Banesh Bhatoolall

Holly House Residential 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

This unannounced inspection took place over two days on the 27 and 30 March 2015.

Holly House Residential Home provides accommodation for up to for up to 26 older people who require care. There were 12 people in residence during this inspection, most of whom had dementia care needs.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 were protected from unsafe care. There were robust recruitment procedures in place that protected people from being cared for by staff that were unsuited to the job. Sufficient numbers of trained and experienced staff were deployed to meet people's needs. People's rights were protected.

Summary of findings

Care staff were attentive and responded in a timely way to people who needed their care and support. They understood their duties and carried them out effectively. Their manner was friendly and they encouraged people to retain as much independence as their capabilities allowed. There were entertaining activities to stimulate people's interest.

People's care plans reflected their individuality and needs were regularly reviewed. People's healthcare needs were met. They had access to a wide range of community based health professionals. Community based healthcare professionals were appropriately consulted, and their advice and prescribed treatments acted upon, to help sustain people's health and wellbeing.

People ate and drank enough to help keep them well. They were supported to maintain a balanced and varied diet. People enjoyed their meals and there was variety of foods to suit people's tastes and nutritional needs.

Medicines were safety stored and dispensed and there were suitable arrangements for the disposal of discontinued medicines.

The provider had systems in place to monitor the quality of the service. Care staff listened to and acted upon what people said, including the views of people's relatives or other representatives. Complaints were appropriately investigated and action was taken to make improvements to the service when this was found to be necessary.

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.

People were cared for by sufficient numbers of experienced staff that had been appropriately recruited.

The risks associated with people's care, were assessed before they were admitted and regularly reviewed. Risks were acted upon with the involvement of other professionals where this was appropriate so that people were kept safe.

Medicines were safely stored and administered.

Good

Is the service effective?
The service was effective.

People were cared for by staff that had been trained, were appropriately supervised, and had the skills they needed to meet people's needs.

Staff knew their responsibilities as defined by the Mental Capacity Act 2005 (MCA 2005) and in relation to Deprivation of Liberty Safeguards (DoLS).

People's healthcare needs were met and they had the support they needed to eat well, drink enough and have time to enjoy their meals.

Good

Is the service caring?
The service was caring.

People were treated kindly, their dignity was assured and their privacy respected.

People were listened to and their views acted upon.

Staff encouraged people to do what they could for themselves but promptly responded to their needs whenever this was necessary.

Good

Is the service responsive?
The service was responsive.

People's care was individually planned with them, or with their representative, and acted upon by care staff.

People's assessed needs were regularly reviewed so that they received appropriate care when their needs changed.

Appropriate and timely action was taken to address people's complaints or dissatisfaction with the service provided.

Good

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

A registered manager was in post that understood and acted upon their responsibilities.

Good

Summary of findings

Care staff received the managerial support they needed and knew what was expected of them when doing their job.

There were systems in place to monitor the quality and safety of the service.

Holly House Residential 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 for the service under the Care Act 2014.

This unannounced inspection was carried out by an inspector and took place over two days on the 27and 30 March 2015.

Before our inspection, we reviewed information we held about the provider including, for example, statutory notifications that they had sent us. A statutory notification is information about important events which the provider is required to send us by law. We contacted the health and social care commissioners who help place and monitor the care of people living in the home that have information about the quality of the service.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also undertook general observations in the communal areas of the home, including interactions between care staff and people. We viewed three people's bedrooms by agreement. We also took into account people's experience of receiving care by listening to what they had to say.

During this inspection we spoke with three people who used the service, as well as three visitors to the home. We looked at the care records of six people. We spoke with the provider, registered manager, assistant manager, three care staff and a visiting healthcare professional. We looked at four records in relation to staff recruitment and training, as well as records related to quality monitoring of the service by the provider and registered manager.

Good

Is the service safe?

Our findings

There were sufficient numbers of experienced staff on duty to meet people's assessed needs. The registered manager, assistant manager, three care workers and, for example, staff responsible for cooking, cleaning, and housekeeping ensured that people received safe care.

People were safeguarded against the risk of being cared for by persons unsuited to, or previously barred from, working in a care home because staff were appropriately recruited. Staff were checked for criminal convictions and satisfactory employment references were obtained before they started work. Staff received an induction before taking up their care duties so that they had the skills they needed to provide safe care.

Care plans were in place that provided care staff with the guidance and information they needed to provide people with safe care. People's care plans contained an assessment of their needs and any associated risks to their safety which had been carried out prior to their admission to the home. This assessment was used as a guide to create a care plan designed to safely meet the needs of the individual. Where a person's ability to communicate verbally was impaired their care plan included information that helped care staff identify if, for example, the person was in pain or was in any other way uncomfortable.

