Evergreen Healthcare 2004 LTD

The Hollies Residential Home

Inspection report

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Date of inspection visit:
30 November 2021
01 December 2021

Date of publication:
04 March 2022

Ratings

Overall rating for this service	Inadequate

Is the service safe?	**Inadequate**
Is the service effective?	**Inadequate**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Inadequate**

Summary of findings

Overall summary

About the service
The Hollies Residential Home is a residential care home providing personal care to up to 40 older people as well as younger adults. At the time of our inspection there were 33 people using the service, some people lived with dementia.

People's experience of using this service and what we found
People and relatives provided positive feedback about the service, the staff and the management. Comments from relatives included, "[Manager] said he would adapt to meet her needs and he didn't lie, he's done everything he can"; "They encourage her to walk everyday as it helps with the oedema she has in her legs"; "When the carers come in, they talk to her nicely, they are tactile and kind, they treat her like one of their buddies"; "She has blossomed since being here" and "I have struck gold with The Hollies."

Although people and relatives were happy with the care and support, we found serious concerns about people's safety. Risks to people's safety had not been well managed. A range of risks to people had not been properly assessed or managed.

Medicines administration records (MAR) were incomplete so we could not be assured medicines had been given as prescribed. Medicines in stock did not tally with records. Medicines that required returning to the pharmacy had not been appropriately documented and completed in a safe manner.

The provider did not have effective safeguarding systems in place to protect people from the risk of abuse. Safeguarding concerns had not always been identified and reported to the local authority.

We were not assured that the provider was admitting people safely to the service. People had moved into the service and had not been isolated in their rooms for the required period. This meant the provider was not meeting government guidance in order to prevent the risk of spread of COVID-19 and to keep other people safe. PPE was not consistently used appropriately. This put people at risk. The provider was accessing testing for people using the service and staff.

Staff were not always recruited safely. Checks on employment history had not always been carried out. Disclosure and Barring Service (DBS) criminal record checks were completed as well as reference checks. Staff training and induction was not adequate to provide staff with the guidance and skills to safely carry out their roles. Some people lived with conditions such as epilepsy and diabetes. No training had been provided to staff in relation to epilepsy. Staff had been administering insulin to a person without being trained to do so.

There was insufficient oversight of the service by the provider and registered managers to pick up and address the risks found by inspectors. Records were an area of concern across the service; records were not complete and accurate. The provider took immediate action following the inspection to address the issues

found, the provider submitted an action plan to CQC to detail how they would address the concerns and improve the service.

Assessments were not robust or complete. Assessments for people were basic and had not explored key information such as life history, wishes or people's protected characteristics under the Equality Act (2010). People were not assessed to check their capacity to make particular decisions when this was in doubt. Records were not kept to show how decisions were made in people's best interest. Mental capacity assessments were in place, these were not decision specific and showed a lack of understanding about the Mental Capacity Act 2005.

People were supported to have maximum choice and control of their lives and staff them in the least restrictive way possible and in their best interests. However, the policies and systems in the service did not support this practice.

Care plans were not always person centred and were inconsistent. Care plans were basic and lacked details of people's assessed needs (including medical and health conditions. There were limited opportunities for activities to meet people's interests taking place in the service, people told us that activities did not take place. Some people told us they were bored and had nothing to do.

People's care plans and most information (such as relevant procedures, information and advice) was not available in accessible formats such as easy read, pictorial and large print. This did not meet the accessible information standard. We made a recommendation about this.

People were supported to access healthcare services when they needed them. Relatives told us their loved one's health needs were met.

The environment required improvements. There was no signage to support people living with dementia (as well as new people to the service) to orientate themselves.

People were mostly treated with dignity and respect. People's views about how they preferred to receive their care were listened to and respected. People told us staff were kind and caring.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
This service was registered with us on 02 November 2020 following a change in the provider's legal entity and this is the first inspection.
The last rating for the service under the previous provider at The Hollies Residential Home was requires improvement, published on 28 August 2019.

Why we inspected
We inspected the service as it had been registered for a year.

