

3A Care (London) Limited

# The Hollies

## Inspection report

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15 March 2017

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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 14 and 15 March 2017 and was unannounced. This was the first comprehensive inspection of this service since the new providers took over ownership in July 2016.

The Hollies is a privately owned care home for older people in Enfield. The home is registered to accommodate 19 older people, some of whom are living with dementia.

There was a registered manager in post and who had been managing the service for over 12 years. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe at the home and risks to people's safety had been identified, acted on and, where possible, were being reviewed with the person. Staff understood their responsibilities to keep people safe from potential abuse.

There were systems in place to ensure medicines were handled and stored securely and administered to people safely and appropriately.

Staff were positive about the management and told us they appreciated the clear guidance they received regarding their roles and responsibilities and that their input was acknowledged and praised.

Staff understood the principles of the MCA and knew that they must offer as much choice to people as possible in making day to day decisions about their care. This included making sure people living with dementia were as involved in their care and decision making as much as possible.

People told us they enjoyed the food provided and that they were offered choices of what they wanted to eat.

People had good access to healthcare professionals such as doctors, dentists, chiropodists and opticians.

Staff treated people as unique individuals who had different likes, dislikes, needs and preferences.

People told us that the management and staff listened to them and acted on their suggestions and wishes and we saw examples of this during our inspection. They told us they were happy to raise any concerns they had with any of the staff and management of the home.

People we spoke with confirmed that they were asked about the quality of the service and had made comments about this. They told us the service took their views into account in order to improve.

## 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.

Potential risks to people's safety had been identified and staff were aware of what actions they needed to take to mitigate these risks.

Staff were aware of their responsibilities to keep people safe from potential abuse.

There were enough staff to support the people living at the home. The registered manager increased staffing levels if people's needs increased.

There were systems in place to ensure medicines were handled and stored securely and administered to people safely and appropriately.

Staff understood their role and responsibilities for maintaining high standards of cleanliness and hygiene.

### Is the service effective?

Good ●

The service was effective.

Staff had the knowledge and skills necessary to support people properly.

Staff understood the principles of the MCA and knew that they must offer as much choice to people as possible in making day to day decisions about their care.

People told us they enjoyed the food and staff knew about any special diets people required either as a result of a clinical need or a personal preference.

People had good access to healthcare professionals such as doctors, dentists, chiropodists and opticians.

### Is the service caring?

Good ●

The service was caring.

We observed staff treating people with respect and as individuals with different needs and preferences.

Staff knew about various types of discrimination and its negative effect on people's well-being. Staff understood that people's diversity was important and something that needed to be upheld and valued.

Staff gave us examples of how they maintained and respected people's privacy. These examples included keeping people's personal information secure as well as ensuring people's personal space was respected.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People told us that the management and staff listened to them and acted on their suggestions and wishes. They told us they were happy to raise any concerns they had with any of the staff and management of the home.

People told us they enjoyed the activities available to them both inside and outside the home.

### **Is the service well-led?**

**Good** ●

The service was well-led.

People we spoke with confirmed that they were asked about the quality of the service and had made comments about this.

People told us the service took their views into account in order to improve.

Staff were positive about the management and the new provider and told us they appreciated the clear guidance and support they received.

# 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 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.

This unannounced inspection was undertaken on 14 and 15 March 2017. The inspection was carried out by one inspector.

Before the inspection, we asked the provider 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 reviewed the completed PIR and previous inspection reports before the inspection.

We also reviewed information we had about the provider, including notifications of any safeguarding or other incidents affecting the safety and well-being of people using the service.

We spoke with 15 people who used the service and six people's friends and relatives who were visiting the home during our inspection. We also observed interactions between staff and people using the service as we wanted to see if the way that staff communicated and supported people had a positive effect on their well-being.

We spoke with seven staff, the registered manager, the deputy manager and the registered provider of the organisation.

We looked at seven people's care plans and other documents relating to their care including risk assessments and medicines records. We looked at other records held at the home including staff meeting minutes as well as health and safety documents and quality audits.

# Is the service safe?

## Our findings

People told us they felt safe and had no concerns about how they were being cared for at the home. We observed friendly and kind interactions between staff and the people they were supporting which had a positive effect on people's well-being.

