K N & S Ramdany

Holly Grange Residential Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place and was announced on the first day. At the last inspection in August 2016, the service was rated 'Requires Improvement' overall. Significant improvements had been made since the inspection prior to that in March 2016 but some additional improvements were still needed and we needed to see that the positive changes that had been made were sustained.

At this comprehensive inspection we found that the registered manager had acted to address the previous issues and where previous improvements had been made, these had been sustained.

Holly Grange Residential 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 accommodates up to 19 people in one adapted and extended building. At the time of inspection there were 13 people receiving care in the service. A registered manager was in place.

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.

People were kept as safe as possible in the service. Health and safety and service checks were carried out and action had been taken to address any shortfalls found. Potential risks to people were assessed and action taken to minimise them. People themselves felt safe there. Specialist equipment was available to assist people with limited mobility.

People's needs were assessed and they were involved in planning their care as much as they were able and wished to be, together with their representatives, where appropriate. People's wishes with regard to end of life were explored with them and recorded.

People's rights and freedom were maintained and staff supported their dignity and privacy. People's individual and diverse needs were identified and provided for. Information was provided in accessible formats where necessary. People's views about the service were sought via annual surveys and periodic resident's meetings. People were supported to have maximum choice and control of their lives and care staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice .

People felt the staff were kind, caring and listened to them. People knew how to complain and any complaints made were addressed. A range of activities and entertainment was provided which people could choose whether or not to join in with.

The service liaised effectively with external healthcare services to ensure any more complex needs were met. People's nutritional and hydration needs were monitored and met. People had been consulted about the meals provided.

Staff received thorough induction training and attended ongoing training updates to maintain their skills. They were supported through regular supervision, annual performance appraisals and periodic team meetings.

The registered manager had systems in place to monitor the operation of the service and plans for ongoing improvements which were being actioned.

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.

A robust staff recruitment process was in place to try to ensure suitable staff were employed. Sufficient staff were employed to meet people's current needs.

The service had responded positively to issues that had arisen and made improvements to reduce risks to people.

People's medicines were managed safely on their behalf. People felt safe.

Is the service effective?

Good

The service was effective.

People's rights and freedom were supported by staff and their consent was sought prior to care being given.

Staff completed a thorough care Certificate induction and training programme and their practical competency was assessed. They received ongoing support and development via supervision and appraisal.

People's needs were assessed and their care was planned with them involved as much as possible, together with that of their representatives.

People's health and nutritional needs were met and the service consulted external specialists as appropriate.

Is the service caring?

Good

The service was caring.

People felt staff were kind and caring and that they were listened to.

Staff showed respect for people's dignity and privacy when delivering personal care.

People's individual diverse needs were identified and met by staff.

Is the service responsive?

Good

The service was responsive.

People were provided with a range of activities and entertainment and could choose whether to take part or not.

People were provided with information in a form they could understand.

People's care plans were person centred and staff had the information they needed to treat them as individuals.

People knew how to complain if they needed to and complaints had been responded to and addressed.

Is the service well-led?

Good

The service was well led.

The registered manager had effective systems in place to monitor the service and sought to improve it.

The views of stakeholders were sought and acted on to improve the service.

Staff felt involved and listened to and described a positive supportive team culture.

Holly Grange 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 14 and 16 March 2018 and was unannounced on day one. It was carried out by one inspector. Prior to the inspection the registered manager completed a 'Provider information return' which was submitted on 8 December 2017. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information provided in the PIR and used this to help us plan the inspection.

Prior to the inspection we reviewed all the information we held about the service. This included any notifications that we received. Notifications are reports of events the provider is required by law to inform us about. We contacted representatives of the local authority who funded people supported by the service, for their feedback.

During the inspection we spoke with the registered manager and five staff. We also spoke with four people using the service and a visiting healthcare professional.

We examined five care plans and other documents relating to people's care. We looked at a sample of other records to do with the operation of the service, including three recent recruitment records, staff training and supervision records and medicines recording.

Good

Is the service safe?