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. This included checking the provider was meeting COVID-19 vaccination requirements.

The inspection was also prompted in part by notification of a specific incident. Following which a person

using the service sustained a serious injury. This incident is subject to a criminal investigation. As a result, this inspection did not examine the circumstances of the incident.

The information CQC received about the incident indicated concerns about the management of risk of burns from hot surfaces. This inspection examined those risks. The provider had taken some action to mitigate risks, however these were not robust and not fully completed.

We have found evidence that the provider needs to make improvements. Please see the Safe, Effective, Caring, Responsive 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.

Enforcement
We have identified breaches in relation to medicines management, risk management, safe recruitment practice, infection control, safeguarding people from abuse, consent and capacity, staff training and induction, nutrition and hydration, assessment and planning of care need, duty of candour and good governance.

Please see the action we have told the provider to take at the end of this report.

Follow up
We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

Special Measures
The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate

The service was not safe.

Details are in our safe findings below.

Is the service effective?

Inadequate

The service was not effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Inadequate

The service was not always well-led.

Details are in our well-Led findings below.

The Hollies Residential Home

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. 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 carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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

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

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who commission the service. We also sought feedback from Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. Healthwatch told us they had not visited the service or received any comments or concerns since the last inspection. A local authority commissioner told us they had visited the service virtually in the pandemic but had not been to the service recently.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection
We spoke with 12 people who used the service about their experience of the care provided. We observed staff interactions with people and their care and support in communal areas. We spoke with seven members of staff including kitchen staff, care staff, senior care staff, the manager, the office manager and the registered manager.

We reviewed a range of records. This included six people's care records and multiple medicines records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data, building related maintenance records and quality assurance records. We spoke with a further three staff members.

Inadequate

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Inadequate. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management

- Risks to people had not always been identified to ensure staff had the guidance necessary to follow a specific plan to prevent harm. There was inconsistent risk assessment practice across the service. Some people were prescribed blood thinning medicines. This meant they were at increased risks of excessive bleeding if injured and would need immediate medical attention if they fell or banged their head. No risk assessments were in place to detail safe ways of working with some of these people.
- Risk assessments were not always in place where people had health conditions, which carried potentially serious or fatal risks. For example, when people were diagnosed with epilepsy or mental health conditions. This meant staff did not have information about to support people if they had a seizure and when people's mental health had declined.
- Risks relating to people's skin integrity had not always been updated in a timely manner when their skin integrity had changed. This meant that staff did not have all the information they needed to safely provide care and support.
- Building related risks were not well managed. Many peoples' bedrooms had windows without window restrictors, which put people at risk of harm from falling from a height. Fire doors in one part of the building had large gaps underneath which meant they would not be effective in the event of a fire. Personal emergency evacuation plans (PEEPs) did not provide all the information staff needed to understand how to safely evacuate people in an emergency. Doors to controlled and restricted areas which contained hot pipework (which could cause burns) had not been locked. There was no signage to evidence they should be kept locked. Some bedrooms had increased risks because beds were against radiators, which had the potential to cause burns.

The provider has failed to manage risks relating to the health, safety and welfare of people. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- The provider did not have effective safeguarding systems in place to protect people from the risk of abuse. The provider and registered manager had not always recognised when abuse had occurred and so had not reported this appropriately. One person had suffered a significant burn which had not been identified as a safeguarding concern. The registered manager had not reported this to the local authority following the local authorities safeguarding protocols, policy and procedures. This had led to delays in the local authority carrying out an investigation and delays in taking appropriate action to keep people safe.

The failure to protect people from abuse and improper treatment was a breach of Regulation 13

(Safeguarding service users from abuse and improper treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Despite the findings above, people and relatives told us they and their loved ones received safe care. Comments from relatives included, "She is extremely safe; we have never had any problems"; "Yes, she is definitely safe, I have no worries. They bend over backwards to do anything for her"; "We, (and he was) apprehensive when he first moved in, but he is so happy, it's lovely"; "She is safe, and very loved at The Hollies" and "Absolutely safe, I'd not want her anywhere else."
● Staff confirmed they had received safeguarding training and records confirmed most staff had completed this. Staff knew to report concerns to the management team. Staff were aware of the whistle-blowing process and who to contact if they had concerns about people's care or safety. One staff member said, "I have done some safeguarding training, that is about abuse. I would report abuse to the senior, it would be dealt with, if it wasn't, I would report to CQC."

