HC-One Limited

Hollymere House General Nursing Home

Inspection report

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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

Overall summary

Hollymere House provides accommodation for up to 48 people who need support with their personal care and/or have nursing needs. Accommodation is arranged over two floors, there is a passenger lift to assist people to get to the upper floor. A dining room and communal areas are situated on both floors. On the day of our visit 47 people were living in the home.

At our last inspection of this service in November 2013, we found that people were not always safe and did not always have their health and welfare needs met by sufficient numbers of staff.

Following the visit the Care Quality Commission (CQC) received information that there was an increase to the staffing numbers on duty. Following this the provider sent us an action plan telling us about the improvements they intended to make.

Summary of findings

We noted improvements to the home during this inspection and evidence to show the compliance actions had been met.

During our visit we found that increased staffing levels had been maintained.

People told us that they felt safe living in the home, we saw that call bells were responded to promptly and those who needed it were supported to eat and drink.

The service has 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. We found the registered manager accessible and approachable. Staff, people living in the home and relatives told us that they felt able to speak with the manager for guidance or to raise concerns.

We saw that people's needs had been assessed and care plans provided staff with information how people's care and support should be met. Staff knew the people they were supporting and provided personalised support.

People were treated with kindness and compassion, staff spent time speaking with the people they were supporting and engaged in light-hearted banter when appropriate.

Summary of findings

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.

There were appropriate staffing levels to meet the needs of the people currently living in the home. Staff recruitment was thorough to ensure staff were suitable to work with vulnerable adults.

Staff in the home knew how to recognise and report abuse.

The home worked with other agencies, for example, the local authority, environmental health, fire officers and pharmacists to ensure the people in the home were safe.

Good

Is the service effective?
The service was effective.

People living in the home were registered and supported to see their doctor. Specialist health care services were involved in supporting people to receive the care, support and adaptations they need.

People's rights were protected because the Mental Capacity Act 2005 code of practice and Deprivation of Liberty Safeguards were followed.

Staff received training to ensure they had up to date information to fulfil their roles and responsibilities.

Good

Is the service caring?
The service was caring.

Staff were knowledgeable about the care people needed and what things were important to them.

Staff took time in speaking with people, their interactions were patient, positive and often humorous. This had a positive impact on those living in the home.

Staff told us that their priority was the needs of the people living in the home.

Good

Is the service responsive?
The service was responsive.

Care plans were thorough, reviewed and updated so that people received support in the way that they needed.

We found that the home had systems in place to manage concerns and complaints.

There were systems in place to ensure people got the opportunity to participate in activities they enjoyed, so that they did not become socially isolated.

Good

Is the service well-led?
The service was well-led.

There was a registered manager in place and systems in place to support and supervise staff.

Good

Summary of findings

There was a quality assurance and monitoring process in place to support the manager in establishing if people received safe and appropriate care and support.

People living in the home, relatives and staff told us that the manager was approachable and they felt confident in her ability to manage the home.

Hollymere House General Nursing Home

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 under the Care Act 2014.

We visited Hollymere House on 14 July 2015 the visit was unannounced. One inspector adult social care undertook the inspection.

Before the inspection visit we reviewed the information we held about the service, including the Provider Information Return (PIR) which the provider completed before the inspection. The PIR 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 also reviewed information we had received since the last inspection including notifications from the provider regarding incidents at the home. We were provided with the contract monitoring report from the local authority of their visit which they conducted in April 2015.

We looked at records relating to residents care and support, including care plans and room diaries for five people living in the home. Staff records for those staff on duty, and various monitoring records relating to health and safety.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of us observing care to help us understand the experience of people who could not talk with us.

During our inspection we spoke with three senior members of staff, six care staff, the activities coordinator, the chef and kitchen assistant.

We introduced ourselves to everyone living in the home and had lengthier conversations with six people living there. We also had the opportunity to speak with six relatives.

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Good

Is the service safe?

