Mr and Mrs Phillips

The Hollies

Inspection Report

9 Fox Lane, Palmers Green,
London N13 4AB
Tel: 020 8886 3068

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Overall summary

The Hollies is a residential care home registered to accommodate up to 19 older people with personal care needs. At the time of inspection there were 19 people using the service. The service had a manager who was registered with the Care Quality Commission.

People were treated with dignity and respect. All we spoke with were happy at the home and spoke highly of the staff. Relatives and visitors confirmed the home provided a good service to people and that staff were kind and caring.

Staff received appropriate training and support to ensure they were able to care for and support people appropriately.

We found the location to be meeting the requirements of the Deprivation of Liberty Safeguards.

We identified some shortfalls with medicines management which could be putting people at risk of poor care. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

The service had arrangements to ensure people were not deprived of their liberty unless appropriate safeguards were in place. Health and social care professionals were involved if people's conditions deteriorated and staff understood the importance of providing care and support in each person's best interest. Staff treated people with dignity and respect.

Where people required assistance with moving and handling, equipment was being appropriately and safely used in the home. Individual assessments were in place for areas of risk, with the exception of the use of wheelchairs without footplates and the manager said this would be addressed. People were not protected against the risks associated with medicines because appropriate medicines records were not maintained and medicines were not stored safely.

Are services effective?

The service was effective because people's choices, preferences and views about their care were taken into account when planning and providing care. Staff demonstrated the knowledge and skills to meet people needs and their independence was promoted. People had access to healthcare professionals so their health needs could be met. Staff received effective support, induction, supervision and training. The provider had identified shortfalls in training updates and was taking action to address these.

Are services caring?

Staff treated people with kindness and respected their privacy and dignity. They listened to people and took action where required to meet people's preferences and wishes. Policies and procedures including for providing care and support to people were contained in the staff handbook, and although these had not been reviewed for some years, staff understood people's needs and how to meet these effectively and treated people as individuals.

Are services responsive to people's needs?

The service was responsive because the provider listened to people and their relatives' views about the service and made improvements where required. People's needs were reviewed regularly so changes were identified and reflected in the care records so staff were aware about the action to take to meet all of people's needs. People enjoyed taking part in a variety of activities that was provided by the service so they led an active life.

Summary of findings

Are services well-led?

The provider and registered manager demonstrated good leadership skills and communicated effectively with staff and people using the service. They ensured the service was run in an open manner so staff, people and their relatives could raise concerns and for these to be addressed promptly. The provider carried out audits to continually monitor the quality of the service provided to people and made improvements where shortfalls were identified.

Summary of findings

What people who use the service and those that matter to them say

During the inspection we spoke with the registered manager, the providers, six staff working at the home, eight people using the service and five visitors. Following the inspection we spoke with a healthcare professional who had visited the service.

We asked people if they received input from healthcare professionals and comments included "The doctor comes if the Manager thinks it is necessary" and "The doctor comes if we ask – we just tell the manager."

People we spoke with told us that staff listened to them and asked them about their choices and took account of these when providing care. For example people said their choices with regards to meals and going to bed and getting up were respected. Comments included "They listen to me", "my heating was not working and they got a plumber in to fix it", "I get up and shower and breakfast. – when I like" and "Go to bed when I like, sometimes 9pm."

Visitors we spoke with expressed their satisfaction with the service. Comments included, "I have been visiting friends here for years. The care is good and it has a good feel", "Staff seem to be very caring, they put their arms around them and show they are friendly", "(relative) has been in a number of homes and knows good from bad, I think the owners love their work."

People praised the meals they received in the home. Comments included, "They look after us well and feed us well" and "Good plain food". People were happy with the environment, which we saw was being well maintained. Comments we received included "Never been able to criticise the cleanliness – they are very caring", "Been visiting here for nearly two decades – I cannot fault them" and "They are very conscious about safety."

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 regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process under Wave 1. We last inspected the home on 2 July 2013 and we found that the service was meeting the standards of quality and safety which were assessed at the time.

The inspection team consisted of the inspector and an expert by experience who has experience of care services for older people including dementia care services.