Staffing and recruitment
● Staff were not always recruited safely. Staff recruitment records showed gaps in staff members employment history. These gaps had not been addressed and recorded. The provider had not explored each staff members full employment history and had not retained interview selection notes. This meant they could not be assured that staff were suitable for their roles.

A robust approach to recruitment was not taken make sure only suitable staff were employed to provide care. This was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Disclosure and Barring Service (DBS) criminal record checks were completed as well as reference checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
● We observed that staffing levels were to be appropriate to meet people's needs. Call bells were answered quickly. Staffing rotas evidenced that there may not be enough staff deployed on night shifts to meet people's needs and to safely evacuate people in the event of a fire. We spoke with the provider and asked them to urgently review staffing levels at night. They agreed to do this and agreed to use people's personal emergency evacuation plans to assess the required level of safe staffing. This is an area for improvement.
● The provider did not use the dependency tool to inform the staffing rota to match people's needs to how many staff were required, this meant they could not be assured that they had deployed the right amount of staff at the right time. This is an area for improvement.

Using medicines safely
● Medicines had not been well managed. Medicines requiring additional control were not recorded in line with legislation.
● Medicines administration records (MAR) were incomplete. We could not be assured medicines had been given as prescribed. Medicines in stock did not tally with records.
● Staff told us they had been administering insulin to a person with diabetes. Staff had not received the relevant training or competency checks to enable them to complete this healthcare task. We discussed this with the registered manager. This practice was stopped immediately, and district nurses were assigned the task to ensure the person received their insulin safely.
● Registered persons had failed to ensure that medicines policies, procedures and practice met national guidance. Medicines that required returning to the pharmacy had not been appropriately documented and

completed in a safe manner. This meant that the provider could not account for medicines. Medicines risks had not been fully explored and documented. One person had a large stock of medicines in their bedroom. Some of their medicines were in original packaging and some of had been dispensed into a compliance aid by staff at the service. The compliance aid did not detail what the medicines were and had another person's name listed on it.

The failure to manage medicines safely demonstrates a breach of Regulation 12 (Safe Care and treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection
● We were not assured that the provider was admitting people safely to the service. People had not been isolated for the required amount of time on admission following government guidance.
● We were somewhat assured that the provider was using PPE effectively and safely. Some staff needed prompting throughout the inspection to make sure their masks covered their noses and mouths.
● We were assured that the provider was accessing testing for people using the service and staff. However, whilst staff had been receiving COVID-19 testing, the frequency of this was not completed in line with government guidance. Since the inspection, the provider has increased the testing in line with updated government guidance.
● We were not assured that the provider's infection prevention and control policy was up to date. COVID-19 risk assessments had not always been completed for new people living at the service.

The failure to manage and assess the risk of infection demonstrates a breach of Regulation 12 (Safe care and treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
● 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.
● The provider was facilitating visits for people living in the home in accordance with the current guidance.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement. We found the service did have effective measures in place to make sure this requirement was being met.

Learning lessons when things go wrong
● Accidents and incidents had been recorded by staff. The registered manager checked and recorded the number of incidents each month, including the number of falls in total. However, there was no clear documented evidence of the analysis, such as identified patterns or trends. This is an area for improvement.

Inadequate

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.

This is the first inspection for this newly registered service. This key question has been rated Inadequate. This meant there were widespread and significant shortfalls in people's care, support and outcomes.

