

Mrs Maryel Dye

# The Hollies

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

The Hollies is a residential care home providing personal and nursing care for up to 20 people. At the time of the inspection the service was supporting 16 people.

The service is a two-storey detached property in the centre of Roche. There was a range of equipment to support people with mobility issues. Some bedrooms had en-suite facilities and people shared communal lounges.

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

We last inspected the service in February 2020. At that time, we had concerns regarding the management of the service and The Hollies was rated Requires Improvement. We identified checks and monitoring had not always been completed. At this inspection we found that whilst some improvements had been made not enough had been done to meet the breaches of regulation.

At the previous inspection staff recruitment processes were not always safe. At this inspection, the provider had improved the recruitment process and met the breach of regulation.

At the previous inspection we found the management of medicines was not always safe. Records were not accurately maintained and included gaps which meant it was not possible to establish that people had received their medicines as prescribed. Auditing was not effective. At this inspection we found improvements had been made. However, the service was required to make further improvements.

Medicines administration records were not stored securely in a way that maintained people's privacy. The storage of these records had the potential to be accessed by other people.

At this inspection we found the service identified and responded to individual risk. However, we noted the information was not always presented in care records in enough detail to support staff.

Care plans were reviewed, and staff understood people's current needs. However, the level of detail in reviews was limited.

The registered manager had not notified CQC of incidents in line with the regulations. For example, they had not notified us of falls or when a person required medical attention.

There were processes in place to prevent and control infection at the service, through regular COVID-19 testing, cleaning procedures and safe visiting precautions.

People using the service consistently told us they felt safe and that staff were caring and respectful. Comments included; "Staff are fine. It's OK here" and "I feel safe living here and much more relaxed than I was at home."

We observed many kind and caring interactions between staff and people.  
Staff spent time chatting with people and knew the people they supported well.

There were enough staff to meet people's needs and ensure their safety.

Staff told us that they had received the training they needed to meet people's needs safely and effectively.  
The training matrix tracked staff training, and this had ensured all staff received the training and updates needed to provide safe consistent care.

The provider had safeguarding systems in place and staff had an understanding of what to do to help ensure people were protected from the risk of harm or abuse.

Peoples dietary needs were understood by staff and met. Meals and the choice of food provided by the service was enjoyed by people.

The management team engaged well with health and social care professionals.

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

The last rating for this service was Requires Improvement. (Published 27 February 2020)

Why we inspected

We received concerns in relation to staffing, medicines, the environment and the quality of care people received. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

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 COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. Please see the Safe, and Well Led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service remains requires improvement. This is based on the findings at this inspection.

We found no evidence during this inspection that people were at risk of harm from these concerns.

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).

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

We have identified three breaches in relation to governance systems and processes and medicines. Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an updated action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

**Requires Improvement** ●

The service was not always safe.

Details are in our safe findings below.

### Is the service effective?

**Good** ●

The service was effective.

Details are in our effective findings below.

### Is the service well-led?

**Requires Improvement** ●

The service was not always well led.

Details are in our well led findings below.

# 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

The inspection was completed by three inspectors. This included a medicines inspector.

#### 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 is required to have a manager registered with the Care Quality Commission and there was a registered manager in post. 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 unannounced.

#### What we did before the 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 reviewed information that we held about the service including

information shared by people, relatives and/or staff. We used all this information to plan our inspection.

#### During the inspection

We spoke with seven people who used the service and spoke with six staff, the provider and registered manager. We observed staff providing care and support to people safely throughout the inspection.

We reviewed a range of records. This included nine people's care records and fourteen medicine records. We looked at three staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service which included audits. We made observations of the home's environment.

#### After the inspection

Following the inspection, we spoke with two relatives on the telephone about the service people received. We spoke with a health care professional involved with the service.

We continued to seek clarification from the provider 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 remained the same. This meant some aspects of the service were not always safe and there was an increased risk that people could be harmed.

The purpose of this inspection was to check specific concerns we had received about people's safety and staffing levels, as well as checking the previous inspections breaches of regulations in respect of medicines management and recruitment.