Risks were assessed to minimise the likelihood of people receiving unsafe care. People's care plans and risk assessments were regularly reviewed and updated to reflect changes and the actions that needed to be taken to ensure people's safety. People received timely care and support to keep them safe. At each 'shift change' care workers met to receive a handover from their colleagues of pertinent information related to people's care needs for the day ahead; for example if a person was ill and a visit from their GP had been arranged or needed to be organised.

Care staff took appropriate and timely action to ensure people received the treatment they needed. Accidents or incidents were reviewed by the registered manager and measures put in place to minimise the risk of an avoidable re-occurrence; for example arrangements had been made for people to be assessed and provided with suitable equipment, such as walking aids.

People were safeguarded from harm arising from poor practice or ill treatment. Care staff understood the roles of other appropriate authorities that also have a duty to respond to allegations of abuse and protect people. Care staff understood the risk factors and what they needed to do to raise their concerns with the right person if they suspected or witnessed ill treatment or poor practice. Care staff were familiar with the 'whistleblowing' procedure in place to raise concerns about people's treatment. There were procedures in place for care staff to guide staff. People's medicines were safely managed and administered in accordance with prescriptions. All medicines were administered by care workers that had received appropriate training. Medicines kept safe and were locked away when unattended. Discontinued medicines were safely returned to the dispensing pharmacy in a timely way.

Regular maintenance safety checks were made on equipment used to support staff with people's care, such as hoists and wheelchairs. Emergency systems to protect people such as 'call bells' to summon assistance and fire alarms were also regularly checked for safe operation.

Good

Is the service effective?

Our findings

The registered manager and staff were aware of their responsibilities under the Mental Capacity Act 2005 (MCA 2005) and in relation to Deprivation of Liberty Safeguards (DoLS) and applied that knowledge appropriately.

Care staff had received the training and guidance they needed in caring for people that may lack capacity to make particular decisions. People's care plans contained assessments of their capacity to make decisions for themselves. Where people had lacked capacity to decide for themselves because of their dementia decisions made about their care been in the person's 'best interest'.

People's needs were met by staff that were effectively supervised. Care staff had their work performance regularly assessed throughout the year. All staff undertook timely training to refresh their knowledge and skills. Care workers that were newly recruited worked alongside an experienced member of staff and completed their induction training programme before they took up their care duties in the home.

People's healthcare needs were safely met. People's day-to-day healthcare needs were safely met by regular check-ups routinely carried out by visiting healthcare professionals. Care staff also carried out observational checks throughout the day and, where appropriate, at night to make sure people's health had not deteriorated. There was effective communication between care staff and people's GPs so that people received the timely treatment they needed. For example, community nurses were regularly involved in changing a person's dressings to keep them safe from the risk of infection and discomfort.

People drank and ate enough. Hot and cold drinks were readily available and care workers prompted people to drink, particularly people whose dementia had compromised their ability to communicate verbally. Meals were served at an appropriate temperature suited to the food provided. Portions of food served at lunchtime were ample and suited people's individual appetites. A visiting healthcare professional said, "Whenever I've been here at mealtimes the food has looked and smelled good."

People were encouraged to take their meal at the table so that it was also a social occasion but other factors, such as the person's preference for where they wanted to eat, or the level of support a person needed, were appropriately acted upon.

People that needed assistance with eating or drinking received the help they needed and were not rushed. Where people were unable to express a preference the kitchen staff used information they had about the person's likes and dislikes. Care staff also monitored the way the person ate their food; for example if the person's responses indicated they had enjoyed the food or if a lack of appetite for their meal was unusual for that person and merited further investigation. Care workers acted upon the guidance of healthcare professionals that were qualified to advise them on people's nutritional needs.

Good

Is the service caring?

Our findings

People received their care and support from care workers that were thoughtful and kind. Visiting relatives said, “We can’t speak highly enough of the kindness they have shown to our [relative].”

People were treated as individuals, each with their own feelings. They were not left in distress or discomfort because staff were vigilant and acted in a timely way to make sure received the support they needed. Care staff responded promptly to a person with dementia care needs who regularly called out for attention. We saw them check if the person was in discomfort or needed help. They used techniques to reassure the person, such a gently stroking their hand and speaking in a soothing tone of voice.