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

- Prior to people moving to the service their needs were assessed. These assessments were not sufficient or robust to ensure that people's needs were fully understood to enable staff to form care plans and risk assessments.
- Assessments for people were very basic and had not explored key information such as life history, wishes or people's protected characteristics under the Equality Act (2010). For example, their religion, culture, health needs and their abilities.
- Where people had bed rails in place to maintain their safety, bed rails risk assessments had not been completed. This assessment was required to identify whether the bed rail was suitable for the person and the type of bed following Health and Safety Executive guidance. This put people at risk of injury and entrapment.
- Where people had been referred to the service by a local authority, the local authority had provided an assessment of the person's needs. Identified health needs within these assessments had not always been included in people's care plans to help staff know how to support people safely. One person's assessment by the local authority identified they had declining mental health. There was no mental health care plan created by registered persons to detail what staff should do to support the person.

The failure to assess people's needs and choices is a breach of Regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 MCA 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.

- MCA assessments were not lawful and were not decision specific. Some included general comments which included, 'at the time of the assessment the resident showed that they lacked capacity, a referral

needs to be arranged to have their capacity assessed by a professional.' This demonstrated that those undertaking MCA assessments did not fully understand the MCA and MCA 2005 Code of Practice.
● Registered persons had not made DoLS applications for anyone at the service. We identified three people who should have a DoLS application made from reviewing accident and incident data.

The failure to ensure people's rights were upheld within the basic principles of the Mental Capacity Act 2005 is a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience
● Staff training and induction was not adequate to provide staff with the guidance and skills to safely carry out their roles. Staff had not received all the relevant training to support them to meet people's needs. One staff member had been employed for two months and had not completed any training at all and did not appear on the training records.
● Some people lived with dementia, care staff had completed training in relation to meeting their needs. However, other staff that worked in the service such as catering staff, housekeeping staff and the activities coordinator had not attended any training to provide them guidance about how they should work with people.
● Some people lived with epilepsy, no training had been provided to staff to assist them in supporting people with their seizures and what action to take. Some people were at risk of choking and had difficulty swallowing, again no training had been provided to staff. Staff did not know what to do to support people if they were having a seizure or choking, this put people at risk of harm.
● Fire safety training was not robust. Staff had not been provided with training to teach them how to use fire evacuation equipment. This put people at risk of harm in the event of a fire.

The failure to ensure staff had the appropriate training to ensure people's needs were met is a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Despite the evidence above, staff told us they received good support from the management team. Comments included, "[manager] is my supervisor we have department meetings and he books appointments for appraisals, he's quite good. For example, he won't put me on training if I've done a night and vice versa" and "I do have supervision with [manager], he has been really accommodating, he's been brilliant."

Supporting people to eat and drink enough to maintain a balanced diet
● Food and drink did not always meet people's assessed needs. People had been referred to Speech and language therapy (SALT) when required. However, we found that SALT guidance had not embedded in one person's care plan and risk assessment. We observed the SALT guidance was not being followed and staff confirmed they were not following SALT recommendations for the person which put the person at risk of harm. Staff did not know that the person should have been supported to eat foods that were soft and bite sized with a teaspoon. One staff member told us, "No special diet, [person] is diabetic and [person] eats well. I am not aware of anything else, [person] can't have grapefruit as it interferes with one of her medicines. She uses normal cutlery."
● Food and drink records were not adequately maintained to evidence people had received sufficient nutrition and hydration to meet their assessed needs.

The failure to meet people's nutritional and hydration needs is a breach of Regulation 14 (Meeting nutritional and hydration needs) of The Health and Social Care Act 2008 (Regulated Activities) Regulations

2014.

