

Mr & Mrs P Menon

Holly House Residential Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on the 21 July 2016 and was unannounced.

The service is registered to provide care for up to 22 people. The service provides care to older people with a variety of needs including the care of people living with dementia. At the time of our inspection there were 21 people living there.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We saw that people were well cared for and the home had a relaxed atmosphere. People received care from staff that respected their individuality and were kind and compassionate.

There were appropriate recruitment processes in place which protected people from receiving care from people who were not suitable. People felt safe and secure in the home. Staff understood their responsibilities to safeguard people and knew how to respond if they had any concerns.

Staff were supported through regular supervisions and undertook training which focussed on helping them to understand the needs of the people they were supporting. People were involved in decisions about the way in which their care and support was provided. Staff understood the need to undertake specific assessments if people lacked capacity to consent to their care and / or their day to day routines. People's health care and nutritional needs were carefully considered and relevant health care professionals were appropriately involved in people's care.

People's needs were assessed prior to coming to the home and individual care plans were in place and were kept under review. Staff had taken time to understand people's likes, dislikes and preferences. There was a need to improve on the information about people's life history and past hobbies and interests to enable the staff to develop individualised activities with people, which would enhance people's daily experiences.

People were cared for by staff who were respectful of their dignity and who demonstrated an understanding of each person's needs. This was evident in the way staff spoke to people and engaged in conversations with them. Relatives commented positively about the care their relative was receiving and it was evident that people could approach management and staff to discuss any issues or concerns they had.

There were a variety of audits in place and action was taken to address any shortfalls. Management were visible and open to feedback, actively looking at ways to improve and develop the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

People said they felt safe and staff understood their roles and responsibilities to safeguard people.

Risk assessments were in place which identified areas where people may need additional support and help to keep safe

There were appropriate recruitment practices in place which ensured people were safeguarded against the risk of being cared for by unsuitable staff.

There were safe systems in place for the administration of medicines.

Is the service effective?

Good ●

The service was effective

People received care from staff that had the supervision and support to carry out their roles.

People received care from care staff that had the training and acquired skills they needed to meet people's needs.

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

People were supported to have sufficient to eat and drink to maintain a balanced diet.

People's healthcare needs were met.

Is the service caring?

Good ●

The service was caring

People's privacy and dignity were respected.

People were supported to make choices about their care and

staff respected people's preferences.

Visitors were made to feel welcome and could visit at any time.

Is the service responsive?

The service was not always responsive.

Individual care plans were in place; however there was a need to improve them to build a more comprehensive picture of each person to provide a more holistic approach to meet people's needs.

People were assessed before they went to live at the home to ensure that their individual needs could be met.

People were aware that they could raise a concern about their care and there was written information provided on how to make a complaint

Requires Improvement ●

Is the service well-led?

The service was well-led

People and their relatives were encouraged to provide feedback about their experience of the care and about how the service could be improved.

People were supported by staff that received the managerial guidance they needed to carry out their roles.

People's quality of care was monitored and action taken to address any shortfalls.

Good ●

Holly House Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

This inspection took place on 21 July 2016 and was undertaken by one inspector 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. In this instance our expert-by-experience had cared for a relative living with dementia and had experience of accessing care homes and domiciliary care services.

Prior to the inspection we looked at information we held about the service including statutory notifications. A notification is information about important events which the provider is required to send us by law. We reviewed the last inspection report and took account of the action plan the provider put in place following the last inspection.

We contacted the health and social care commissioners who help place and monitor the care of people living in the home.

We spoke with seven people who used the service, two care staff, a senior carer, a housekeeper, the registered manager and the provider. We were also able to speak to three relatives and a friend who were visiting at the time. We spent time observing people in the communal areas throughout the day.

We looked at care records for five people, three staff recruitment files, training records, duty rosters and quality audits.

Is the service safe?

Our findings

At our inspection in October 2015 we found that the provider was in breach of Regulation 18 (1): Staffing. This was because there were not always enough staff on duty to safely provide the level of care, supervision and general support that people needed, this was particularly so at night.

During this inspection we found that there were sufficient staff. The provider was now deploying two waking night staff each night throughout the week. The duties and responsibilities of care staff had been reviewed which meant that the care staff had been freed up from some of the domestic duties they had previously undertaken. There was a kitchen assistant employed to support at mealtimes and the housekeeper had increased their hours to cover the laundry duties previously undertaken by the care staff. People told us they no longer felt rushed when they were being assisted. One person who preferred to spend the majority of their time in their bedroom told us "If I use my call bell the staff don't take long to come." We saw that staff were able to provide the supervision, support and care when it was required in a timely way.

