

Vorg Hollies Ltd

The Hollies Residential Care 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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

The Hollies Care Home is a residential care home that provides accommodation and personal care for up to 18 people with mental health problems. On the day of our visit there were 15 people using the service.

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

People were protected from abuse by staff who understood how to identify and report any concerns. The risks to people's health, safety and welfare had been assessed, recorded and plans put in place to reduce these. Staffing levels enabled people's needs to be met safely, and ensured people received consistent and reliable support. The management team sought to learn from any accidents or incidents involving people. The home was clean and followed infection control principles.

There were enough staff to meet people's needs and they were recruited safely. Staff received appropriate training and support to enable them to carry out their role effectively. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were happy with the food provided

Staff were exceptionally caring and treated people with kindness and respect. People's confidentiality was protected, and their independence was highly promoted. Staff were excellent at understanding and engaging with people, they worked positively with people and had an in-depth understanding of their mental health needs.

People had clear, detailed and person-centred care plans, which guided staff on the most appropriate way to support them. People were confident to raise any concerns.

There was a clear management structure and staff were supported by the registered manager and provider. Quality assurance systems were completed in a robust and consistent manner.

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

Rating at last inspection and update

The last rating for this service was good (published 27 March 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we 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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Outstanding ☆

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

The Hollies Residential Care 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 Care Act 2014.

Inspection team

The inspection team consisted of one inspector.

Service and service type

The Hollies Residential Care Home is a care home. People in care homes receive accommodation and nursing or personal care as 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

The inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. The PIR was completed prior to the last inspection but still provided relevant details. We received feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the

views of the public about health and social care services in England. We used this information to plan our inspection.

During the inspection

We spoke with seven people who used the service. We spoke with five members of staff including the registered manager, deputy manager, senior care worker, cleaner and the cook.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at four 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.

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 good. At this inspection this key question has remained good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Medicines were safely administered, stored and recorded.
- Only senior members of staff who were trained in medicines management were responsible for administering medicines.
- The registered manager had a series of daily checks in place to ensure medicines were safe.

Assessing risk, safety monitoring and management

- Risks to people were assessed, recorded in their care plans and updated when people's needs changed. Risk assessments were in place for areas such as self-harm, neglect and accessing the community.
- We saw evidence of positive risk taking to promote independence.
- The provider had recently purchased a defibrillator in case of emergencies. This was going to be shared with the local church next door.

Preventing and controlling infection

- There were systems in place to ensure people were protected from the risk of infection. The service was clean and tidy.
- Staff used effective infection control procedures. They used personal protective equipment and good hand washing techniques.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and secure living at the home. Comments included, "I feel safe, this makes me comfortable" and "I feel safe, it is like a bubble, a haven from the outside world."
- There were robust processes in place for investigating any safeguarding incidents. Records confirmed that where abuse was suspected, action had been taken immediately and thoroughly investigated. There were systems in place so that any concerns would be reported to CQC and the local safeguarding team when needed.
- Staff were knowledgeable about safeguarding processes and how to raise any concerns, internally and externally.

Learning lessons when things go wrong

- Accident and incident analysis were in place and appropriate action taken to avoid reoccurrence.

Staffing and recruitment

- Staffing levels met the needs of the people using the service
- Recruitment checks had been completed to ensure that new staff employed were suitable to work at the

service.

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 remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People made positive comments about the quality and choice of meals.
- Theme nights were taking place once a month, they had a barbecue theme, an Indian theme was planned for this week and one person had asked for a French theme.
- We spoke with the cook who said, "Everything is homemade, I have made pizzas for tea, they [people] all tell me what they like or want. After every meal, they all come in the kitchen and say thank you, which is lovely."

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

- We saw improvements had been made to the environment with homely touches.
- People could access different communal areas and an outside space.
- People said they had personalised their own rooms. One person said, "My room is my favourite colour."