● People and relatives told us the food was good at met their needs. Comments included, "She loves the food"; "She has been eating well since being here, she's put weight on and flourished"; "One a few occasions we have gone in and had lunch with her, the food is delicious"; "It [lunch] was very nice, thank you. I can manage my meals. They give me a bowl and spoon and it is like soup. It is pretty tasty. It means I can manage to eat myself and I want to do that"; "If you don't like the food then they can make you an alternative"; "I don't like sandwiches so they make me soup" and "I'm looking forward to my lunch, it's always lovely."
● We observed mealtimes to be relaxed. Some people were living with dementia and would have benefitted from a visual aid (accessible information) to help them choose and help them remember what was on offer. Staff told us that menu cards were used to help make decisions if required. We did not see these being used when we inspected. There were no visual aids on display to remind people what the menu options were.
● We observed people being prompted to drink, people had access to drinks in their rooms.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
● Most people's weights were regularly monitored to make sure they remained as healthy as possible. However, people who were unable to be weighed due to poor health and increased frailty had not been monitored. The provider and registered manager had failed to follow Malnutrition Universal Screening Tool (MUST) guidance in relation to people who people who cannot be weighed or have their height measured. MUST provides guidance to obtain, a likely body mass index range using the mid upper arm circumference (MUAC). We spoke with the registered manager about this and they were unaware of this guidance. They agreed to put in place effective monitoring to ensure each person remained healthy.
● People were supported to access healthcare services when they needed them. For instance, people regularly saw a GP, chiropodists and district nurses. People attended appointments with their healthcare specialists and consultants when required. We observed staff taking action to seek medical advice during the inspection people became unwell during the inspection. Staff knew people well and had picked up that one person was not acting in their usual manner, this led to the GP being called and paramedics treating the person for an infection.
● People told us their health needs were met. Comments included, "You don't have to tell them if you feel under the weather, they can tell"; "They have been dressing my leg, I have a cut by my ankle and they've been keeping an eye on it and replacing the dressing so it does not get infected" and "I've got a bit of ear ache and they've put oil in my ear to help it, it is horrible at the time but it does do good."
● Records evidenced that the service worked closely with people's local authority care managers and healthcare providers to provide updates and information about people's health and wellbeing.

Adapting service, design, decoration to meet people's needs
● The design and layout of the building did not fully meet people's needs. Some people lived with dementia. There was no dementia friendly signage around the service to provide way marking to communal areas of interest such as dining room, lounge, coffee shop. Toilets and bathrooms and people's rooms did not have dementia friendly signage to help people understand what was behind the door. This is an area for improvement.
● People had access to well-maintained gardens, photographs and videos showed these were well used when the weather was nice.

Requires Improvement

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

● People's privacy and dignity could not always be maintained when they used the toilet next to the lounge area which backed on to the visiting pod in the small conservatory. The height of the wall in the toilet did not go right up to the roof which meant anyone visiting the service using the dedicated visiting area could hear all discussions and noises from the toilet. We reported this to the registered manager, they arranged for a builder to visit and added this to their action plan to ensure this was resolved. Action was only taken to ensure people's dignity after we brought this to the registered manager's attention. People's dignity had not been maintained until after we inspected.

● Staff were discreet when asking people if they needed to use the toilet. Staff ensured any support with personal care was carried out behind closed doors. Staff knocked on doors before entering. We observed some kind and supportive interactions between staff and people, which showed staff knew people well. Staff knew how to communicate with them and helped inspectors communicate with people.

● People told us the staff were nice and kind. Comments included, "They are kind and they keep an eye on us"; "They are very kind, they do whatever is necessary, anything we want"; "I am satisfied and content" and "I'm really happy with staff, [manager] has been absolutely excellent as well as 99% of staff, they are polite and nice."

● People's care records were mostly electronic and only accessible to those that required access and were password protected.

● People were supported to be as independent as possible; some people managed their own personal care. Staff told us, "I encourage people to do as much as they can do for themselves" and "I always ask what people want me to do and I prompt them to do bits to keep as independent as possible. I am not there to take over."

Ensuring people are well treated and supported; respecting equality and diversity

● We observed staff speaking with people with affection and treating them with dignity and respect. Staff used people's preferred names. One staff member told us, "I treat people how I would want to be treated and how I would want my nan to be treated."

● Relatives told us their loved ones were well treated. Comments included, "They are just kind, caring people"; "It's like a new family for her there now, she has chosen to stay there for Christmas day even, she loves them more than me"; "They are very kind, they keep in contact with me, it is such a relief that she's settled so well"; "They are good, they go above and beyond" and "Mum loves the staff."