### Using medicines safely

At the last inspection the provider had failed to ensure medicines were managed and administered 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.

Not enough improvement had been made at this inspection and there was a repeated breach of Regulation 12.

- At our last inspection medicines records were not always accurate. There was no guidance in place to help staff to administer 'when required' medicines. At this inspection we found some improvement in medicines systems and processes, but further improvement was needed. The service was being supported externally to introduce a revised system which would be more effective. This new system commenced following this inspection.
- Medicines administration records (MARs) were not accurate. MARs did not contain enough information about people's medicines, for example the dose or the time of administration. This had been identified by an external audit of medicines processes. Staff had worked with the GP practice to develop new MARs and these were introduced following this inspection.
- At the last inspection there were no protocols in place to advise staff about how and when to give people medicines to be taken 'when required'. Although staff were usually recording why they gave a 'when required' medicine, there continued to be no protocols or guidance in place to help them make consistent decisions. There had not been a negative impact on people as a result of this issue.
- Care staff were trained to administer medicines to people and to complete medicines records. Staff were not always following best practice when administering medicines. Staff competency checks in medicine administration and recording were not taking place.

We found no evidence that people had been harmed. At the time of the inspection the service was in a transition stage to change to a new medicines system. However, we were unable to measure its effectiveness as it had not been fully implemented. We judged this was a continuing breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.



## Staffing and recruitment

At our last inspection the provider had failed to ensure there were effective recruitment systems in place. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At this inspection enough improvement had been made to meet the breach.

- There was now a full employment record request with gaps explained. There was better information about applicant's identification documents.
- There was evidence of reference verification. However, where a person had worked in multiple roles including social care, the registered manager had not sought references from the social care roles. References seen confirmed the person was of good character and the registered manager recognised they should have requested information from the social care providers. They assured us they would ensure this would be followed in any future appointments where it was applicable.
- The provider now kept interview notes for applicants to demonstrate the persons fitness and ability for the role.
- We asked to review the staffing rota to determine which staff were on duty and in what capacity, to determine the skills mix. We were told there was a 'rolling roster' which the staff team understood and was not formally recorded. There was no evidence to identify and determine the staff on duty. If any changes occurred they could not be verified. We have reported on this in the well led section of this report.
- There were sufficient numbers of staff on duty to meet people's assessed needs. People's needs were responded to. Staff told us they thought there were enough staff to support people. Where staffing levels fluctuated staff told us, they supported gaps using their own staffing pool. There were no agency staff used.
- People told us they felt there were sufficient staff on duty to meet their needs. People told us that staff responded in a timely manner when they called for assistance. Comments included, "I never have to wait long" and "Always someone around to help me out." Call bells were answered promptly throughout the inspection.

## Learning lessons when things go wrong

- The registered manager had not informed CQC of two notifiable incidents in line with the regulations. There was no formal system to reflect and learn from issues and incidents when things went wrong. There was limited use of systems to record and report concerns. When things went wrong reviews and investigations were not sufficiently thorough.

The registered provider has failed to notify us without delay of incidents they are required legally to inform us of. This is a breach of regulation 18 of the Care Quality Commission (Registration) regulations.

## Assessing risk, safety monitoring and management;

- The service had risk assessment procedures in place, for example, risks in regard to people's food and fluid needs and moving and handling. However, where one person required additional support with equipment there was no detail in place to support staff. Staff understood the persons needs and how to respond to them, but this had not been documented. We have reported on this in the well led domain of this report.
- Staff understood people's individual risks and how to respond to them. However, the information was not always detailed, which had the potential for new staff to be less aware of how to respond to risk. We discussed this with the registered manager who took immediate action to include more meaningful detail to support any new staff.
- Staff assessed individual risks associated with people's care and well-being and took appropriate action to ensure the risks were managed and that people were safe. For example, where people's health had

deteriorated, they had been referred to clinicians for diagnosis and guidance. Where people had become at risk from skin damage referrals had been made and staff were supported by district nurses.