Before our inspection we reviewed the information we held about the home. During the inspection we spoke with the registered manager, the providers, six members of staff, eight people using the service and five visitors. Following our visit we also spoke with a healthcare professional who had visited the service.

The inspector carried out a tour of the premises. We viewed a variety of records including four care records, servicing and maintenance records in relation to equipment and the premises and medicines administration record charts, staff training and supervision records and some policies and procedures. We observed part of the lunchtime experience for people and interaction between people using the service and staff.

Are services safe?

Our findings

We reviewed the arrangements for medicines management for the service. People were not safe in relation to the management of medicines because we identified shortfalls in the recording, administration and storage of medicines. There had been a breach of the relevant legal regulation (Regulation 13) and the action we have asked the provider to take can be found at the back of this report.

We checked the stock balances of twenty five medicines, twenty three of which tallied and two of which did not. We found that the quantity of a few medicines in stock did not balance with the quantity that should be in stock. Therefore we could not be certain that people were always receiving their medicines as prescribed. The manager said she had not carried out a recent audit of the medicines but that she would investigate these and do an audit of all the medicines.

We noted that the medicines administration records (MARs) had not always been signed to show that medicines had been administered. On one day we found that the afternoon and evening medicines had not been signed for any of the people who received medicines at these times even though the medicines had been administered. Two senior staff we spoke with were clear the policy was to sign for medicines immediately after administering them. The manager said she would investigate and address this shortfall.

We saw that although medicines were stored securely and under the appropriate conditions, specific requirements for the storage of one controlled drug were not being met in line with current legal requirements. This was because the home did not have a designated double locked metal cabinet designed to meet the storage requirements of controlled drugs.

We asked people about their medicines and several of them knew what their medicines were for and when they received them. An information sheet was available for each person using the service and this included any known allergies and information about each medicine they were taking and what it was for, so staff had this information to hand when doing the medicines round. We spoke with two senior care staff and they confirmed staff could not be involved with medicines administration unless they had undertaken training for this, so they had the knowledge they needed to do this. We viewed the training records and saw some staff had not completed medicines management training since 2007 and the provider had already identified this and was arranging updates for staff. One care worker who administered medicines told us about monthly supervision sessions with the manager and said medicines management was discussed to refresh their knowledge.

Where there were specific instructions to administer medicines, these were recorded on the MARs so staff could ensure all medicines were safely administered. When we asked a senior carer about administration of these medicines they accurately described the process to follow.

During the inspection we observed two people using wheelchairs without foot plates. This practice could place people at risk of accidents and injuries. The staff explained some people did not like using wheelchair foot plates when being transported and they asked people to raise up their feet, to keep them off the ground. No risk assessments were in place for this practice and there was no evidence that the risks had been discussed with people or their relatives. This showed there had been a breach of the relevant legal regulation (Regulation 10(1)(b)) and the action we have asked the provider to take can be found at the back of this report.

Assessments were in place for other identified risks, so staff knew the action to take to minimise the risk. Where relevant, these included the use of moving and handling equipment, so this was identified and staff were aware of the help and support individuals required. We observed staff using a hoist to transfer two people from armchairs into wheelchairs and staff spoke with people to reassure them and worked in pairs to ensure people were transferred safely.

The front door had a keypad lock with the code written clearly above it. The provider said "This is not a locked home" and people could come and go freely. If people required support to go out of the service staff were available to provide this. No Deprivation of Liberty Safeguards (DoLS) applications had been made for any of the people living at the home, however the manager knew the correct procedures to follow to ensure people's rights were protected. A policy for DoLS had been included in the staff handbook, so staff could easily access the procedure to be followed. We did not observe any potential restrictions or deprivations of liberty during our visit.

Are services safe?

People and relatives said they felt confident to discuss any issues with the manager so they could be addressed. Staff had received training in safeguarding and were clear to report any concerns to the manager or provider. The provider and manager knew to report any safeguarding concerns to the local authority safeguarding team, and were able to give us scenarios where the safeguarding team had been contacted to discuss incidents. Policies and procedures for safeguarding and whistle blowing were in place, dated 2004, and the provider said he would review these to ensure they were up to date with current legislation and guidance.

