people's capacity to make decisions. Staff we spoke with informed us they had completed MCA training. Records we looked at confirmed this. They told us they knew people's needs through talking with them and asking them what they liked. They also looked at people's care plans which included information about people's preferences and described what action they would take if they felt a person was unable to make a decision. One member of staff told us, "I make an assumption everyone can make decisions, and when I need to I give all the information I can to help the person make a decision." Another said, "I talk about choices with people and help them decide. It might be what to wear or what to do, but I always offer choices."

We observed staff supported people to make choices throughout the day. People told us how staff explained things and got their permission before care or supported needs were carried out. One person told us, "The staff always explain what they have come for and what they want to do. I think they do ask

permission because they say is it OK if we get you ready." Another person said, "Yes, they tell you what's what." A third person told us, "Oh yes they explain everything."

People told us they really enjoyed the food. One person said, "There's a good choice of food and plenty of it." Another person said, "The food is lovely." When we arrived some people were having breakfast. One person was enjoying cereal, toast, and tea. We observed lunch in the dining room, which was a relaxing and well organised experience for people. The food looked and smelt good. The portion sizes were a good size. Staff asked whether people would like a hot or cold drink. Staff checked people had finished their meal and whether they wanted more drinks.

Some people received individual support to eat their lunch and we observed this was done in a caring way and without interruption. The food was described and the members of staff were patient, took their time and didn't rush. People had a good meal experience.

At 'resident meetings' meal options were discussed and the provider checked people were happy with these. We saw this was recorded in the meeting minutes. We looked at food records and these showed a varied selection of meals was provided and people were offered a choice at each meal time.

The kitchen staff communicated with the care team well. The food was mainly cooked fresh by a chef who had worked at the home over 17 years and loves their job. We were shown a file of people's likes and dislikes which the chef read regularly and they were given freedom by the registered manager to be creative and not feel worried about the budget. There was a list that was completed after every meal to indicate how much each individual has eaten and the chef was given individual weight readings as they are done so the chef can see any trends and respond accordingly. The chef goes on a 'food for life' update every year and understands about meeting people's nutritional needs.

Records showed that arrangements were in place that made sure people's health needs were met. People's care records showed they had regular health checks and support to meet their health needs. A medical notes section was maintained for each person; these detailed visits from health professionals. Staff had recorded where they had any concerns about people's health and the action taken. These demonstrated they consulted other professionals promptly and took advice.

We spoke with a visiting relative who told us they regularly visited the service and were confident people's health needs were being met. They said, "They are very good at calling the GP or whoever is needed. It's good to know mum well cared for."

Is the service caring?

Our findings

People were complimentary about the staff. They told us staff were kind, caring, compassionate and patient. Comments from people included: "They work very hard and are always polite", "They are fantastic carers", and "They never rush me. They let me take my time."

People we spoke with told us their privacy and dignity was upheld. One person said, "The care staff always close the bathroom and bedroom door." Some people we spoke with told us that staff tried to promote people's independence as much as possible. One person said "The staff assist me as much as I need and give me the support I ask for and no more. I can do a lot for myself so I get my things ready for when they come to help me dress." One relative said, "I think [Name of person's] mobility has improved recently because the staff are trying to get her to walk a bit further each day."

A person gave us a smile when we asked if they received good care. Another person said, "Staff are very nice, I am looked after very well." We spoke to four relatives of people who used the service who were pleased with the care their family member were given and stated that they felt that they got great care. One relative said "The staff are excellent and my mum is well cared for."

We saw staff had good interaction with people and one relative told us "[Name of worker], is marvellous she is lovely and would do anything for you. Another relative told us, "I was on holiday when mum deteriorated. They sorted the local doctor when problems happened. They were absolutely great, picked up things in my absence and dealt with it."

The care files we reviewed had end of life planning contained within them. The documentation reflected a person centred approach to each aspect of identified need. Some of the people had made advance directives which were identified in their care files.

There was evidence people who used the service had been involved in planning their care and support needs. Records showed people who used the service or their relatives had signed the care plans to show they were in agreement with them. During the care reviews people were asked if they felt in control of their care, meaning that the service supported people to express their views and be actively involved in decisions about their care.

We observed interactions between staff and people who lived in the home were positive. We found people's choices were respected; staff were calm and patient and explained things well. We saw people were asked whether they wanted to wear clothes protector at meal time and their choices were respected. People were regularly spoken with as staff went about their duties.

We observed staff speaking with people whilst assisting them, for example, a member of staff was helping a person rise from their chair, they explained what they were doing and gave reassurance throughout.

We observed staff helping people move about the home making sure the appropriate equipment (wheel

chair, walking frame) was being used correctly. However we observed a person being moved by two care staff using a hoist. This was done in a careful, considered, unrushed manner, though dignity was not entirely maintained in the process.

All the people were appropriately dressed and groomed. Throughout our inspection we observed people being treated well. It was clear from our observations staff knew people well and people who used the service responded positively to staff. A member of staff said, "Privacy and dignity just comes naturally, we knock on doors before entering, we try to ensure people maintain their independence."

Relatives spoken with told us "We are made to feel very welcome when we visit."

Is the service responsive?