- Records reporting on people's position changes were in place. However, while staff had signed and timed the care interventions, they had not completed the section reporting on what position the person had moved to and how long they had been in this position. There was no evidence to show the person was at risk and staff had been re-positioning the person as instructed in the care plan. We highlighted this with the registered manager during the inspection and they passed instruction on to the staff team.
- Equipment and utilities were regularly checked to ensure they were safe to use.

#### Preventing and controlling infection

- We were somewhat assured that the provider was using PPE effectively and safely. Care, domestic and catering staff were wearing correct PPE. However, we observed three staff briefly dropped the mask below their nose. They were not providing personal care or in close contact with other people. We discussed this with the provider, and it was rectified immediately by reminding all staff of the current guidance. We have also signposted the provider to resources to develop their approach.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

#### Systems and processes to safeguard people from the risk of abuse

- The service was open and transparent when working with the safeguarding agency in order to support investigations.
- People told us they were happy living at the service and felt safe. People were complimentary about the staff saying, "Very kind and patient" and "I have every confidence in the staff."
- Relatives said they were confident their family members were well cared for and were safe.
- People were protected by staff who had an awareness and understanding of the signs of possible abuse. Staff felt any concerns they reported would be taken seriously.
- The provider had safeguarding systems and complaints procedures in place.

# 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 good. At this inspection this key question has remained the same. 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

- People's needs were assessed prior to their admission to the service so that they could confirm they were able to meet individual needs safely and effectively.
- Assessments of people's needs were in place, expected outcomes were identified and care and support reviewed. However, records where there had been no change did not include evidence of how the decision had been reached and who had been involved in the review. We spoke with the registered manager who was able to provide this information and agreed to extend the detail in all future reviews.
- People's needs assessments included information about their cultural and religious backgrounds to help ensure people's diverse needs were identified and could be met.

Staff support: induction, training, skills and experience

- Staff confirmed they had an induction when they started work which included a period of shadowing experienced members of staff and learning about people's needs and how to support them. One member of staff told us, "This is a really supportive staff team. We support one another."
- Formal supervision had been disrupted due to the impact of the COVID-19 pandemic. However, staff told us they had continued to be supported by the registered manager and senior staff. Formal supervision sessions had recently recommenced.
- Staff training was regularly updated. Training was provided across a wide range of subjects. Due to the pandemic some training had been disrupted but the service had looked at alternatives including online training.
- Staff told us they felt supported and were able to ask for additional support if needed.

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

- Staff were aware of people's needs and preferences in relation to what they ate and drank. People were encouraged to eat a varied and healthy diet.
- We observed lunchtime service. People were given choices of what to eat and drink. The food provided was well presented and kept warm. Staff assisted people who required assistance to cut up their food. Where people required support to eat this was done in a dignified way and staff ensured people had the time to eat their meal. Some people chose to eat in their own rooms. Staff ensured those people received their meals, snacks and drinks throughout the day.
- People were complimentary about the food and drinks available. Comments included, "I like the meals here they are very homely and what I remember."
- People's nutritional and hydration needs were met. People's care plans documented their nutritional and hydration needs, and the support they required to eat and drink enough to maintain a balanced diet.

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

- People had access to GP's, dentists and other healthcare professionals.
- People were given information and support to encourage them to adopt a healthy lifestyle.

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

- We had received concerns that some areas of the service were in a poor condition. For example, floor coverings in some rooms and mould on the walls of a bedroom. Wardrobes leaning from the wall, and the service generally not clean. We looked around the environment. There had been some damp issues in a room which had been addressed with improved ventilation and decoration. Floor coverings had been replaced in some rooms and there was a plan to continue to replace floor coverings in other rooms. The provider showed us a recent environment assessment, which had identified replacement furnishings and floor coverings. They told us there had been some delay in ordering items and delivery and fitting of carpets and other decorations due to the impact of COVID-19. We recognised this was an ongoing process which would improve the general environment of the service.
- The home had adapted toilets and bathrooms with fitted equipment for people to use in support of their independence.
- The premises had been adapted to provide people with privacy and support their independence. Some people chose to stay in their rooms. One person told us they liked to have things around them that were important in their life. They told us, "Just like home from home. It suits me."