Staff support: induction, training, skills and experience

- Staff were inducted safely, they completed shadow shifts and the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.
- Staff received regular support through supervisions and a yearly appraisal.
- Staff told us they received appropriate training and records confirmed this.
- One person came to the home with a specific need. The registered manager ensured that all staff were trained on this need, prior to them coming to live at the home.

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

- Everyone who moved into the service had an assessment of their needs before starting to use the service. This ensured they had access to appropriate resources and the service could meet their needs.
- The information from the assessments was the basis for the care plan. Care plans were reviewed monthly or more often if required.
- Staff talked about people's individual needs and explained how they provided the support people needed. Staff knew people well and encouraged them to make choices and decisions about their day to day support and care.

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

- There were good links to external health and social care professionals and visits or appointments were made when needed.

- Care records showed other professionals were involved in the care and consulted to make sure people's health care needs were met.

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.

- Staff had completed MCA training and ensured people had choices and could make decisions.
- People had their capacity assessed and applications for DoLS had been made appropriately. At the time of the inspection only one person had a DoLS in place.

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.

At the last inspection this key question was rated as good. At this inspection this key question has improved to outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- Without exception, people who used the service were complimentary about the attitude, kindness and patience of the staff. Comments included "I trust the staff. I have built good relationships with all the staff" and "They [staff] are patient with me, they say things that calm me down which is good treatment, they understand me well." The exceptionally caring atmosphere generated by the staff was well received by the people who lived at the home. As a consequence they were very caring toward each other.
- Staff were observed to be very respectful and considerate. They understood every person exceptionally well. They knew people's preferences and how they preferred to spend their days. Staff were mindful of people's routines and knew how to sensitively explain if a person's routine was to change.
- Staff were excellent at understanding and engaging people and people valued their relationships with the staff team. Staff were fully aware of people's mental health needs and could explain signs of when people's mental health could be declining. For one person, they would become withdrawn, less chatty and visit the doctor more. Using the very supportive relationships staff had developed with people, staff were able to engage people to distract them from their worries. One staff member said, "If we don't catch the signs, and step in, their decline can be really fast, we know we need to have stepping in before they start refusing their medicines." This person said, "My problems get me down, but staff support me, they are in the picture with me and help me to be positive."
- Staff were particularly sensitive when people needed additional care and support. For example, one person had recently lost a close family member and staff worked together to support this person. Staff spent additional time with this person to help them understand their grief.
- Staff were highly skilled at supporting people where their needs changed. If a person had to have a stay in hospital the registered manager liaised with the hospital and involved mental health professionals to ensure the person was aware of what would happen at each stage. One person had a recent stay in hospital and staff went with the person's family to help support. The family member said, "The care you provided was amazing, their needs are understood, and we are grateful and most importantly [Name] is happy." One person moved to another home due to their changing needs, staff continued to visit this person at their new home.

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

- Staff placed great emphasis on enabling people to speak for themselves. They empowered people to be active partners in their care. People were involved in every decision, whether it was to do with their own personal needs or the needs of the home.
- People's contribution to the home was highly valued. Meetings for people who used the service took place

regularly and people were asked for their views and to share ideas. One person who lived there always took the minutes of the meeting.

- There was a suggestion box where people could add any comments, these were discussed at the meetings.
- Staff encouraged and supported people to source additional help and advice where needed. For example, advocacy services had often been used to help people make complex decisions for example about their finances.

