

3A Care (London) Limited

# The Hollies

## Inspection report

9-11 Fox Lane  
London  
N13 4AB

Tel: 02088863068

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19 November 2020

23 November 2020

24 November 2020

26 November 2020

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

The Hollies is a residential care home providing accommodation and personal care for up to 19 people aged 65 and over some of whom are living with dementia. At the time of the inspection the service was supporting 12 people. The Hollies accommodates people in one adapted building.

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

People were observed to be happy and content. We saw people had established friendly and jovial relationships with all staff. There was laughter, banter and conversation seen throughout the inspection.

Improvements had been made since the last inspection in response to the issues that had been identified.

Relatives spoke positively about the home, the management and the quality of care people received.

We observed people to be supported in a safe way, taking into consideration their needs, choices and wishes.

Risks associated with people's health, medical and care needs had been identified but were not always assessed and documented. Where gaps in information and guidance was identified these were addressed immediately by the registered manager. Other documented risk assessments in place gave clear guidance on how to minimise the identified risk to keep people safe.

People received their medicines safely and as prescribed. Systems and processes in place supported this.

Recruitment policy and procedures supported the recruitment of staff who had been assessed as safe to work with vulnerable adults. We observed enough staff available to support people safely.

The home smelled fresh and was clean. There were increased infection control measures in response to the coronavirus outbreak.

Staff received the required induction, training and support to carry out their role effectively. Care staff told us that they felt appropriately supported and that the registered manager was always available to provide direction and guidance.

The service supported people to eat and drink in ways which took into consideration their support needs, likes and dislikes.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Relatives felt engaged with the service and confirmed that they received regular updates and feedback about their relative.

Management audits and checks enabled managers to oversee the quality of care delivery and make the required improvements where necessary. During the inspection, minor issues were identified with the assessing of people's identified risks. However, following the inspection, these issues were addressed.

We have made a recommendation about the provider and management ensuring accurate, complete and contemporaneous record of care delivery and risk management are maintained so that people receive safe and effective care and treatment.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection (and update)

The last rating for this service was requires improvement (published 11 March 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

We carried out an unannounced comprehensive inspection of this service on 4 December 2018. Breaches of legal requirements were found.

Concerns were identified under safe care and treatment, fit and proper persons employed and good governance. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Hollies on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

The service was safe.

Details are in our safe findings below.

**Good** ●

### **Is the service effective?**

The service was effective.

Details are in our effective findings below.

**Good** ●

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

The service was well-led.

Details are in our well-Led findings below.

**Good** ●

# The Hollies

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was carried out by one inspector. The inspection was also supported by an Expert by Experience who contacted people's relatives by phone to request feedback. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

The Hollies is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was announced. We gave a short period notice of the inspection as we were mindful of the impact and added pressures of Covid-19 pandemic on the service. This meant we took account of the exceptional circumstances and requirements arising as a result of the COVID-19 pandemic.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not

asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with three people who used the service. We spoke with the nominated individual, registered manager and the deputy manager. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spent time observing the experience of people in the home and the way staff interacted with them.

We reviewed a range of records. This included five people's care records and nine people's medication records. We looked at five staff files in relation to recruitment. A variety of records relating to the management of the service, including quality assurance, training records and health and safety were also reviewed.

#### After the inspection

We spoke with nine relatives of people living at the home and five care staff. We continued to seek clarification from the registered manager to validate evidence found.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Preventing and controlling infection