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.

- We observed the most recent DoLS application for one person, however, the provider was unable to locate some people's DoLS applications. Following the inspection, we spoke with the DoLS team who confirmed the applications they had received correlated with the numbers the service had identified on inspection. The provider had since liaised with the DoLS team to gain copies of the missing assessments.
- The registered manager was aware of and knew the principles of the Mental Capacity Act. This was confirmed when we spoke with the DoLS team.
- Staff worked within the principles of the MCA and sought people's consent before providing them with personal care and assistance.

# 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 remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At the last inspection the provider had failed to ensure governance systems were effective. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and there was a repeated breach of Regulation 17.

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

- At the previous inspection we found the service governance and recording systems were not effective. At this inspection we found the governance of a range of records and performance management was not always reliable and effective. The service did not use a staff roster to identify staff on duty, and any changes that might occur in the staffing of the service on a day to day basis. This meant there was no formal system to manage staffing levels. For health and safety (and fire regulations) requirements there is a requirement to record what staff were working in the service at any one time. There were gaps in some records as reported on in the safe section of this report. There had been no impact on people, but it demonstrated the service record keeping was not effective. Record keeping was not effective in that the provider was unable to locate some peoples DoLS applications.
- At this inspection we found some improvement in medicines systems and processes, but further improvement was needed. Medicine audits had taken place until April 2021. There was no evidence of audits since then. Where two medicine errors had occurred, there was no evidence of what they were and how they had been actioned. This meant the service did not have the necessary information to learn from these errors. There was some internal audit process although they lacked detail to support staff in following best practice.
- Medicines administration records were not stored securely in a way that maintained people's privacy. They were seen in an area which was communal and there was potential for other people to access the records.

We found no evidence people were at risk of harm. However, some of the provider's governance systems remained ineffective in improving the quality of the service. This is a continued breach of Regulation 17 (Good Governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We found there had been some improvements in some records and audits. These included an improved

recruitment system to ensure the right staff were recruited to support people safely. An environment audit had identified areas for improvement and a timeline had been put in place to respond to the areas in most need.

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.

- There was little evidence of systems in place to reflect on practice and learn from issues when things go wrong. The information was limited with no evidence of outcomes. This meant there was no system to identify and respond to any patterns or trends. We have reported on this in the safe section of the report where a breach of regulation has been recorded.
- The provider had not ensured requirements found at the last inspection had been met.
- There was a positive attitude in the staff team with the aim of trying to provide the best care possible for people living at the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people. Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff and people who used the service were positive about life in the home, found management and the staff team to be supportive. People told us, "They [staff] go over and above. Excellent care," "We am so happy with the care [person's name] receives. It gives us a lot of comfort "and "I just know [person's name] is safe at The Hollies."
- On the day of the inspection visit, we observed a comfortable, warm, friendly atmosphere at the service. Staff were observed as helpful and supportive in their communication and interaction with people who used the service.
- Staff said the team worked well together and they all enjoyed working at the service. Staff told us, "We work really well as a team," and "Most of us have been here for a long time. It's a very close-knit team and we are well supported."
- Relatives were complimentary about the service and told us that the registered manager and staff communicated well with them and knew their family member well.
- Peoples views were sought. The most recent survey was consistently positive and family members we spoke with following the inspection of the service supported this. One relative said, "Yes I give my views and they are very positive."

Working in partnership with others

- Records showed the service had worked collaboratively with health professionals to ensure people's needs were recognised and any issues resolved.
- The registered manager told us how they had worked alongside the local GP surgeries during the COVID-19 pandemic and the lockdowns.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents  The registered provider has failed to notify us without delay of incidents they are required legally to inform us of.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider had not taken all necessary action to ensure medicines systems were effective.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider must assess, monitor and improve the quality and governance of the services provided.  The provider must ensure that records were accurate and up to date and stored in a confidential manner