One person told us, "I'm not worried about my safety at all." Another person commented, "I'm dependent on the staff and they are very helpful." A relative made the following comment in a recent compliment letter, "The care is excellent. The staff are so friendly and gentle."

Staff could explain how they would recognise and report abuse. They told us and records confirmed that they had recently spoken with the registered manager at a team meeting and were given the telephone number of the local authority safeguarding team. They told us that the manager had said they should call the number if they felt anyone was at risk of abuse at the home. A staff member commented, "Everyone has this number." Even though they all had this number everyone was confident that the registered manager would deal with any concern straight away.

Staff we spoke with were able to tell us the potential risks to people in relation to their everyday care and treatment. These matched the risks recorded in people's care plans. Care plans identified the potential risks to people in connection with their care. These risks included falls, inadequate nutrition and hydration and pressure care management.

Where risks had been identified the registered manager had recorded how these risks were to be reduced. For example, if someone had poor mobility the registered manager had made sure pressure relieving equipment was used and that staff repositioned that person at regular intervals.

We saw that the incidence of falls were recorded and analysed so that possible patterns could be identified. The visiting Care Home Assessment Team (CHAT) also assisted the registered manager with any falls analysis as well as providing healthcare advice. This team was made up of healthcare professionals whose role was to provide help and advice with care and treatment issues.

Environmental risk assessments, including a fire risk assessment had been completed and were accessible to staff.

We checked medicines and saw satisfactory and accurate records in relation to the receipt, storage, administration and disposal of medicines at the home. The registered manager was auditing medicine records regularly to ensure any potential errors were identified and acted upon.

Staff had undertaken training in medicine management and told us the registered manager carried out observed competencies to check they were following safe and appropriate procedures. We noted that the registered manager was not always recording these observations. They told us they would do this from now on so that there would be a written record of staff competences in the management of medicines.

People we spoke with said they were satisfied with the way their medicines were managed at the home. One person told us, "I'm not in any pain whatsoever. They always ask if you're alright."

People using the service didn't have any concerns about staffing levels. One person told us, "I've heard other people call out and they are here like a shot." Another person commented, "There is always someone you can call on."

Staff told us and we saw that although the staff were busy, they had some time to sit and chat with people in the lounge. Since our last inspection staffing levels had increased in line with people's level of dependency which was regularly monitored. We saw examples when staffing levels had increased when people were poorly and needed more care input.

We checked a selection of six staff files to see if the service was following appropriate recruitment procedures to make sure that only suitable staff were being employed. Staff files contained recruitment documentation including references, criminal record checks and information about the experience and skills of the individual.

All parts of the home were clean and there were no malodours detected anywhere in the building.

People were very positive about the cleanliness of the home and the staff who kept it clean. A relative had made the following comment in a recent compliment letter, "Everything is always spotless and the staff are so welcoming whenever I pop in." A person we spoke with told us, "It's nice and clean."

## Is the service effective?

### Our findings

People's responses about the staff were positive and one person told us, "The staff are first rate." Another person commented, "It's very homely here, the staff are fantastic."

A relative wrote the following in a recent compliment letter, "It continues to be somewhere we feel looks after mum very well, she looks more healthy than she did before. It gives me peace of mind that our mum is in a caring, homely, cheerful place and it helps that when we visit we are welcomed and always given a cup of tea!"

Staff were positive about the support they received in relation to supervision and training. Staff told us and records showed that they were provided with training in the areas they needed in order to support people effectively. This included first aid, moving and handling, dementia awareness and falls prevention. A staff member commented, "I'm always ready to learn new things."

In addition to this mandatory training, staff told us that they were also offered nationally recognised vocational training such as the National Vocational Qualification (NVQ) and the more recent Qualifications and Credit Framework (CQF). These are recognised qualifications for care workers and senior care workers working in health and social care.

We saw an up to date training matrix which detailed the date of training undertaken and the date that the training expired. Staff told us and records showed that most staff were up to date with their refresher training. One staff member told us, "It's good to have refresher training; we had medicines training two weeks ago. I'm up to date." The registered manager confirmed that refresher training had been booked for all staff where the date of their training had expired.

Staff told us that they would discuss learning from any training course at staff meetings and any training needs were discussed in their supervision.