Respecting and promoting people's privacy, dignity and independence

- Staff took the utmost care to protect people's privacy and dignity. Peoples personal space was respected, by giving them keys to their own rooms.
- Promoting independence was at the heart of homes culture. Staff took every step possible to support people to be independent. One person said, "I can go out when I want, I just tell staff I am going for fire reasons. If I am going to be late I will ring and let them know, once I get with my friend we end up having a good chin wag and I forget the time." This person went out on the afternoon of the inspection and rang to say they would not be back for tea but to save them some pudding.
- Staff worked closely with people to help them achieve positive outcomes and future goals. The registered manager was working closely with a team of independent healthcare professionals to help one person develop the necessary skills to move to independent living. This was being carefully managed with the person so they only moved on when they were ready to do so.
- People helped around the home, setting the tables, washing the dishes or making drinks. One person said, "I enjoy doing odd jobs."
- A couple of people needed extra support to be independent outside the home. Staff had worked hard with one person, from supporting them fully in the community, to stepping back a bit at a time, until the person was comfortable to go out on their own. Since moving to the home this person has made remarkable improvements and due to the support they received they were looking at being able to live independently.
- Arrangements were in place for people helped around the home, setting the tables, washing the dishes or making drinks. People felt valued by the staff. One person said, "I enjoy doing odd jobs."
- People had their own kitchen, which they used to make drinks throughout the day. Each person had a cupboard or shelf where they could store snacks that they had bought themselves.
- Staff had well-developed skills in supporting people's well-being. Consequently people had experienced significant periods where their mental health was stable which allowed them to access community facilities. Positive risks were in place for one person who demonstrated a certain behaviour due to their mental health. This positive risk supported them to become more independent and to learn to be in control.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people's needs were met through good organisation and delivery.

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

- People received care and support that was focused on individual needs, preferences and routines.
- People had details about their life history and things important to them as part of their care plans.
- Care plans documented people's goals. For one person their goal was to access the community independently and return to the gym. We saw evidence to show this person was on the way to achieving these goals.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- No one living at the home had any specific communication needs. However, staff knew how people preferred information to be provided to them verbally.
- People had access to a phone they could use free of charge to contact family and friends.

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

- People continuously followed their own interests, whether this was attending the cinema, going to a café or shopping. Comments included, "I go to the church in the village or to visit a friend" and "I am going to see Rambo Last Blood on Friday, I am getting a taxi."
- The home had a games room people could enjoy with a pool table and board games. One person said, "I play games with the staff, I like to play frustration." Staff laughed and said, "They write our names in a book if we beat them."
- People enjoyed baking sessions with the cook. One person made chocolate chip cookies on the inspection day.

Improving care quality in response to complaints or concerns. The provider had systems to analyse complaints and concerns to make improvements to the service.

- Information relating to how to make a complaint was readily available to people. There had been no complaints.

End of life care and support

- People's end of life choices or funeral plans were recorded in their care plan if they had chosen to share

this information.

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 good. At this inspection this key question remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff were knowledgeable and enthusiastic about their working roles. All staff had a clear understanding of their job roles and how to provide safe, responsive and effective care. One staff member told us, "We all work together and support each other as one big team."
- The registered provider had systems and procedures to monitor and assess the quality and safety of their service. Audits were used to assess standards and drive up improvements. We saw these were regularly completed and reviewed.

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

- People said there was a friendly and relaxed atmosphere at the home. Our observations confirmed this. One staff member said, "It is a lovely home, I would be lost without this place, I love my job." Another staff member said, "We provide a nice little home for the residents, if they were not happy I would not be happy."
- The registered manager and management team positively engaged with people visitors and staff. Comments included, "The manager is lovely, although she is strict, but she has to be with us lot [laughing]." Staff said the registered manager was approachable and supportive. One staff member said, "I see her as a friend as well as a boss."

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

- Policies and procedures provided guidance around the duty of candour responsibility if something was to go wrong.
- The management team knew how to share information with relevant parties, when appropriate.
- The registered manager understood their role in terms of regulatory requirements. For example, the provider notified CQC of events, such as safeguarding's and serious incidents as required by law.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider had established forums in place to communicate with people. This included meetings and formal surveys.
- The service worked in partnership with health and social care professionals who were involved in people's care.

- Regular staff meetings occurred; staff said they felt listened to and able to contribute.
- The registered manager had developed links to ensure the home was part of the community.

Continuous learning and improving care

- The management team were committed to continuously improve the service. They had made some changes and improvements since our last inspection such as changes to the décor.
- The management team were open and responsive to our inspection feedback.