Our findings

At the previous inspection in December 2016 the service was rated Requires Improvement for this domain. Significant improvements had been made since the preceding inspection. However, we identified the need for a more proactive response to maintenance issues and in the monitoring of moving and handling practice. Some safety-related certification had not been available at the time of the last inspection, but was provided following the inspection. Some electrical remedial works remained to be carried out and other certification was not in place and was obtained after the inspection. Some concerns had also been raised about the way people were supported to transfer between hoist and chair and whether staff competency in relation to this had been assessed.

At this inspection we found appropriate steps had been taken. Risks arising from health and safety issues had been minimised because identified risks to people had been assessed and steps taken to reduce them. People had been individually risk assessed for their level of risk from falls, low levels of nutrition or fluids and in other relevant areas. Where risks were identified, actions to minimise them were identified in the care plan. Some risk assessments lacked full details of the proposed action. The registered manager agreed to add any necessary additional detail. One person had a behaviour support plan which was not fully achievable in the service as staff had not received the necessary training. The registered manager agreed to re-write this plan to ensure it was realistic and the person's needs continued to be met.

The service had responded positively to the issues raised previously and had taken action to address these. Actions which had been taken were being maintained, to ensure the lessons learned continued to be acted upon. Staff moving and handling practice had been competency assessed by the registered manager following assessor training, as part of Care Certificate induction training.

Records of health and safety checks and periodic servicing were available. They showed checks had taken place as required, aside from the gas safety check of the cooker, although other gas appliances had been safety checked. Identified remedial works had been carried out. The registered manager told us he would ensure the gas safety check was completed. The manager was pursuing the cooker check at the point of writing of this report.

People all told us they felt safe in the service. One person told us, "It's lovely, I feel safe here," another said, "The staff treat me well." People also said staff looked after their medicines for them.

People received care from sufficient numbers of staff. Staffing levels had been reduced due to reduced occupancy but were sufficient to meet people's needs and keep them safe, given current dependency levels. Two care staff were available throughout the day plus the registered manager. The registered manager also covered the majority of sleep-in duties at night with one staff member on waking night duty, which was sufficient for current night-time demands. Domestic support was provided by the care staff pending recruitment of a full time domestic, for which an interview was due to take place on the first day of inspection. A designated cook had been employed to prepare meals. The service continued to find staff recruitment challenging and tended to recruit from overseas. The registered manager told us there were two

full time care staff vacancies in addition to the domestic post. The registered manager told us recruitment to these post was an ongoing process. Day to day shortfalls were covered either by the registered manager, existing staff, or sometimes external agency staff to ensure there were sufficient staff on duty.

Risks to people were reduced because the service had a robust recruitment procedure and carried out the required checks of suitability and for any previous criminal record. Appropriate records were kept to demonstrate the process. Where agency staff had been used, the required information had been obtained from the agency before the staff had worked in the service.

One previous safeguarding concern had been addressed. The registered manager told us that there had been conflicting information at the time. It had been concluded the person's needs had not been compromised in this case, but appropriate steps had been taken to reduce future risk through improvements in monitoring practice. Staff had been notified that 24 hour advice was available from the suppliers of pressure relief equipment if they had any concerns. No other safeguarding issues had arisen since the past inspection. Staff understood their responsibilities to safeguard people from harm and to report any concerns. Staff had attended training on safeguarding vulnerable adults.

People were kept safe because satisfactory standards of hygiene and infection control were in place. Staff used personal protective equipment appropriately when supporting personal care.

People's medicines were well managed on their behalf and no medicines errors had arisen since the previous inspection. A recent medicines review by the pharmacist identified one issue to be addressed via the GP. People's medicines records included details of their preferred way to take their medicines. For example, whether they preferred to be given their tablets in a pot, on a spoon or into their hand. We noted that body charts were not yet in use where pain patches were applied and in one case these were not yet included on the medicines administration record, (MAR) having been prescribed in the last week. The registered manager undertook to obtain body charts from the pharmacy and get the patches added to the MAR sheet. He later confirmed to us that these were now in place.

Good

Is the service effective?