Supporting people to express their views and be involved in making decisions about their care

● People and relatives told us their choices were respected. A relative told us, "They help him but don't force him to do anything he doesn't want to do, he says he feels like he's living in a hotel."
● We observed staff supporting people to make everyday choices such as, whether to be in communal areas or their own room, what clothes they wished to wear, what television channels they wished to watch and what drinks and food they would like.
● People were invited to express their views and opinions in a quarterly 'residents meeting'. Meeting records showed that 12 people had attended the last meeting which was held on 4 October 2021. Discussions had been held about COVID-19, testing, visiting arrangements, food, activities and hairdressing. An action plan had been developed to ensure any actions were completed in a timely manner.

Requires Improvement

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

● People did not always receive personalised care. Care plans were not always person centred and were inconsistent. Care plans were basic and lacked details of people's assessed needs (including medical and health conditions such as cancer, epilepsy, mental health, Chronic obstructive pulmonary disease ((COPD). COPD is the name for a group of lung conditions that cause breathing difficulties. One person told us, they struggled to use medical equipment alone when they couldn't breathe due to a COPD attack, they needed help from staff. Staff did not have all the information they needed to provide people individualised care and support.

● People's care plans referred to institutional types of care such as weekly showers or baths, rather than noting people's preferences about how often they would like to be offered a bath or shower.

● Where care plans had been reviewed, reviews had not always been accurate or robust. For example, one person had a falls care plan which stated they did not have a history of falls since living at the service. However, there were records to evidence the person had fallen twice.

The failure to plan care to meet people's assessed needs and preferences is a breach of Regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Despite the findings above, people and relatives gave us positive feedback. Comments included, "They meet all her needs"; They really cannot do enough for him"; "They give me a good scrub in the bath, it's a lovely bath"; "I am very comfortable here, we have a giggle" and "They help me in all different ways, if I need anything from my room or help me cut up my food."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

● There were very limited opportunities to support people with activities that were important and meaningful for them taking place in the service during the inspection. People told us that activities did not take place. Staff told us that activities were not provided for a person who was cared for in bed. Some people told us they were bored and had nothing to do. There were no activities listed for Saturdays or Sundays. Hairdresser visiting the service was listed as an activity. Comments included, "I get depressed but there is nothing anyone can do about that"; "We don't get much to do, but when they do activities I do join in" and "It can get a bit boring sometimes."

● We observed a number of Christmas decorations had been put up around the service and Christmas trees had been decorated. We asked people if they had been involved in decorating the trees and rooms and they told us they had not been and that they would have liked to. The activities schedule for the week was on

display. This listed different activities such as Christmas preparation, bingo, nail care, physiotherapy and exercise to music.
● Some people's care plans evidenced they had specific interests. For example, one person's care plan stated they only liked activities involving animals. We checked their activities records and daily notes and they had not been involved with any activities since April 2021.

The failure to ensure people's individual needs and preferences were met is a breach of Regulation 9 (Person-centre care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Staff told us they tried to carry out activities to keep people motivated and engaged. Staff showed us the 'Jolly trolley' which was a mobile trolley which they used to support people to participate in singing, karaoke and inflatable games. Relatives told us, "They don't force him to join in, he hates all that"; "They respect he likes his own company and spends his time (other than mealtimes) in his room" and "They let her do all her hobbies, she's got a typewriter, she reads, she joins in all the activities."
● People were supported to maintain important relationships with people when they could. During the COVID-19 pandemic people have relied on video calling, telephones, garden visits and social distanced visits to maintain contact with their loved ones. People had been supported to go out with their relatives since the restrictions had been eased. We observed people leaving the service with relatives to go for meals.

Meeting people's communication needs
Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.
● People's care plans and most information (such as relevant procedures, information and advice) was not available in accessible formats such as easy read, pictorial and large print. Registered persons confirmed this.
● Pictorial menus were not available with photographs of the meals on the menu to help people know and understand what the meal options were.

We recommend the provider consider current guidance on the Accessible Information Standard and take action to update their practice accordingly.