We viewed a sample of equipment servicing and maintenance records including the hoist, the lift, fire alarm and emergency lighting, gas safety certificate and portable appliance testing and these had all been carried out at the required intervals, to ensure equipment was being maintained in good order. One person told us "My heating was not working and they got a plumber in to fix it." One relative told us "They are very conscious about safety." If people required equipment to assist with their care, for example, a pressure relieving mattress or walking aid, this was organised so people had the equipment they required to meet their needs.

Are services effective?

(for example, treatment is effective)

Our findings

We viewed four care records. Assessments had been carried out to identify people's needs, interests and wishes. These had been carried out prior to admission with input from the person and where appropriate their relatives so their needs and wishes were identified. Care plans had been drawn up and had been reviewed most months and any changes recorded. A full review was carried out annually and the care plan had then been revised. People confirmed they were happy with the care and support they were receiving but none of the people we asked had seen their care plan, although their care had been discussed with them and their representatives. The manager explained that she spoke frequently with people using the service about their care and wishes, but she did not carry out formal reviews with people, but said she would introduce this practice for those who wished. For a person funded by social services we saw an annual review had been carried out with the care manager. This identified the person was happy with the care they received at the home. People and relatives expressed satisfaction with the care and support being provided.

Where people needed equipment to help them with their care, for example, a moving and handling hoist, this was available. People also had equipment to help with their mobility including a variety of walking aids, which helped them to maintain their independence. We saw people using the equipment and where people required support or supervision when mobilising, staff were on hand to provide this.

We saw people received input from healthcare professionals including the GP, chiropodist, optician, dentist and district nurses. People confirmed they were able to see healthcare professionals when they needed to and this was arranged for them, so their healthcare needs were being met. One person said, "The doctor comes if we ask – we just tell the manager." We saw where people required specialist nursing input, for example diabetes or wound care, this was arranged by the district nurses. The home had in the last year received input from the Care Home Assessment and Treatment team, based at a local hospital, who had carried out weekly visits and had reviewed people and also liaised with the GP. The provider and manager said this had been very helpful to ensure people's health needs were being effectively managed.

The healthcare professional we spoke with was very positive about the service and said staff had a good knowledge of people using the service and recognised any changes in their condition. Any concerns were reported promptly so action could be taken to treat the person without delay and improve their condition.

Staff said they received training, including induction training when they started work at the service. The manager showed us the standards followed in induction and they used the Skills for Care induction training package. In addition to this, staff also received an additional induction specific to the home and worked alongside experienced colleagues so they learned how to provide care and support to individuals. Several staff had originally come to the service as students when completing health and social care qualifications, and we saw evidence of these qualifications in some of the training records we viewed. The majority of staff had obtained a recognised qualification in health and social care, providing them with the skills and knowledge to care for people effectively.

We viewed the training record for mandatory training and several staff had not undertaken training in topics such as moving and handling and medicines management for three or four years. The provider said he had already identified this and was working with a new training company to arrange training updates for all staff. We saw staff had received recent training in food safety and a first aid course was booked for May 2014. We viewed the fire safety records and saw regular fire drills were conducted with the staff and the outcomes were discussed, so staff were kept up to date with fire safety procedures.

The manager and deputy manager had undertaken a course in end of life care as part of the Gold Standards Framework for the home. Staff told us people's wishes in respect of end of life were discussed as part of the admission process, so people could think about it and have their wishes recorded and respected. One care worker said, "We work in partnership. It is easier to ask the questions up front." Staff had received training in dementia care and depression and the healthcare professional said the staff had been attentive and increased their knowledge. They had also observed staff interacting well with people with dementia care needs and had received positive feedback from people's relatives about the care provision.

Staff told us they met for supervision with the manager monthly. We viewed a sample of staff supervision records

Are services effective?

(for example, treatment is effective)

and these identified training and development needs and any issues discussed. Staff also said the manager supervised them on a day to day basis so they received instructions and were monitored about how to support people appropriately.

Are services caring?