Staff confirmed they received regular supervision and yearly appraisals and we saw up to date records of these. They told us supervision was a positive experience for them and they could discuss what was going well and look at any improvements they could make. A staff member commented, "I take it on board." Staff told us they felt supported by the registered manager. One staff member told us, "She is nice but if you don't do your work she will tell you."

Staff were positive about their induction and we saw records of these inductions which included looking at the philosophy of care of the service and shadowing more experienced staff until they felt confident to support people on their own. Talking about her induction, one staff member told us they worked for 60 hours with more experienced staff before working on their own. They told us they undertook training which included working through the Care Certificate. They said, "Everything was ok; I wasn't worried." The Care Certificate is a set of standards that social care and health workers must follow to in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care workers.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf for 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.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff understood the principles of the Mental Capacity Act and told us they would always presume a person could make their own decisions about their care and treatment. They told us it was important not to take people's rights away and that they must offer as much choice to people as they could.

The registered manager understood and had followed the relevant policies and procedures in relation to the Deprivation of Liberty Safeguards (DoLS). This included notifying the Commission of any of any application to deprive someone of their liberty.

We observed staff asking people for permission before carrying out any required tasks for them. We noted staff waited for the person's consent before they went ahead. People told us that the staff did not do anything they did not want them to do.

One person we spoke with commented, "They always ask if I need help. I can be left alone but they always ask if I can manage." Another person told us, "If I asked for something they would get it for me but I'm still quite independent."

People told us they liked the food provided at the home. One person told us, "It's very eatable." Another person commented, "It always looks nice the way it's dished up. It's always hot." Another person we spoke with told us, "I particularly like the tea."

The cook, who is also the deputy manager, was aware of the people that needed a special diet because of particular health requirements such as diabetes or if someone needed a soft diet. They told us that they now ordered the food every week and always asked everyone what they fancied to eat. The cook said this had meant she cooked more varieties and choices of meals and that she enjoyed cooking for everyone. We saw people eating at lunchtime and this was relaxed and sociable. Staff were offering encouragement and discreet support when required.

People were appropriately supported to access health and other services when they needed to. Each person's personal records contained documentation of health appointments, letters from specialists and records of visits. People told us and records we saw confirmed that they had good access to health and social care professionals.

People said that the registered manager was very good at monitoring their health and getting the appropriate healthcare professionals to visit them if required. We saw examples of this during the two days of our visit. The registered manager told us that all the current residents of the home were registered with the same GP surgery and that they had a good relationship with this GP.

## Is the service caring?

### Our findings

People told us they liked the staff who supported them and that they were treated kindly. One person we spoke with said, ""They are very kind." Another person commented, "They are very jolly."

We observed staff interactions with people throughout the two days of our inspection. We saw that people were very relaxed with staff and it was clear that positive and supportive relationships had developed between everyone.

Staff knew people well and responded to them in a caring way and in line with guidance from their individual care plans.

We saw that people were able to express their views and make choices about their care on a daily basis. Throughout the day we observed staff offering choices and asking people what they wanted to do.

Staff told us they discussed people's cultural and spiritual needs and preferences with them and we saw this information had been recorded in people's care plans. We met with a visitor from the local church who provided Holy Communion to those people who wanted this. They told us that there was a full Mass with everyone who wanted to attend, every few months.

We spoke with the registered manager and provider about how they would ensure that people with 'protected characteristics' would be welcomed, protected and encouraged at the home. This included an equality and diversity statement within the home's brochure and on the website. The staff understood about issues relating to equality and diversity and one staff member told us, "You must respect people's differences." The Equality Act 2010 introduced the term 'protected characteristics' to refer to groups that are protected under the Act and must not be discriminated against.

Staff gave us examples of how they maintained and respected people's privacy. These examples included keeping people's personal information secure as well as ensuring people's personal space was respected.

People told us the staff were respectful and thought about their privacy. One person told us, "They always pull the curtains." Another person told us that staff were sensitive when providing personal care like having a bath. They told us that the staff always gave them their privacy when they had a bath. They said, "I say I'll call them when I'm ready."

## Is the service responsive?

### Our findings

Staff we spoke with understood the current needs and preferences of people at the home which matched information detailed in their individual care plans.