At our last inspection the provider had failed to robustly assess, monitor and manage the risks relating to the health, safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Care plans contained risk assessments for moving and handling, skin integrity, fire safety, nutrition and hydration.
- At the last inspection we found that staff recording of the care and support that people received was not always accurate and had been completed before the care activity had taken place. At this inspection we found that these concerns had been addressed. Care records were completed as and when care was delivered, and required monitoring checks had been accurately completed.
- Some information and guidance about people's individual risks had been recorded in the care plan and where specific checks were required to monitor the risk such as hourly monitoring, food and fluid intake or two hourly turns to monitor skin integrity, these had been completed.
- However, we found that whilst staff knew people very well and were very aware of their individualised risks associated with their health, care and support needs, certain individualised risks had not been formally assessed and documented. This included risks associated with challenging behaviour, COVID-19, aspiration and certain health conditions such as diabetes.
- We highlighted this to the registered manager who accepted that there were gaps in recording. Immediately following the inspection, the registered manager reviewed and updated the five care plans that we had looked at based on our feedback and gave us assurance that the remaining care plans would be reviewed and updated.
- At the last inspection we identified some health and safety and infection control concerns that may have placed people at the risk of harm. These included the lack of clinical waste bins around the home, no hot water in some people's bedrooms and no window restrictors in place. At this inspection these concerns had been addressed.
- During the inspection we walked around the entire home to check the environment. As part of the walk around we looked at several bedrooms and communal areas. No issues were identified.
- Daily, weekly, monthly and annual health and safety checks were completed to ensure people's safety. This included checks and tests of equipment and systems such as fire safety systems, gas and electrical safety. Where issues were identified these were immediately reported and actioned.

- People were protected by the safe use of infection control procedures and practices. At this inspection we found that the home was managing infection prevention and control well especially during the COVID-19 pandemic.
- An increase in daily cleaning had been implemented around the home during the pandemic to prevent cross-infection.
- A range of Personal Protective Equipment (PPE), in line with government guidance, was available for care staff to wear when delivering personal care and supporting people.
- Staff had received regularly and more frequent training on infection prevention and control and the effective use of PPE.

### Using medicines safely

At our last inspection the provider did not always manage medicines safely to ensure people received their medicines as prescribed. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People received their medicines safely and as prescribed. Processes in place supported this.
- At the last inspection we found discrepancies relating to the temperature monitoring of the medicines cabinet, dirty equipment used to cut tablets, lack of protocols on administering as and when required medicines and poor recording of high risk medicines. At this inspection these issues had been addressed.
- Medicines were stored securely. Medicine Administration Records (MAR) were complete and no gaps in recording were identified. Loose medicine stock that we checked corresponded with records kept of stock levels. However, we did find that where handwritten entries had been made on the MAR, these had not been signed by two people to verify and confirm the entry has correct. The registered manager acknowledged this and agreed to amend this immediately.
- Where people received medicines as and when required (PRN), protocols and guidance was in place on how and when to administer these medicines, PRN medicines can be administered to help with pain relief or anxiety.
- Some people received their medicines covertly. Covert medicine administration is when medicines are hidden in food or drink without the knowledge of the person. The service had generally followed its policy and procedures and had ensured that multi-disciplinary agreements were in place to ensure decisions had been made in the person's best interest. However, for one person, the pharmacist had not signed the agreement for covert administration. We asked the registered manager to review this and obtain the required agreements.
- Weekly and monthly checks and audits were completed to ensure people received their medicines on time as prescribed. Where issues were identified these were recorded and addressed.
- All staff had received the required training to administer medicines safely. In addition to the training each staff member were assessed to confirm their competency when administering medicines.

### Staffing and recruitment

At our last inspection the provider had failed to comprehensively complete all the required recruitment checks to ensure staff suitability for the role. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- Recruitment processes followed by the provider ensured that only those staff assessed as safe to work with vulnerable adults were employed.
- At the last inspection we identified some gaps in the checks that had been completed where a full employment history had not been requested, references relating to a staff members past conduct in the social care field had not been obtained and agency staff used to work at the home had not been safely vetted to ensure their suitability to work. These issues had now been addressed.
- Recruitment checks completed included criminal records check, conduct in previous employment and previous employment history.
- Where agency staff were used to cover staff vacancies, appropriate checks had been obtained and recorded to assess and confirm that they were safe to work with vulnerable adults.
- Throughout the inspection, we observed there to be sufficient care staff available to support people safely with their needs.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes in place safeguarded people from the risk of abuse.
- Throughout the inspection we observed people approach and speak with care staff with confidence. Care staff were seen to be attentive and sensitive towards peoples needs.
- Relatives told us that although they had not been able to visit their family member, they did believe that they were safe and well cared for. Feedback from relatives included, "I am confident that she is completely safe. She is encouraged to walk about with a frame" and "They escort her round and she has a walking frame. I think she is very safe there. They are very security conscious."
- Staff received annual training on safeguarding, how to recognise signs of abuse and the actions to take to report their concerns.
- The registered manager demonstrated a good understanding of safeguarding and the actions to take to report their concerns. Where concerns were raised, learning and improvements were reviewed and implemented.