Our findings

We observed staff being kind and considerate to people throughout the inspection, listening to them and reacting appropriately. One person told us they had lost an item and when we told a care worker they immediately went with the person to their room and found it. Comments from people using the service included "I get up and shower and breakfast – when I like and what I like" and "I am the last one to get up and lately they have been bringing me breakfast in bed – I feel a bit spoilt." When people had hospital appointments these were planned for, for example by supplying a packed lunch, so the person did not miss a meal. Staff demonstrated an understanding of people's communication needs and ensured the inspectors were made aware of these, so we could communicate with people effectively.

Two staff described the procedures they followed when supporting people with personal care and commented, "windows are closed, curtains closed and door closed….. If we are doing personal care then we cover them." People were dressed to reflect individuality and staff confirmed they gave people the choice in what they wore each day. Relatives told us they were kept informed if their family member was unwell or of any incidents, so they were kept up to date. The service had two cats that belonged to the provider and sat with people to keep them company. People said they enjoyed having the cats there for company and we also observed people's positive reactions to the cats during the inspection.

We observed staff speaking with and caring for people in a gentle and courteous manner, respecting their privacy and dignity. When being assisted with their mobility needs, one person raised their voice and staff managed this in a calm and reassuring manner, and the person settled and looked content. Relatives comments included "I have been visiting friends here for years – the care is good and it has a good feel" and "Been visiting here for nearly two decades – I cannot fault them."

The sliding door to the garden was left ajar, the weather was good and people went out into the garden. This had plenty of chairs and benches and was used by six people during the first day of inspection. Two people had relatives sitting with them and the garden afforded them privacy to chat. Relatives told us they could visit whenever they wanted and one said "This is an ideal home, I used to visit homes a lot and this is a home from home". Staff demonstrated a good knowledge of caring for people, treating them with dignity and respect and maintaining their individuality and independence. One person said, "They look after us well and feed us well." One care worker said, "They do as much as possible for themselves. Respect – we let them do what they can and help them and we do whatever they cannot."

There was a staff handbook containing policies and procedures for aspects of the service. Several of the policies had not been reviewed in recent years and the provider said he would address this to make sure the information was current.

The service demonstrated an understanding of equality and diversity and respected people's rights. The home accommodated people of different cultural and religious backgrounds. This was clearly recorded in the care records and staff were able to describe any specific care and support individuals required to meet their cultural and religious needs. On the first day of inspection a representative from the community was visiting to pray with people and give them communion.

For people who were not able to communicate in English the staff had learned some key words in their language and also used signs to communicate, which staff said worked effectively, so they could communicate with the person. We were told and heard that television channels from people's own culture and in their own language had been accessed, providing entertainment and current news. The provider had recently purchased a mat for one person using the service with 'welcome' written in their first language, which the person was very pleased with this and told us about during the inspection. The home had broadband throughout and the provider described how he had used 'google earth' with people to search for their home towns and places of interest, so they could see how they looked now and reminisce.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

People and relatives were given information about the service prior to admission so they knew what services were offered by the home. Satisfaction surveys were sent out annually and the results collated and published. The results for the last three years were on display and the comments and ratings were very positive. The provider said any suggestions made or issues raised were promptly addressed, so people's views were listened to and acted upon. We asked people if they were listened to and one person told us, "They listen to me, I spoke about menus and instead of cottage pie I suggested risotto and also I suggested cauliflower cheese and a similar thing with pasta. We had them all."

People were able to make decisions about their care and the manager and provider said they spent time with people and their relatives to make sure their wishes were known and any changes could be taken into account when providing them with care and support. Staff said they had received training in the Mental Capacity Act 2005 and understood the need to act in a person's best interest. The registered manager had a good understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and was able to explain the process she would follow in ensuring best interests meetings were held involving others as appropriate. If people did not have capacity to make decisions for themselves their next of kin was involved and where necessary best interests assessments had been carried out. Where a best interests assessment had been carried out, this was recorded in the person's care records so staff were aware. Leaflets for the Care Aware Advocacy Service were available in the home so people and their representatives could access independent advocacy services if they so wished.

The provider spoke with us about each of the people using the service, their backgrounds, interests and needs, demonstrating a good knowledge and understanding. The manager and staff also had a good understanding of people using the service and we observed throughout the inspection that people were treated and respected as individuals.