Improving care quality in response to complaints or concerns
● The provider had systems and processes in place to manage complaints. People had information about how to complain should they wish to. Complaints information was on display. However, the complaints information was not available in easy to read formats to help people understand. This is an area for improvement.
● The provider had not received any complaints. A person told us "I have no complaints whatsoever." A relative said, "We have never had any cause to complain, they do anything she needs and have time to spend with her."

End of life care and support
● Some people were reaching the end of their life and had been prescribed anticipatory medicines. They did not have end of life care plans in place to detail their wishes. This is an area for improvement.
● Some people had DNACPRs (do not attempt resuscitation) in place which had been discussed and agreed with them, their relatives and consultants.

Inadequate

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.

This is the first inspection for this newly registered service. This key question has been rated Inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

- The systems to audit the quality of the service were not robust or sufficient to alert the provider of concerns and issues within the service. Audits had not picked up significant shortfalls in practices in relation to; risk assessment, fire safety, building safety, infection control, COVID-19 testing, medicines management, staff deployment, staff recruitment, meeting people's nutritional needs, training, capacity and consent, dignity and respect, care planning and assessment and records. Audits were tick box checks and lacked detail to describe what had been reviewed and checked.
- The provider had not completed a thorough review of building safety following a serious injury to a person. This meant sufficient measures were not in place to ensure that people were protected from the risks of burns from pipes and hot surfaces.
- People were at risk because the provider had not acted to ensure they had enough oversight of the service. There had been a lack of provider and management oversight at the service which had caused issues regarding monitoring of practice and day to day management. We discussed this with the registered manager. The directors and provider met immediately after the first day of the inspection to review the areas of concern and decided they would recruit a new registered manager. After the inspection had been completed the provider sent a detailed action plan. This showed how they were already making improvements to the service and setting out the remaining actions and timescales to complete these.
- Records were an area of concern across the service. Records were of poor quality and did not include a complete, accurate and contemporaneous record of care provided. Night records lacked details and detailed ticks of people being checked three times in a night to log whether the person was awake or asleep. Food and fluid records were incomplete, for example, one person's food records showed they had not eaten for five days in November 2021.
- The provider's statement of purpose detailed that one of the main aims of the service was, 'At the Hollies we are committed to providing quality services for our residents by caring, competent, well trained staff in a homely setting. This is achieved by a comprehensive staff development programme. Recruiting staff who share our values and help to enhance our homely atmosphere and providing a full induction when commencing employment. Providing such resources as are required to ensure that training is up to date and effective.' It was clear from our observations and evidence above, that the provider was not always meeting their aims and objectives for the service.

Registered persons had failed to operate a robust quality assurance process to continually understand the quality of the service and ensure any shortfalls were addressed. The provider had not maintained accurate

and complete records in relation to the service and people's care. This placed people at risk of harm. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Registered persons are required to notify the Care Quality Commission (CQC) about events and incidents such as abuse, serious injuries and deaths. The provider and registered manager understood their role and responsibilities, had notified CQC about all important events that had occurred.

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

● The provider and registered manager did not fully understand their responsibilities under the duty of candour when incidents occurred. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. When a serious injury had occurred in relation to a burn, the notification form submitted to CQC by the registered manager evidenced that they had assessed the incident as not meeting the duty of candour. There was no evidence to show that the provider had met with and apologised to the person and their relatives .

The failure to be open and transparent with people and their relatives following a notifiable safety incident is a breach of Regulation 20 (Duty of candour) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. The provider had displayed a copy of their rating for the previous legal entity in the service and on their website.

Working in partnership with others

● The provider and the registered manager had not been keeping up to date with local and national developments within health and social care. They had not taken opportunities to update their skills and knowledge to benefit the experience of people using the service. This is an area for improvement.

● The provider and registered managers had not attended any local or national events or forums to make sure the practices they were following were current and best practice. They were not signed up to well known, reputable websites to find advice and guidance such as Skills for Care. Skills for Care supports adult social care employers to deliver what the people they support need and what commissioners and regulators expect. This is an area for improvement.

● The provider and registered manager had not attended any provider or registered manager forums hosted by the local authority.