Our findings

At the previous inspection in December 2016 the service was rated Requires Improvement for this domain. Significant improvements had been made since the preceding inspections in March and August 2016. However, we found there was a need for further consolidation in some areas and some further improvements were needed. An update to food hygiene training and some competency observations were still outstanding following completion of other training. Consolidation was required in respect of providing ongoing staff supervision on a regular basis and annual staff appraisals. Staff also felt there was a need for more effective communication throughout the team. Handover records were also still being trialled before settling on a suitable system.

At this inspection we found appropriate actions had been taken to address the previously identified issues. All staff had completed the required food hygiene training. Staff had all completed the nationally recognised Care Certificate induction training programme. Their competencies had been assessed by the registered manager, who had completed the assessor training to enable him to do this. One staff member was enrolled on the national diploma in health and social care. Levels of supervision had improved and staff attended a supervision meeting every two to three months. Two staff had attended an annual appraisal at the time of this inspection with others not yet due for an appraisal. Feedback from staff was that communication within the team had improved. Handover records were brief but conveyed essential information between staff.

People said the service was effective and living there was a positive experience. People's comments included, "It's lovely here," "It's not too bad here, the staff are pretty good. People commented positively about the new staff. People were happy the service met their healthcare needs effectively. One person said, "The GP is called if I need them". Another person told us, "The doctor comes regularly, [and] the district nurses visit regularly." Resident's meeting minutes noted details of upcoming flu jab opportunities for people to choose whether they wished to have it.

People's needs and wishes were provided for because they were assessed and identified in individual care plans. People were involved in planning their care as far as they were able and wished to be. Where appropriate, family had also contributed. Three people had given power of attorney (POA) to others, who were fully involved in care planning and copies of POA were on file. Information was recorded on life history, previous employment and interests to help staff engage with people in meaningful ways.

People were cared for by a small team of staff who had all completed the Care Certificate induction training and had their competency and understanding assessed. Detailed observations of practice were on file to confirm competency. A range of other core training had been provided and updated appropriately and each staff member's workplace assessment had been 'signed off'.

People mostly enjoyed the food. Their comments included, "I like the food, it's really nice," "The food is very good," "The food is very good indeed," and "The food varies. Sometimes very good, sometimes not as nice." People said their individual food preferences were provided for. Resident's meeting minutes noted positive feedback about the meals. There was reference to the cook speaking to people individually about their likes

and dislikes and preparing specially requested items. Minutes also noted plans for a fish and chip supper with entertainment from a pianist included. A specific resident's meeting was held in January 2018 to discuss changes to menus which were then made.

To help ensure people enjoyed a varied and healthy diet, improvements had been made to the available food choices. A five week rotating menu was in use following discussions with people in resident's meetings and individually to identify their preferences. The day's menu options were also written up on a whiteboard. Care plans included nutritional risk assessments and information about individual needs. Additional information about the foods to be avoided for the individual, was needed in one care plan. At the time of this inspection people were all able to make their meal choices known verbally. A set of photo cards of various meals were available to assist people should they require additional support to express their choices.

The service consulted effectively with external healthcare professionals in a timely way. For example, one person who had developed an early stage pressure area had already been referred to the district nurse for treatment and support. Pressure relieving mattresses had been obtained for three people assessed as at risk of pressure damage. Pressure area risk was assessed for all.

The service's regular GP gave positive feedback about healthcare in the service from themselves and the associated district nursing team. They reported the service consulted other specialists such as dietitians as required and people's weight was regularly monitored.

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 so that they can 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 and hospitals are called Deprivation of Liberties Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive people of their liberty were being met. DoLS were in place for two people and had been applied for on behalf of a further three. The remaining people had capacity for decision making. One person had a best interest decision recorded for the use of raised bed sides at night and another to address their preferred lifestyle choice, which was against medical advice. People told us their consent was sought by staff before support was offered.

The environment met the needs of the people using the service. A new bath and hoist had been obtained to ensure people could receive the support they needed when bathing. Other bathing and showering facilities were fully operational so sufficient facilities were available

Good

Is the service caring?

Our findings

At the previous inspection in December 2016 the service was rated Good for this domain. Significant improvements had been made since the preceding inspections in March and August 2016. At this inspection we found the service and staff remained caring.