Our findings

We spoke with six people who lived in the home who told us that they felt safe living at Hollymere House. Relatives we spoke with also confirmed that they felt their loved ones were safe and they felt confident that they were well looked after. One relative told us, that they were very happy with the care and support their mother received. Relatives told us that they would feel confident speaking with a member of staff or to the manager should they have any concerns.

During our visit we saw that staff provided the care and support as and when people needed it. We observed that the call bells were responded to promptly. People who could tell us their views told us there were enough staff, one commented, "you can't ask for anything more, nothing is too much trouble".

At our last visit we found that the service was not compliant with maintaining adequate staffing levels to meet the individual needs of the people in the home. The provider told us that following the visit they had increased the number of staff on each shift; our visit and duty rotas confirmed the increased level of staffing had been maintained. We discussed staffing with the manager and the area manager who confirmed that staffing levels were determined by the needs of the people living in the home and the numbers of staff on duty fluctuated according to their support needs. We observed the midday meal in both dining rooms, people who needed support to eat were given assistance. We saw that all staff working in the home were involved in supporting the people living there. The registered manager explained that ancillary staff also received care training to equip them with the knowledge to support people appropriately during mealtimes.

We saw that call bells were responded to promptly and people living in the home told us that staff always came when called. This would indicate that enough staff were available to support people as needed.

Staff told us that they would challenge any poor practice with their colleagues. As we spoke with staff they demonstrated good knowledge of situations they should report to the management of the home. Staff told us that they felt confident to raise any concerns they may have with either the nurse in charge or the registered manager. Staff also had direct access to the providers reporting “hot line”, details of which were available in the staff room.

Providers of health and social care services have to inform us of important events which take place in their service. The records we hold about this service showed us that the provider had told us about any safeguarding incidents and had taken appropriate action to make sure people who used the service were protected.

We looked at the staff recruitment files of the staff on duty during our visit. We found there were suitable recruitment processes and required checks in place to ensure that staff were suitable and safe to work in the care environment.

We saw that the company’s fire risk assessment had been completed and any identified risks had been addressed, for example some doors not closing properly.

The environmental health officer had visited and awarded the kitchen at the home a food hygiene rating of five. The home shares the kitchen with the sister home next door and food is delivered to Primrose House in heated trolleys, this poses no risk to service users but it had been suggested that the service develop a covered walkway for ease of delivery.

A recent infection control audit had identified that the laundry may benefit from separate in and out access. At the time of writing the report it was not known if this was feasible but to minimise any potential hygiene risk the laundry staff were aware they needed to maintain separate areas for clean and dirty laundry.

We saw that a number of bedroom doors were "propped open" this would be unsafe in the event of a fire. We were provided with information that approval had been authorised for the purchase and fitting of automatic doors closers so that doors could be held open safely and would close in the event of a fire. At the time of writing this report we had confirmation that all automatic door closers had been fitted.

We found that daily spot checks were undertaken regarding the medication storage and administration in the home. We found that daily reports were submitted to the registered manager and appropriate action taken to address any discrepancies or errors. We looked at a sample of medication records, the storage of medicines and checks on the management of medications. The arrangements for managing medicines were safe. Records showed that people were getting their medicines when they needed them and at the times they were prescribed. The supplying

Good

Is the service safe?

pharmacist had visited the home on 08 July 2015 to audit medication, we saw that the advice they had given regarding dating products when they were opened had been implemented.

Good

Is the service effective?

Our findings

We spoke with relatives who told us that, they had been impressed by the care and support given to their mother as she had only lived there for a short time. During that time there had been a significant improvement in her health and she was now walking again.

Another relative said that it was early days as they had just moved in, but we are "more than happy".

Systems were in place to record training completed and to identify when training was needed to be repeated. Policies and processes were in place to ensure staff met their responsibility to maintain their qualifications so that they provided appropriate care in line with good practice.

We found that staff had access to training on the computer and other training events were arranged at the home, for example infection control was arranged for the week of our visit.

We looked at the analysis of the staff training for the home, we saw that training was available and relevant to staff roles and responsibilities. This included keeping people safe, moving and handling, food safety, emergency procedures and fire safety.