Our findings

We saw when possible the provider undertook pre admission assessments before people moved into the home. This ensured the service could meet the needs of anyone in their care. We found care plans were detailed and contained information staff needed to provide effective and kind care. One staff member told us, "We are encouraged to read the care plans so we know all the information that's written in them."

We saw that care plans were regularly reviewed by staff and an annual review took place which included relatives or advocates and appropriate healthcare professionals. This showed the provider had taken appropriate steps to involve all relevant people in the care planning process.

Relatives told us they were involved in people's care plans. One person said, "Whenever there is a change I am asked to read and sign the care plan."

Staff we spoke with told us they had input in the care planning process through the key worker system and used the care plans as working documents. The key worker system meant that all people living at the home had a named member of staff who took a specific interest in their care, treatment and support. The staff we spoke with demonstrated a good knowledge of people's needs and how individuals preferred their care and support to be delivered.

Throughout the day we observed activities taking place. We saw some people were engaged in a chat, reading the daily papers and listening to music. There was lively banter between people and lots of laughter. People told us they were enjoying themselves. The home had three lounges. In the first lounge there were four people who used the service with significant challenges from dementia, they were left unattended without any obvious stimulation for long periods. The registered manager told us that a staff member was responsible for the room that day but no one seemed to know who it was. When a staff member did spend time in the room they interacted briefly with people mainly chatting in a personalised manner and put some music on. The type of music was not negotiated with the people who used the service.

In the second lounge there was a tall 'sensory' machine in the corner of the lounge which changed colour as the music is played with reflective surfaces to magnify the effect. People spoken with told us they enjoyed looking at the colours whilst they listen to the music. We saw staff playing a game of dominos with a person in the morning. Otherwise staff sat with them in the lounge chatting intermittently and listening to music. People who used the service all sat in a big open circle which did not make it very easy to chat informally. After lunch the staff organised a game of skittles which was well received with a good level of participation from people. This was done with humour, enthusiasm and inclusion of everyone but understanding that some people were happy to observe. Good knowledge of the different personalities and physical ability was demonstrated by the way the staff interacted differently with each person. One person was left to doze as per their wishes.

Three people sat separately in the third lounge. The registered manager told us the people who sat there liked peace and quiet. We did not see activity in that room, apart from a staff with a drinks trolley talking as they went round.

Staff said they thought there was enough activity in the home for people who used the service. They said there was something on every day. Staff said they had opportunity to be involved in activity; mainly in the afternoons as they were too busy in the mornings. One staff member said they thought people who used the service would benefit from more trips out.

We looked at the complaints policy which was available to people who lived at the home, relatives and staff. The policy detailed how a complaint would be investigated and responded to. We spoke with two members of staff who were able to tell us how they would support people to make a complaint. One relative spoken with said, "My mother knows how to complain but we haven't had any complaints."

All of the people we spoke with said they felt comfortable in raising any concerns with the registered manager. One person said, "I tell them if they are doing things wrong and they change it." We looked at the concerns and complaints records. Complaints were recorded and it was clear how the provider had responded to them and what action was taken. This included giving feedback on issues raised to prevent re-occurrence in the future. One relative told us, "If you have any complaints, you just knock on [Name of manager]'s door."

Is the service well-led?

Our findings

At the time of our inspection the manager was registered with the Care Quality Commission. The registered manager worked alongside staff overseeing the care given and providing support and guidance where needed. They engaged with people living at the home and were clearly known to them.

People who used the service spoke highly of the management team. Comments included: "Very good manager, very nice she is" and "[Name of manager] is very nice, you see her a lot, she likes a laugh and is always coming round asking if everything is alright." One person also told us that the provider was a frequent visitor to the home and came round to see people for a chat. Family of people who used the service were happy with the registered manager and one person said, "I can speak to the manager at any time and I know if I have any concerns something would be done straight away."

Staff said they felt well supported in their role. They said the management team worked alongside them to ensure good standards were maintained. Staff described the registered manager as approachable. Staff described the home as having a happy atmosphere, and a good supportive team who all 'pulled together'. They said the registered manager communicated well with them and was often around the home to observe staff's practice. One staff member said, "She's a good manager, she has everything under control."

Staff said they felt listened to and that their opinions mattered. Our observations on the day were that staff were well managed. All seemed to know what they had to do and there was a good working atmosphere. Staff said they were encouraged at staff meetings to air their views and opinions about the service so that improvements could be made if necessary.

We saw the minutes of the 'resident meeting' dated December 2015 which recorded current and proposed menus and suggestions for activities. One relative we spoke with said, "They do have meetings and they put a notice up, however, I don't always attend." This showed us the provider had appropriate systems in place to obtain the feedback of both people who lived at the home and relatives.

We found there was a quality assurance monitoring system in place that was focused on providing positive outcomes for people who used the service. We saw a resident and relative's survey had been completed in April 2015 and we saw the results showed very positive comments and people were happy living at The Hollies. We saw evidence of a rolling programme of meaningful audits to ensure a reflective and quality approach to care. Audits carried out by the registered manager included medicines, care plans and the internal environment and fabric of the building. The outcomes of these audits were translated into action plans to ensure problems were addressed speedily. For example, we saw that any maintenance issues within the home were identified quickly and recorded in the maintenance register for action by a suitable contractor.