People told us that they felt safe and secure in the home and relatives were confident that their relative was secure and safely cared for. One person said "I have no concerns or worries; I feel safe and well looked after." We observed that people were relaxed and saw that they responded positively towards staff. The staff understood their roles and responsibilities in relation to keeping people safe and knew how to report any concerns they may have. We saw from staff training records that all the staff had undertaken training in safeguarding and that this was regularly refreshed. There was an up to date policy and the contact details of the local safeguarding team were all readily available to staff. One member of staff told us that if they had any concerns they would speak to the registered manager or senior carer. The provider had submitted safeguarding referrals which demonstrated their knowledge and understanding of the safeguarding process. Where safeguarding referrals had been made we saw that the issues raised had been appropriately investigated and any lessons learnt were used to develop their practice.

There were risk assessments in place to identify areas where people may need additional support and help to keep safe with detailed instructions for staff. For example, people who had been assessed for falls had plans in place to mitigate the risk from falling such as having two staff to transfer and support to walk. Anyone who had difficulty with their mobility had plans in place to ensure they maintained their mobility.

There were regular health and safety audits in place and fire alarm tests were carried out each week. Each person had a personal evacuation plan in place and equipment was stored safely and regularly maintained.

Any accidents/incidents had been recorded and appropriate notifications had been made. The registered manager collated the information around falls and accidents/incidents on a monthly basis and took action as appropriate.

There were appropriate recruitment practices in place. This meant that people were safeguarded against the risk of being cared for by unsuitable staff because staff had been checked for any criminal convictions and satisfactory employment references had been obtained before they started work at the home.

There were safe systems in place for the management of medicines. Staff had received training in the safe administration, storage and disposal of medicines and they were knowledgeable about how to safely administer medicines to people. Staff gave people suitable support to take their medicines in a way that they preferred. Records were well maintained and regular audits were in place to ensure that all systems were being safely managed.

Is the service effective?

Our findings

People received care and support from staff that had the skills and knowledge to meet their needs. All new staff underwent an induction program and completed written tests and worked alongside experienced staff before working alone. The length of time this was undertaken varied according to the experience of the new staff member. We saw the provider spend time with a new member of staff explaining their role and the expectations the provider had around them gaining the knowledge and understanding of the policies and procedures in the home.

Staff spoke to people when they assisted them, offering words of encouragement and explaining what they were doing. They appeared confident when they delivered care and used equipment correctly and safely. There was a staff training programme in place which ensured that the staff received all the relevant training to support them; the training was refreshed to ensure staff retained and enhanced their skills and knowledge.

Staff received support through regular supervision and the registered manager worked alongside staff on shift several times during the week. This enabled the registered manager to address any issues and gave them a better insight to the work people were undertaking. Staff said they found this helpful.

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 decisions 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. The application procedures for this in care homes is called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and we saw that they were. The registered manager and staff were aware of their responsibilities under the MCA and the DoLS Code of Practice. We saw that DoLS applications had been made for people who had restrictions made on their freedom and the management team were waiting for the formal assessments to take place by the appropriate professionals.

People were regularly assessed for their risk of not eating and drinking enough, staff used a tool to inform them of the level of risk which included weighing people. We saw that people were being weighed on a regular basis and where it had been identified someone was losing weight advice had been sought and changes made to how the person had their food prepared for them. One relative told us "We have seen a major change in [relative] health since coming here in February, with the local GP's involvement they are back to like their normal healthy self, they are a lot more mobile and their weight is much healthier".

People told us that they had enough to eat. One person said "The food is okay, there isn't a menu but we get a choice." Another said "The meals are good." People could choose where they had their meals and could

have their breakfast when they wished. We observed that people were offered a choice and alternatives were available if people did not want what was on offer. Drinks were available during mealtimes and throughout the day. Staff supported people who needed help with their meal and encouraged people to eat when they got distracted. One person commented as they were assisted with their meal "Very nice."

We saw from records that people had access to other health professionals, such as the District Nurse, chiropodist and podiatrist, if they needed to and a local GP visited each week. A relative told us "Since [relative] has been here, their health has really improved with the help of the new GP and the Home working together on their medication". We spoke to one of the health professionals who visited the home on a regular basis who told us that the staff were diligent in monitoring people's physical healthcare needs and sought advice when needed.

Is the service caring?

Our findings

People looked relaxed and comfortable in the company of the staff. One person told us "The staff are very kind and pleasant." Another said "I am looked after well here." Although, English was not the first language of a number of the care staff, which meant that sometimes people found it difficult to understand the staff, staff had been able to establish positive relationships with people.

The staff spoke fondly of the people they cared for and demonstrated their knowledge and understanding of people. Some of the staff had worked for several years at the home and knew people well.

Staff respected people's choices and preferences. When we arrived at the home at 7am a number of people were up and dressed, when we spoke to people they told us that they chose to be up early and preferred to go to bed early. One person said "I don't want to miss anything so I like to be up early." Another person told us "Most staff are very kind, if I say no when they ask me about going to bed, they say okay, another 10 minutes." We saw from people's care plans that their preferences had been recorded; for example in one plan we saw that the person had expressed that their bedroom door was to be left open, and we saw that it was. Another person told us they preferred to stay in their own room and we saw that staff respected this and checked on them throughout the day.