Staff supervision and appraisal processes had been set up by the manager. These processes gave staff the opportunity to discuss their performance and identify any training needs they may have.

We were told that lunch was arranged in two "sittings", the registered manager explained that this was in place to ensure appropriate support was given to those who needed it. We saw that staff gave support to those who needed help with eating and drinking.

We observed that people living upstairs in the home appeared to have a better mealtime experience. The atmosphere was calm and supportive, staff were available to help as required and people were sat comfortably at tables and were engaged in the activity of eating and conversation.

We found the dining room on the ground floor was very noisy and chaotic; staff spoke loudly and shouted across from one end of the room to the other. We saw one person positioned in between two dining tables in a wheelchair with a tray. This meant it was very difficult to support them when they needed support. We discussed why there were differences in the mealtime experience for people living in the home with the registered manager. The manager told us that this was not usually the case and she would investigate the matter. Later in the day we were informed that staff had taken the decision to try and accommodate people all eating together, staff were to be reminded to follow the protected mealtime experience and to serve people in two sittings.

We looked at the menu plans and the menus available at the front of the dining room. There was a variety of dishes available to residents in the home, we spoke with the chef who told us that menus were prepared taking into consideration individual likes and dislikes. The food presented on the day looked appetising, there was a choice of fish battered or steamed with various potatoes, boiled, fried or mashed and a selection of desserts. On the day of our visit a number of people we observed required soft or pureed diets these also were presented nicely and looked appetising. People who could told us they enjoyed the food and they could always get something they liked, one relative said "thankfully mum has put on weight since living here".

Care records identified who was in need of soft or pureed diets and/or fortified meals due to concerns about their weight. We found that the chef maintained a record of the dietary needs of the people living in the home.

Care records showed us that people were registered with the GP and accessed other care professionals, such as occupational health, dietetic services, and speech and language therapists as needed. During our visit we saw two visitors to the home who were delivering or collecting adapted aids which support people to maintain some level of independence. One person's wheelchair was having some adaptations so they would be more comfortable and the other company was the provider of communication aids which supported a gentleman who had lost his ability to speak due to his condition.

Visitors to the home told us that they were kept informed of the well-being of their loved ones.

We discussed the Mental Capacity Act 2005 with the registered manager. They showed that they were knowledgeable about how to ensure that the rights of

Good

Is the service effective?

people who were not able to make or communicate their own decisions were protected. We looked at care records and found that people's ability to make specific decisions had been recorded.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom.

The registered manager was knowledgeable about DoLS. We saw they had taken appropriate advice about individuals to make sure that they did not place unlawful restrictions on them. At the time of our visit one person was subject to a DoLS authorisation and three further applications had been made to the supervisory body; the home was waiting for the start of the assessment process.

Good

Is the service caring?

Our findings

We spoke with six relatives visiting the home during our visit. They spoke highly of the staff in the home and the care provided to their relatives. They told us that they had never had any concerns about the care or the attitude of the staff. One visitor told us that the staff were lovely and they always "make you feel welcome". We observed staff interaction with people living in the home and their relatives and it was polite and considerate. One person told us that they had been told in hospital that their relative would not walk again, however since coming to the home and with the patience of the staff they were back on their feet, "all be it slowly". They told us "we couldn't be more thrilled".

We saw staff throughout the visit treating people with compassion; staff were kind, friendly and patient. Generally we saw staff being discreet when providing personal support for example closing doors and maintaining individuals' dignity by taking them to their bedrooms. However we observed one incident during the day when we felt staff did not consider their actions and the impact that had on individual's privacy and dignity. One member of staff was observed cutting a gentleman's nails in the lounge with another resident present. We also heard one staff member discussing an persons request to have a bath over lunch and felt this had not maintained confidentiality, privacy or the person's dignity. We spoke with the registered manager about this and she informed us that this would be dealt with in supervision and added to the staff meeting agenda.