People told us they were happy with the staff providing their care. People's comments included, "The staff are very nice, very good and patient and the manager is nice," and "I am treated with respect." Others commented, "All the staff are nice to me," "Staff treat me well, the staff are alright," and "They treat me well and are kind," and "I get on with the staff." Feedback noted in residents meeting minutes was also positive, noting, "Residents were happy with the care given," and felt staff were, "friendly and caring".

People's cultural identity and any related needs were recorded, together with information about family history and individual wishes and preferences. People felt staff enabled them to live the lifestyle they chose and could do the things they wished to. For example, to pursue practices not generally considered as healthy. People's views regarding the involvement of their family were respected. One person commented that visitors could come at any time although it was preferred if mealtimes were avoided. Another person said of the staff, "They ask me what I'd like."

Spiritual needs were identified and provided for via visiting clergy. One of the visiting clergy also spent additional time with people reading stories with them. People had been asked whether they had any preferences with regard to the gender of staff providing personal care support and this was respected. How people communicated their wellbeing and emotions was recorded within communication care plans. This helped ensure staff understood people's needs such as how they indicated they were experiencing pain.

With respect to maintaining dignity, people's comments included, "They make sure the door is shut and curtains pulled," and "They keep me covered to maintain dignity." Another person commented, "They keep me covered when supporting me [with personal care]." Staff were clear about the ways in which they respected people's dignity and rights. These included closing doors and curtains as well as respecting people's choices about such things as clothes, activities or where they wished to spend their time.

The service did not have a named 'dignity champion'. However, the NHS Trust 'Care home support team' had provided a lot of input to systems, training and staff support, including a session with staff on supporting dignity. Dignity was also addressed as part of the Care Certificate training which all staff had completed. On one occasion during the inspection, a staff member responded to a person in a way which failed to respect their dignity. This was reported to the registered manager who agreed to address the issue of dignity and respect with the team again. All other interactions observed during the inspection were appropriate and respectful.

Good

Is the service responsive?

Our findings

At the previous inspection in December 2016 the service was rated Requires Improvement for this domain. Significant improvements had been made since the preceding inspections in March and August 2016. However, some further consolidation of improvements and further development was needed. For example there was a need for further development of activities and entertainment provision, to ensure options were provided which met people's needs. There was also a need for the new care plan format introduced, to be maintained and developed further.

At this inspection we found further developments had been made with the care plans. These had been subject to regular review although this was not always immediately clear due to some conflicting dates in the records. People's wishes, likes and dislikes were recorded in care plans with their support needs. The information available enabled person-centred care to be provided. For example, care plans included details of what the person wished to do for themselves and the degree of prompting or support required.

A keyworker scheme had been introduced but was still in the early stages of development and had not yet achieved its full potential. Further improvements had been made in terms of activities although people were rarely taken out from the service. The registered manager said their target was a minimum of two activities per day and this was usually achieved. Possible outings were being explored with people. The level of staff involvement in activities had increased and two external volunteers visited to lead exercise groups. The option of external entertainers was also being explored as were more dementia friendly activities where people's needs in this area were increasing. Records of people's participation in activities were kept to help identify anyone who might be missing out or at risk of isolation.

Some people chose not to engage with organised activities, preferring to spend time in their own company. One person told us, "I don't really join in with the activities downstairs." It was their choice to watch TV in their room and they looked forward to visits from family. Another person said, "I don't join the activities, I have my radio and TV." One person described various activities they had enjoyed, including making Christmas decorations, exercise sessions and knitting. Resident's meeting minutes referred to events and activities and noted people's views had been sought about them, when considering future plans. People's views had also been sought regarding planned redecoration and colour schemes.

People had access to a complaints procedure which was publicised within the service. Two complaints and 13 compliments had been received in the preceding 12 months. The service had responded positively and both issues were addressed effectively and resolved. In addition two people had requested a particular seating arrangement which had been facilitated. People were aware of how to complain if necessary. One person said, "I've not had to complaint but I'd talk to the manager, he listens and asks me about how I'm doing." Other people told us the same, and were happy they could speak to the registered manager if they had a complaint. People's feedback had led to improvements in the service, including wider menu options, new activities and the provision of more snacks during the day to encourage better dietary intake.