The registered manager had recently updated the care plans to a new format. Although the registered manager acknowledged that some more detail was required, these plans were centred on the individual and gave staff information about people's care needs whilst being mindful of identified risks to their safety.

We saw in one person's care plan that their need to be as independent as possible had been recorded and the care plan contained the following information for staff, "[name of person] is fiercely independent so they might find it difficult to ask for help. Staff are to be aware of this."

We saw that people had commented and had input in planning their care and support where possible and if they wanted to. People told us that they were happy with their care and that they were involved in making decisions about how they were being looked after.

We saw that care plans had been reviewed and updated where required and detailed the level of involvement that people wanted in their care planning. Relatives we spoke with told us they had been involved in the initial assessment of the person's needs and preferences.

Where people's needs had changed, usually because someone had become more dependent, the service had made the necessary changes to the person's care plan. For example, everyone had their weight checked and recorded every month. The registered manager had seen from these records that one person had been losing weight. As a result of this the GP was informed and a referral had been made to the community dietician. On instruction from the GP, the person concerned was now on a high calorific diet.

People who used the service and staff told us that the opportunities to take part in meaningful activities both in the home and outside had increased since the new provider had taken over. The activities plan for the week was on display and included keep fit, art classes and various games. On the first day of the inspection there was a disco in the afternoon. It was clear from the laughter and dancing that everyone enjoyed the experience.

A staff member we spoke with told us, "It's improved; we have more staff in the morning now and activities have increased 100%."

People told us that they also went out of the home much more regularly. One person told us, "We go out, we went to the Albert Hall. I enjoy going out. I meet quite a lot of people."

People told us they had no complaints about the service but said they felt able to raise any concerns without worry. Everyone said they would speak to any of the staff or the registered manager and we saw information about how to make a complaint on a notice board in the home.

One person commented, "I'd talk to the boss. But so far I've not had a worry." Another person told us, "I've never had any complaints." A relative said, "It's very easy to communicate with the manager."

There had been no complaints recorded in the last 12 months. The registered manager told us that there had been a few minor concerns raised verbally and that these had been dealt with straight away. We discussed with the manager the need to record all concerns and complaints. The registered manager agreed that this information should be used as part of the overall quality assurance system.

## Is the service well-led?

### Our findings

Staff were positive about working at The Hollies and told us the new provider had made many improvements to the service provision. These included more staff on duty in the morning and increased activities. A staff member commented, "There have been a lot of changes for the better."

They told us the registered manager was supportive and fair. One staff member said, "She encourages; she is a good manager." Another staff member told us, "She loves these residents; they always come first."

People who used the service and their relatives were also very positive about the registered manager and the way she managed the service. One person told us, "She seems a very nice person." Another person commented, "She is open about feelings."

People who used the service and their relatives told us the registered manager asked how they were and if there was anything they needed or any suggestions for improvements. One person told us that the registered manager, "Always asks how things are."

We saw records of regular meetings with the registered manager and people using the service. We saw that people were able to comment on the service and asked if they had any concerns or suggestions for improvement. One person told us, "I think they are well organised. They do a good job."

There were regular team meetings and we saw that staff were able to comment and make suggestions for improvements to the service. Staff told us that these meetings were a positive experience and they felt able to raise any concerns or suggestions. A staff member told us, "You can always put your view forward." Staff gave us examples of where suggestions they made had been taken on board by the registered manager. This included making suggestions about the timing of staff breaks.

Staff were aware of the ethos and values of the service. They told us that the people they supported always came first. A staff member told us what the registered manager always told them, "It's their home, not yours. Treat them how you would want to be treated."

There were a number of different ways that the registered manager and provider used to monitor and improve the quality of care at the home. These included a yearly survey for people using the service and their relatives. We saw that the results of this survey had been collated and was on display in the home. We saw two examples where people's suggestions for improvement had been taken up by the providers. These were in relation to making the dining room larger and replacing the chairs in the lounges.

The registered manager and provider also carried out regular audits including health and safety, staff training, cleaning, and care records. We spoke with the registered provider and manager about developing an overall and continuous service improvement plan that could be linked to all of these quality assurance systems already in use at the home. They agreed to look into this as a potential quality assurance tool.

We saw that risk assessments and checks regarding the safety and security of the premises were taking place on a regular basis and records of maintenance and servicing of the building that we saw were satisfactory.