Staff told us that they felt that people were well cared for in the home. Three staff told us that they would always challenge colleagues should they observe poor practice or suspect abuse, and gave examples when they had spoken to senior staff regarding incidents. We talked with the registered manager about this and saw records that confirmed that incidents had been dealt with appropriately.

We spoke with staff and asked them to tell us about some of the people they supported. Staff were knowledgeable about the care people needed and what things were important to them. We found that the staff understanding of people's needs were in line with care plan records and identified risks.

We saw that the home worked closely with the relatives of loved ones who were near to the end of their lives. One relative we spoke with confirmed that home had been excellent during their relative's life, also since the time of their death. They said that if they could they intended to return to the home as a volunteer because of this.

Good

Is the service responsive?

Our findings

We found initial assessments completed before the person came to live in the home were very detailed. They provided staff with a wealth of information to ensure the person was supported appropriately and their needs were met. Relatives told us that they felt confident their relative would be cared for as the information obtained was very detailed and meant their relative settled in the home quickly.

We looked at care plans and found that most plans had recently been re-written, those which had not been completed were underway. We found that care plans were accurate and had been written in a person centred way, to ensure staff provided support in the way the individual preferred. One person we observed during the day remained in her room throughout the day. We spoke with their relative who told us that they preferred to stay in her room as sitting with others made her anxious. Her care plan reflected this choice. Care plans identified what time people liked to get up and go to bed, what foods they liked and what activities they enjoyed. We saw that care plans and associated risks were monitored and evaluated monthly so that people continued to receive the support they needed in a way they preferred.

We saw that the home had a programme of entertainment and activities which included trips out. We spoke with the entertainments co-ordinator to establish how the programme was developed and to see how people's interests were included into the activities. She explained that either the people living in the home or their relatives had completed information regarding their likes and dislikes. She had used this information in the planning of activities. Diary entry records were maintained to ensure that people had equal opportunity to join in with activities. We also saw that those people supported in bed due to ill health had allocated activities time which included things like, someone reading to them, talking books, music, and massage so that they did not become socially isolated.

There was a formal complaints procedure in place around receiving and dealing with concerns and complaints. Complaints could be made either to the manager or directly with the provider. We spoke with relatives visiting the home who told us that they felt confident that any concerns they may have would be dealt with. People we spoke who lived in the home were aware of who to speak with if they were unhappy with any aspect of their support. One person told us, "I have no complaints".

Good

Is the service well-led?

Our findings

We found that systems were in place to monitor the quality of the service provided in the home. HC One had comprehensive monitoring documents and audit tools which were completed by the registered manager on a monthly basis. The audit sampled a variety of records in the home such as the plans of care, risks assessments associated with providing care, accident/ incident records, falls records, medication administration records, any compliments and complaints. This enabled the manager to review and analyse the care provided, the staff performance, training, health and safety and the environment and to address quickly any shortfalls. Staff had recently been written to following a training audit to inform them of the training required the expected timescale for completion and setting out the consequences of not done. The manager's audits were then scrutinised by the area manager during her monthly visits.

We obtained feedback from Cheshire East Council and NHS South Cheshire Clinical Commissioning Group who told us that the home continues to improve under the leadership of the registered manager.

We spoke with staff who told us that the registered manager was always available. One staff member said that all staff had her contact details and were encouraged to call her should they need advice or support. Staff reported that she could be strict but treated people fairly.

Staff supervision and appraisal had been implemented and planned for the year. This afforded staff the opportunity to raise concerns, suggest improvements, request training needs and participate in the running of the home.

People in the home knew the registered manager by sight; they told us that she always checked with them if they were well and if they were happy at the home. We saw records that the registered manager had introduced relatives meetings since her appointment. Relatives told us that they had started to attend these and found them useful.

The atmosphere in the home was open and inclusive, we observed the registered manager throughout the day speaking with all staff and people living in the home. The registered manager involved herself with the staff team when admitting somebody new to the home. We also observed her speaking with relatives of somebody who had recently passed away in the home.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the home. The registered manager of the service had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.