● The registered manager had worked closely with the health care professionals such as community nurses and people's GP. Staff had been trained during the pandemic to use a monitoring system which was introduced in the county to monitor people's health. The service utilised the skills of a private physiotherapist who worked with people upon discharge from hospital to increase people's mobility as much as possible. One person told us this had made a huge difference to them following surgery and they enjoyed the exercises.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

● Staff told us that they were able to share their ideas and felt listened to. Staff meetings had taken place regularly. Staff told us they received good information in handovers and messages. Staff said they felt supported by the management team. The registered manager and the manager were approachable, and

they felt listened to.

● The provider sent out surveys to people and relatives to gain feedback about the service in 2020. Survey results received from 24 people showed nothing but positive feedback. The provider had sent out surveys to people to gain feedback about their experiences, just before the inspection, the results of the survey were still being received and analysed.

● People met with the activities staff member on a weekly basis to discuss activities and provide feedback. It was not clear from the records who had been involved in the discussions with the activities staff member, this meant we could not be assured all people were given the opportunity to provide feedback about activities. Some people had told us they were bored.

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

● Compliments had been received through the Hollies social media pages. These included, 'A massive thank you to the Hollies , especially to [manager] unfortunately after a hospital stay my uncle had to be moved out of the Hollies into another care home as he has more needs now, he is 90 years old. [Manager] has gone out of his way to help us with my uncles move, thank you so much to you all, 5 star plus rating' and 'The staff have all gone out of their way to accommodate her wishes and are always courteous, unhurried, cheerful and kind. We have just made the decision to make her stay at the Hollies permanent. She says the food is excellent, very well cooked and we can choose from a selection of three dishes.'

● People and their relatives knew the registered manager and manager and felt that there was an open culture. Comments included, "I get on with [manager] really well, he's very open and honest, I've got no complaints"; "The manager is excellent, and always available if you need anything"; "He is very kind, and has kept in contact with me when we were unable to visit during the pandemic" and "He is very accommodating and supportive."

● There was a calm, homely atmosphere at the service. Staff told us they enjoyed coming to work. One staff member said, "I love it here. It's about the fulfilment. Seeing people do things they weren't doing before. Sometimes it is just about giving them the encouragement to do things themselves. We have had people who wouldn't leave their room but now come and spend time with others in the lounge."

● Relatives gave us examples of improvements to their loved one's mobility, health and wellbeing since living at the service. A relative told us, "My dad actually said to me "This is better than I ever imagined it could be" after a few weeks of being there." Another relative said, "They have done all they can to accommodate her needs, and she's thrived."

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 9 HSCA RA Regulations 2014 Person-centred care The provider has failed to assess and plan care to meet people's assessed needs and preferences. This was a breach of Regulation 9 (1)(3)(Person centred care)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider has failed to manage risks relating to the health, safety and welfare of people. The provider has failed to manage medicines safely. The provider has failed to manage and assess the risk of infection. This was a breach of Regulation 12 (1) (2) (Safe Care and Treatment)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The provider has failed to protect people from abuse and improper treatment. This was a breach of Regulation 13 (1)(2)(3) (Safeguarding service users from abuse and improper treatment)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs The provider has failed to meet people's

nutritional and hydration needs. This is a breach of Regulation 14 (1) (Meeting nutritional and hydration needs)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider has failed to operate a robust quality assurance process to continually understand the quality of the service and ensure any shortfalls were addressed. The provider had not maintained accurate and complete records in relation to the service and people's care. This was a breach of Regulation 17 (1)(2)(Good governance)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider has failed to take a robust approach to recruitment to ensure only suitable staff were employed to provide care. This was a breach of Regulation 19 (1)(2)(3) (Fit and proper persons employed)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 20 HSCA RA Regulations 2014 Duty of candour The provider has failed to be open and transparent with people and their relatives following a notifiable safety incident. This is a breach of Regulation 20 (Duty of candour)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider has failed to ensure staff had the appropriate training to ensure people's needs were met. This is a breach of Regulation 18 (1)(2) (Staffing)