Learning lessons when things go wrong

- Accidents and incidents were clearly documented with details of what happened, immediate actions taken and any follow up required to ensure the prevention of similar accidents or incidents.
- The registered manager told us that a monthly analysis and review of all accidents and incidents was completed and discussed with staff through daily handovers, communication books and at staff meetings so that the required learning and improvements could be made.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- At the last inspection, we identified concerns with the lack of process in assessing people's needs which led to a poor admission to the care home. This had improved.
- People's needs, choices and wishes were assessed prior to admission to The Hollies so that the service could confirm whether they would be able to meet those assessed needs. The assessment was completed in line with current standards and guidance and considered people's diverse cultural needs and requirements.
- Information gathered on assessment was then used to compile a care plan for care staff to read and follow so that people were supported safely and effectively according to their needs and wishes.
- Care plans were reviewed and updated monthly or when required when change had been noted.

Staff support: induction, training, skills and experience

- People were supported by care staff that had received the required training and support to deliver their role safely and effectively.
- At the last inspection we found that not there was a lack of records confirming that staff were receiving regular supervision. We were also unable to confirm that agency staff working at the home had received the required training to carry out their role and whether they had received any form of support from the home. At this inspection we found that this had now been addressed.
- Care staff told us, and records confirmed that they had received an induction, training and completed a period of shadowing when they started working at The Hollies. Refresher training, updates and role specific training was on-going.
- Records were available for agency staff who worked in the home, confirming the training that they had received. Records also confirmed that the registered manager completed supervision sessions with agency staff working at the home to ensure they were effectively supported in their role.
- Care staff spoke positively about the training and support that they received. Feedback included, "Sometimes we do home training and sometimes online, people come to the home to do the training. It's very helpful, everyday things change so it is good, you need to update yourself" and "Training is good because it reminds you what to do, things are changing."

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

- People were safely and effectively supported to eat and drink well to maintain a healthy and balanced diet.
- Throughout the inspection we observed people had access to drinks, snacks and meals of their choice. People were seen to enjoy meals they were offered. Food served looked appetising and people were seen to

eat well. One person told us, "I don't think anyone could complain about the food."

- Where people required support to eat their meals, care staff helped them in a dignified and respectful manner.
- Where people had specific dietary needs and requirements, these were clearly documented within the person's care plan. This information was also exchanged with kitchen staff so that they were of people's dietary needs and requirements.
- Relative spoke positively about the quality of meals provided at The Hollies and the support their family member received. Feedback included, "She has a healthy diet. [Person] never says no to food" and "He likes the food."

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

- People were supported to live healthy lives and had access to a variety of services and support where required to promote their health and well-being.
- We saw records of visits from healthcare professionals which included the GP, district nurses, dieticians, chiropodist, podiatry and the opticians. Details of why the visit was required, the outcome and any follow up required were recorded.
- Feedback from relatives about access to health care was positive. One relative told us, "She [person] has regular check-ups and they make appointments for her." Another relative stated, "He [person] had a rash on his leg which the staff picked up on."
- Where specialist intervention was required, we saw records confirming appropriate referrals had been made to access these services.
- We observed the team to work effectively together to achieve positive outcomes from people. Daily handovers, staff meetings and communication books enabled the team to exchange information about people so that they were supported with their health care needs effectively.