People were treated with respect. We saw care staff engage with people seated in the communal lounge. They listened to what people were saying to them. People’s care plans included their preferred name and we heard care staff use it whenever they engaged with people. Although other care workers were in the lounge they avoided talking to their colleagues ‘over people’s heads’. They made sure that they directed their attention to the person they were supporting. Care staff showed patience and appropriate good humour that was cheery without being disrespectful. Care workers were also mindful of people’s ‘private space’ and always approached people with an explanation of what they were doing so that people felt reassured. They used words of encouragement when this was appropriate and their manner was patient and good natured.

People were encouraged to make choices appropriate to their capabilities, ranging from when they preferred to retire to bed, to choosing clothes they liked to wear. People were encouraged to bring items into the home that meant something to them so that, for example, fond memories were retained and provided them with the comfort of familiarity.

There was information in people’s care plans about what they liked to do for themselves and the support they needed to be able to put this into practice. One person said, “I like to go to the local shop so they [care workers] come with me as I can’t do it on my own. I enjoy doing that.”

We saw that people’s privacy and dignity were respected by the care staff. Care staff made sure bedroom and toilet doors were kept closed when they attended to people’s personal care needs. People were assisted to their bedroom, bathroom, or toilet whenever they needed support that was inappropriate in a communal area. This was sensitively managed by care workers so that people were not embarrassed.

Visitors, such as relatives and people’s friends, were encouraged and made welcome. One visitor said, “I’m always greeted with a smile here. Some people don’t have anyone to visit them so it’s good to see they [care workers] treat people like they would their own family.”

Good

Is the service responsive?

Our findings

People's care and treatment was planned and delivered in line with people's individual preferences and choices. Information about people's history enabled care staff to personalise the care they provided to each individual, particularly for those people who were unable to say how they preferred to receive the care they needed. One relative said, "My [relative] couldn't really tell them much so they [care workers] asked me so they had the information they needed about what [relative] liked and what [relative] wasn't so keen on."

Relatives, or significant other people, were encouraged to participate in reviews if this was appropriate. This was confirmed by the relatives we spoke with who were visiting the home when we inspected.

People were able to access newspapers, listen to the radio, or watch television and care staff made efforts to engage people's interest in what was happening in the wider world and local community. They did this by conversing with people and engaging their interest in subjects that interested the person. One person particularly enjoyed talking about machinery they had used when they had worked on a farm and care workers had made arrangements for specialist magazines and books to be made available on this topic.

People were provided with the information they needed about what do if they had a complaint. One person said, "If I'm not pleased with something I just tell them [care workers]. I know it will get sorted out. They are good like that."

Those acting on behalf of people unable to complain because of impaired communication skills were provided with written information about how and who to complain to. Relatives said they would not be reluctant to raise concerns, or make suggestions, directly with the provider, registered manager, or with any of the care staff because they were confident appropriate action would be taken. A relative said, "I don't think I have ever had to complain but I feel confident they would take it seriously if I ever had to. The owner is ever so approachable."

There were appropriate policies and procedures in place for complaints to be dealt with and care workers knew what do if a complaint was made. There were arrangements in place to record complaints that had been raised in the past and what had been done about resolving the issues of concern. Care staff also routinely encouraged people to speak up if they were unhappy or worried about anything.

Good

Is the service well-led?

Our findings

A registered manager was in post when we inspected. The registered manager knew their responsibilities and ensured the conditions of registration were met.

The registered manager ensured that a range of quality audits were regularly carried out to establish if the service provided met people's expectations. These audits included surveys and collating feedback from visitors including relatives and healthcare professionals that had an ongoing role in people's care. We saw that letters and cards had been received from relatives that had been pleased with the standard of care provided. Audits also included carrying out regular checks of equipment and scheduling routine maintenance so that any necessary repairs were carried out in a timely way. The provider had recently identified, for example, that the carpeting in some areas required replacement and purchase of suitable carpets has been prioritised. Records were kept of maintenance issues and the action taken to rectify faults or effect repairs.

People were supported by a team of care workers and other staff that had the managerial guidance and support they needed to do their job. Care workers said the registered manager, the assistant manager, or other senior staff were always 'on hand' if they needed advice. There was always a senior member of staff 'on call' when care staff were on duty at night.

The registered manager used regular supervision and appraisal meetings with care staff constructively. Care staff were enabled to reflect on the way they did their job and, where appropriate, make changes so that people benefited from good practice. Care staff were also encouraged to speak up in team meetings and share ideas that may prove beneficial to people, such as new activities for people to participate in.

Records relating to the day-to-day management of the home as well as people's care needs were up-to-date and accurate. Care records accurately reflected the level of care received by people on a daily basis. Records relating to staff recruitment and training were fit for purpose. Records were securely stored in the registered manager's office to ensure confidentiality of information.