We observed staff treating people with dignity and respect and being discreet in relation to personal care needs. One person had spilt something on their clothes and when they asked for assistance to get changed the member of staff said "Of course, let's go and get you changed." People were appropriately dressed and their clothes were clean and well kept. We asked the staff about promoting people's privacy and dignity, they spoke about offering choices when dressing, at mealtimes and when they went to bed and got up. We saw that doors were kept closed as people were being supported with their personal care. We read a recent comment from a family member 'My [relative] is very well cared for and is treated with the greatest of dignity and respect. All residents are treated as individuals.'

People had been encouraged to personalise their environment to make them feel at home and comfortable. We saw that people were able to bring in personal items from their homes and we could see that a number of people had brought in their own bedding and pictures of their family and friends. The provider told us that any new person did have the opportunity to choose a colour for their room as they tried to redecorate each room as it became available.

People were supported to attend events to support their spiritual needs both outside of the home and within it. There was information available if people needed the support of an advocate. The registered manager told us about an occasion where they had sought an advocate for a person who had no family and they wanted to ensure that people knew what the person wanted.

Visitors were welcomed at any time. One visitor told us "I can come at any time and am always welcomed." On the day of the inspection a number of visitors came and spent time with people out in the garden.

Is the service responsive?

Our findings

People were assessed before they came to live at the home to ensure that their individual needs could be met. Where possible people and their families were encouraged to visit the home prior to moving into the home. There was an initial care plan put in place and during a four week trial period the care plan was reviewed and added to as the home got to know the person more. The trial period gave everyone the opportunity to see whether Holly House was the right place for them.

Care plans contained basic information about individual care and support needs and preferences. There was limited information about people's past history. The care plans needed to be improved to be person centered and include information such as people's interests and hobbies which would help the care staff to enhance people's daily experiences.

People told us they had been involved with their plans when they came to the home but could not remember if they had been involved in any reviews. One relative told us, "If we feel mum needs anything changed then we would go to the owners to discuss it". We saw from records that the care plans were reviewed regularly and any changes required made; families had been kept informed.

Although we saw that there was a program of activities available within the home, staff told us "This was subject to frequent change as residents sometimes were not interested; we do some movement to music whilst people are sitting in the lounge, and some also like to use the colouring books at the dining room tables". We saw a movement to music session take place and one person was given a colouring book. However, there was no individualised activities planned and for periods of time during the day people were just sat around in the lounge with little stimulation. If the care plans were more detailed this would help to develop a more individualised programme of activities which would enhance the quality of people's lives. For example, one person told us how much they loved their garden when they lived a home. There were no planned activities at Holly House that involved supporting people to garden although Holly House had a large garden that was accessible to people living in the home. If people's care plans were improved to include their interests and life histories, this information could be used to develop activities for people based upon their interests and past hobbies such as gardening. A health professional also commented that individualised activities for people would be beneficial for the overall well-being of people.

People were aware that they could raise a concern about their care and there was written information provided on how to make a complaint. One person told us "I would talk to [name] the provider." Relatives told us they were quite happy to speak to the registered manager and provider. The registered manager and provider were in the home most days and said that they would deal with any issue if it arose as quickly as possible.

Is the service well-led?

Our findings

People were supported by a team of staff that had the managerial guidance and support they needed to do their job. The provider and registered manager were visible and approachable. We saw that people were comfortable and relaxed with the managers and all the staff. All the staff we spoke with demonstrated knowledge of all aspects of the service and the people using the service.

We received positive comments from staff about the service and how it was managed and led. Staff said they were well supported and felt listened to. One member of staff said "This is a good home, the people are nice and visitors can come and go as they please."

People using the service and their relatives were encouraged to provide feedback about their experience of care and about how the service could be improved. Regular audits and surveys were undertaken and these specifically sought people's views on the quality of the service they received. People were generally happy and content. We read one comment from a relative 'We are impressed by the care and attention given. The home is large enough to have good staff but small enough for people to be cared for as individuals.'

Meetings with people and their relatives took place. The most recent meeting had given the provider the opportunity to talk about actions taken from the last inspection and discuss the refurbishment plans. Regular staff meetings were held and we saw that part of those meeting was used to discuss with staff the regulations and standards that needed to be met.

The provider strived to create a service where everyone worked together to provide the best possible care for people. The staff team worked well together.

There were systems and processes in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of people using the service. People were assured of receiving care in a home that was competently managed on a daily as well as long-term basis. Records relating to the day-to-day management and maintenance of the home were kept up-to-date and individual care records we looked at accurately reflected the care each person received.

People's care records had been reviewed on a regular basis and records relating to staff recruitment and training were fit for purpose. Records were securely stored to ensure confidentiality of information.

Quality assurance audits were completed by the provider and registered manager. These were used to help ensure quality standards were maintained and legislation complied with. Where audits had identified shortfalls action had been carried out to address and resolve them; for example it was identified that a number of bedrooms needed to be refurbished and a programme of refurbishment was in place.