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

- The home had been adapted, designed and decorated to meet people's needs. The home was person centred and people were able to decorate their bedrooms to their choice and wishes.
- People were able to access all areas of the home which included garden and outdoor areas.
- Specific areas of the home had been adapted to support people living with dementia. Appropriate decoration, signage and use of dementia friendly equipment were used to promote people's independence, way-finding and well-being.
- In response to the COVID-19 pandemic, the registered manager had enabled window, garden and visits in exceptional circumstances, for relatives to see and meet their family member. Further consideration was being given to re-arranging a vacant bedroom to support safe visiting.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

- People were safely and effectively supported by care staff in line with the principles of the Mental Capacity Act 2005 (MCA).
- Care plans recorded people's consent and where required a relative's involvement in the planning and delivery of care.
- Information about DoLS authorisations that had been approved including any conditions that had been set, when the DoLS was due to expire had been reflected within people's care plan.
- Where decisions had been made in people's best interests, this had been discussed and recorded with relatives and involved health professionals.
- Care staff demonstrated a good understanding of the principles of the MCA and the importance of obtaining consent, promoting choice, autonomy and independence regardless of the person's capacity. One care staff explained, "People cant make decisions or think things through for themselves so you would help them with it. Most of our residents don't have issues, ask them before you do anything, give them choice."

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to implement effective auditing processes and had not ensured contemporaneous records of the care people received were available. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The registered manager and the nominated individual had implemented several processes and audits to address the issues that had been identified at the last inspection.
- Significant improvements had been made to ensure people received safe care and treatment. The registered manager had systems in place to monitor the quality of care people received.
- Monthly checks and audits assessed health and safety, medicines management, food safety, care plans and infection control. Where issues were identified, these were actioned immediately.
- However, we did identify that care plan audits had not identified any concerns with care plans and in particular the gaps in recording relating to people's individualised risks. This was explained to the registered manager and the nominated individual and actions were taken immediately to address the concerns.

We recommend that the nominated individual and the registered manager focus on and continue working proactively towards ensuring that an accurate, complete and contemporaneous record of care delivery and risk management is maintained so that people receive safe and effective care and treatment.

- All accidents, incidents, safeguarding's and complaints were analysed, reviewed and discussed with the staff team so that where required improvements could be made and learning outcomes could be taken forward.
- During the inspection, the concerns identified were discussed with the nominated individual and the registered manager who promptly acted on our feedback and following the inspection sent evidence to confirm that the concerns had been addressed. This gave reassurance that the service acknowledged our feedback and was willing to continuously learn, develop and improve the quality of care delivery.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good

outcomes for people

- During the inspection we observed there to be a positive culture within the home which promoted person centred care and achieved good outcomes for people.
- People were observed to be happy and throughout the inspection we saw really good, jovial and positive interactions between people and staff. One person told us, "You'd have to go a long way to find better."
- Relatives spoke highly of the registered manager and the staff team and commended the care and support their family member received. Feedback included, "[Registered manager] is good. She deals with issues swiftly. She is always very nice to talk to and she tries to keep the residents safe but not to isolate them" and "[Registered manager] is very knowledgeable. She has a clear idea of how to run a home and she communicates clearly to staff. She will point out anything that is wrong but she doesn't raise her voice. She knows all her residents well."
- Staff also spoke positively about the registered manager and stated that they were well supported in their role. One care staff told us, "The manager is good, lovely, she helps us with the training, if you don't know anything she will help."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager clearly understood their responsibilities around duty of candour and being open and honest when something had gone wrong. Statutory notifications were completed and submitted to the required authorities including CQC.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People, relatives and staff were continuously engaged in the provision and delivery of care and support and took into consideration their equality characteristics.
- Due to the COVID-19 pandemic, the home had been unable to arrange any face to face relatives meetings. Relatives confirmed that prior to lockdown regular meetings were held where they were able to give their ideas and suggestions. The registered manager had scheduled a virtual meeting for all relatives in December 2020.
- The registered manager explained that communication with relatives had been maintained through telephone conversations, emails and newsletters.
- Relatives confirmed that throughout the pandemic the communication between them and the home had been good and that they were regularly kept updated about their family member. One relative said, "We have been kept fully conscious of events. They fill you in about events and activities in the home via a newsletter which is emailed."
- Relatives and staff had been asked to complete satisfaction surveys in January and July 2020 so that they could give their feedback about the quality of care people received. Feedback seen was positive.
- Daily handovers, regular care staff meetings and staff supervisions encouraged effective communication and gave staff an opportunity to raise concerns, make suggestions and share good practice.
- The home continued to work with and had established positive working relationships with a variety of health and social care professionals to ensure people received the required support and intervention.