All but one person's end of life wishes had been identified in discussion with them and their representatives

and included in their care plans. End of life plans included details about people's preferences regarding hospitalisation or remaining in the service as well as any spiritual or cultural needs or arrangements.

The service was working towards compliance with the accessible information standard. Menu photographs were available to help people make meal choices on a visual basis. The registered manager was producing a large print version of the complaints procedure although he felt this was not needed for people currently. The new service user survey had been produced including happy and sad faces to make it more easily interpreted but lacked pictures/symbols to make some of the questions themselves more accessible, should people require additional explanation. One person used their own computer tablet to help maintain contact with family members.

Good

Is the service well-led?

Our findings

At the previous inspection in December 2016 the service was rated Requires Improvement for this domain. Significant improvements had been made since the preceding inspections in March and August 2016. The registered manager had worked collaboratively with the 'Care home support team' to make improvements to systems, monitoring and governance. However, some of the changes made were very recent and needed time to show they would be maintained.

At this inspection we found further improvements and previous actions had been sustained and become embedded in day-to-day systems and management. For example, the registered manager had maintained more effective monitoring and governance of the service. Regular monitoring of key aspects of the service's performance took place and was recorded to identify any necessary actions. Identified actions were carried out to maintain and improve the service.

The service required a registered manager and one of the registered providers fulfilled this role. 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.

Regular residents meetings had taken place where people's views about the meals, activities and other aspects of the service were discussed. These meetings had led to further changes and improvements, such as around menus. Between seven and ten people had attended these meetings so the views of most people had been sought. The registered manager had also spoken to other people who hadn't attended to get their views. Annual surveys of the views of people and relatives were carried out. The survey in 2017 also included seeking feedback from external professionals. Service user feedback in 2017 had been largely positive with a small number of people dissatisfied with activities and the laundry service. Feedback from relatives and professional was also largely positive with some issues raised about food and activities. Actions were recorded against all areas of the survey as part of the overall improvements made. The next survey was due in December 2018. To date surveys had not been carried out with staff. However, staff had opportunities to raise any concerns with the registered manager on a daily basis as well as during team meetings or supervision.

The registered manager was on site in the service six or seven days a week as well as covering most night-time sleep-ins. He covered any staffing shortfalls providing some care and support. This meant he was well placed to observe any changes in people's needs and to observe the care practice of staff to maintain an overview of the care provided. One improvement was that the registered manager recorded care practice observations as part of Care Certificate competencies and also regarding ongoing care practice. The registered manager also spent time sat chatting with people informally, which provided additional opportunities to receive feedback.

The registered manager had a written plan for 2017/18 which set various goals for development of the

service and an action plan for a range of personal tasks and targets from his own externally sourced supervision. The latter document identified where action had been started or completed and had been reviewed periodically.

The registered manager was now completing monthly monitoring forms to help identify any patterns or events of concern and record actions taken. One or two care plans were subject to review each month to help ensure they remained up to date and contained all the necessary information. The process had led to changes and improvements, including additional training provision.

Team meetings took place with varying frequency. The minutes showed they included discussion on relevant topics, reminders regarding good practice, policies and procedures updates and changes in legislation.

Feedback from staff was that there was a supportive team spirit and everyone helped each other. Staff felt the team meetings were positive and they could ask questions and have their say. One staff member said, "Things are moving in the right direction, we are slowly getting there." Another felt the team spirit had improved recently.

The service had worked effectively and proactively with other agencies. The previous action plan from the local authority had been completed and signed off. Feedback from the 'care home support team' care managers and other external professionals was mostly positive. One care professional told us, "My dealings with Holly Grange and the home manager were on all occasions very pleasant/professional and ultimately satisfactory in terms of placement of our service user and good outcome for the family." Another care professional told us the person they were responsible for and their family were very happy with the service. They did comment that one staff member did not have sufficient command of spoken English. The registered manager told us he supported staff from overseas to undertake a course to improve their English where necessary. A further care professional noted that people in the service tended to be in bed rather early. The registered manager said this was people's individual choice.