People confirmed staff listened to them and acted on their requests. Examples included changes made to the menus to include people's personal preferences. One person told us action was taken promptly to carry out any repairs needed in their room. Several people told us that getting up and going to bed was a matter of choice and their choices were respected. On the first day of inspection some people commented they sometimes waited at the table for some time before lunch was served, and we saw there was a delay of about 15 minutes. We fed this back to the provider. Lunch was served promptly on the second day of inspection. There was one meal prepared at lunchtime and a choice of two meals at suppertime. People said they liked the food and if there was something on the menu they did not like to eat, an alternative would be provided. We heard someone ask for more food and this was provided.

There was an activities programme on display with something planned each day and we were told about a variety of activities people enjoyed including festive parties, visits to local shops and restaurants, film shows and musical entertainments. Recently there had been a fashion show at the service so people could choose and buy some clothes, and people told us about this and were pleased with their purchases. Visiting was encouraged and relatives told us they could visit at any time and confirmed they were made welcome at the service, making visiting a positive experience.

People's right to privacy was respected and staff also recognised the importance of avoiding people becoming socially isolated. One person described how they had not wanted to leave their room when they first came to the home and staff had respected this alongside gently offering them space to sit in the lounge should they wish to. They had then chosen to spend time in the lounge and staff provided assistance and support, respecting their wishes at all times, so they felt confident they had a choice.

The home had a complaints procedure and the provider said they had not received any complaints since the last inspection. He said they encouraged people and their relatives to express any concerns, however small, so they could be recognised and addressed without delay.

Are services well-led?

Our findings

The provider and manager understood the importance of effective communication and were open and receptive throughout the inspection. When talking to staff it was clear that they understood their roles and responsibilities and we also saw this in the way they communicated with and supported people. People were being cared for by staff who understood their needs and how to meet them. One relative said, "[my relative] has been in a number of homes and knows good from bad, I think the owners love their work."

One member of staff told us "if we have any concerns about safety we go straight to the manager. At the shift change over we have a briefing of what has happened." We viewed a sample of accident records and these were clear and recorded the incident and the action taken by staff. The manager said she reviewed the person to see if there were any underlying causes, for example, an infection, so this could be treated. She also looked to see if anything could be done to reduce the risk of recurrence, whilst still allowing people to be as independent as they were able. The provider and manager understood safeguarding procedures and said they discussed any queries with the local authority, so they were kept informed of any issues that could constitute abuse.

The provider told us the home had until recently had a very stable staff team, several of whom had worked at the home for many years. Some staff had left and the home was going through a period of recruitment. He and the manager were very aware of the importance of minimising any effects on the people using the service and maintaining a stable environment. Agency staff were being used to cover shifts when necessary, and where possible the same staff were in attendance, for consistency. We spoke with a care worker from an agency and they confirmed they had been shown around the home and taken through the care plans before they provided care and support, so they had a knowledge of people's needs and how to meet them. They also told us they liked the home and had observed good relationships between people and staff, who respected people's privacy. This meant the service were taking appropriate action to provide people with continuity of care from staff who understood their needs.

On the first day of inspection the manager and deputy manager were on a training course, and the providers were both in attendance at the home. People confirmed there were enough staff to meet their needs and during the inspection we observed staff were available to help and support people in an unhurried way. One relative said, "First class permanent staff – they are kind, know what they are doing. Food is first class, adequate helpings, garden is good, management is good."

The provider and manager demonstrated good leadership skills and it was clear from our observations and speaking with people, relatives and staff they worked hard to ensure people were treated as individuals, with dignity and respect and their needs were being identified and met. The manager had been in post for over ten years, had a management qualification and was registered with the Care Quality Commission. Staff told us the manager and provider were supportive and worked as part of the home team. One member of staff told us, "Management and staff work well together as a team."

This section is primarily information for the provider

Compliance actions

Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 The arrangements for handling, recording and safe keeping of medicines were not appropriate to ensure people were protected from the risks associated with the unsafe use and management of medicines.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10(1)(b) HSCA 2008 (Regulated Activities) Regulations 2010 People were not always protected against the risks of inappropriate or unsafe care because risks to people using the service had not always been identified, assessed and managed appropriately.