Littlecombe Park Limited

# The Hollies Nursing 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 |

## Overall summary

The inspection was unannounced. When we last inspected The Hollies Nursing Home in August 2013 we found one breach of a legal requirement; regulation 16, safety, availability and suitability of equipment. When we returned in December 2013 improvements had been made to meet the relevant requirement.

The Hollies Nursing Home is registered to accommodate up to 56 people older people who have personal and/or nursing care needs. The Hollies is a privately owned care service and offers accommodation in purpose built premises. Facilities are situated over three floors and are fully accessible. There is level access to the home from the car parking area. At the time of our inspection there were 55 people in residence.

There was a registered manager in post at the service who had been at The Hollies for a year. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

All staff including the registered manager had received safeguarding adults training and understood their role

# Summary of findings

and responsibilities to protect people from harm. Staff knew what to do if they needed to raise safeguarding concerns and knew which other agencies they could contact. Any risks in respect of people's daily lives or their specific health needs were assessed and appropriately managed. Management plans were in place to reduce or eliminate risks where these were identified. Staffing numbers on each shift were kept under constant review to ensure there were sufficient staff to meet people's care needs and keep them safe. Staffing numbers were increased when people were ill, were at the end of their live or there were social activities taking place.

Regular staff training and opportunities to develop skills were available for all staff. This ensured that staff had the necessary knowledge and skills to meet people's individual care needs. People were provided with sufficient food and drink and were provided with both that met their dietary requirements. People were complimentary about the food they were served. Arrangements were made for people to see their GP and other healthcare professionals as and when they needed to do so.

People who lived in the home had positive and caring relationships with the staff team. People where possible, were involved in making decisions about how they wanted to be looked after and how they spent their time. People's privacy and dignity was maintained at all times.

People's individual needs were met because everyone was looked after in a personalised way. They were actively encouraged to have a say about all things that affected their daily lives and this included the way they were looked after, the way the service was run and the social activities that were arranged. Staff listened to what people had to say and acted upon any concerns to improve the service they provided.

The registered manager provided good management and leadership and had instilled a shared commitment from the whole staff team to provide the best possible care and support. The quality of service provision and care was continually monitored and where shortfalls were identified actions were taken to address the issues.

# Summary of findings

## 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 were protected from harm because staff were aware of their responsibilities and would report any concerns. Risks were well managed and protected people from being harmed.

Medicines were generally well managed and people received their medicines as prescribed. Minor changes that did not impact upon people were identified and responded to promptly by the registered manager.

Staff recruitment procedures were safe and ensured that suitable staff were employed. Staffing levels were appropriate to meet people's needs.

**Is the service effective?**

Good

The service was effective.

Staff were well trained and looked after people effectively. The staff team were well supported.

The service meets the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. Appropriate steps were taken where needed to ensure the correct authorisations were in place. People's rights were properly recognised, respected and promoted.

People were supported to have enough to eat and drink and their specific requirements were accommodated. Measures were in place to monitor and manage people's needs where there was a risk of poor nutrition or dehydration.

People's health care needs were met and staff worked with the GPs and other healthcare professionals to care for people.

**Is the service caring?**

Good

The service was caring.

People were positive about the staff who looked after them. Staff provided the support people needed and treated people with dignity and respect.

People were looked after in the way that they wanted and staff took account of their personal choices and preferences. People were involved in making decisions about their care and support and their views were actively sought.

**Is the service responsive?**

Good

The service was responsive.

People received the care and support they needed and where possible, were involved in making decisions about how they were looked.

The staff know the people they were looking after well. People's preferences, likes and dislikes were recorded in their care plans. They were encouraged to have a say if they wanted things done differently.

# Summary of findings

People were provided with a range of different social activities and links with local community facilities were established. People felt able to raise any concerns or comments they may have.

**Is the service well-led?**

Good

The service was well-led.

The registered manager was well respected and approachable. They provided good management and leadership and had instilled a commitment from the whole staff team to provide the best possible care and support. People can expect to receive good care and be looked after in a personalised.

Monitoring systems were in place to ensure that a quality service was provided to each person. People were able to raise any comments or complaints and were listened to.

There was an ethos of continual improvement in order to enhance the care and support provided and the lives of people who lived there.

# The Hollies Nursing 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, and to provide a rating for the service under the Care Act 2014.

The last full inspection of The Hollies Nursing Home was completed on 28 August 2013. We visited again on 3 December 2013 to check that improvements we had asked the provider to make had been actioned. We found that the faulty equipment in the kitchenette areas had been replaced.

The inspection team consisted of 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. Their area of expertise included a nursing background and caring for an older family member who had lived in a nursing home.

Prior to the inspection we looked at all the information we had about the service. This information included the statutory notifications the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We had not asked the provider/ registered manager to complete their Provider Information Record (PIR) in this instance. This is a form that asks the provider to give some key information about the service, tells us what the service does well and the improvements they planned to make.

We contacted two social care professionals before our inspection and asked them to tell us their views about working with the service. They provided feedback which we have used to plan our inspection and check out during our visit.

During the inspection we spoke with 13 people who lived in the home, six visitors and 15 staff members including the registered manager.

Not every person was able to express their views verbally therefore we spent periods of time throughout the inspection observing care and watching the interactions between staff, people who lived there and any visitors. This helped us understand the experience of people who could not tell us about their life in the home.

We looked at six people's care records, six staff recruitment files, the training records and staff duty rotas and other records relating to the management of the home.

The registered manager provided us with information following our inspection based upon the feedback we gave at the end of our visit. We have included this in the relevant sections of the report.

Good

# Is the service safe?

## Our findings

Most people we spoke with said they felt safe living at the home because there were staff around to help them when needed. Comments we received included, "I feel safe; this is a nice place to be", "I feel extremely safe, I am able to go out whenever I please and I have the code for the main door", "I feel safe, I am looked after by staff who know what they are doing". One person commented that they were concerned about a person who often entered their room uninvited and said "I felt scared waking up at 3 am to them standing by my bed". The registered manager said that this was an historical event that had been resolved to the person's satisfaction. Another person had a removable safety gate across the doorway of their room. They told us this made them feel safe, less vulnerable and protected from others who had a tendency to walk into their room.

One relative told us "I have never had any concerns about the safety of my mum. The girls treat her as if she is their grandmother. They genuinely care".

Safeguarding training was included in the essential training programme, all staff had to complete this and was delivered via an e-learning programme and informal teaching sessions. All staff we spoke with had good awareness of safeguarding issues and would report any concerns they had to the nurse on duty, the registered manager or the clinical lead nurse. Staff were able to tell us how they might know if a person without good communication skills was being harmed. They were aware they could report directly to Gloucestershire County Council safeguarding team or the Care Quality Commission.

The registered manager had completed level two safeguarding training with Gloucestershire County Council and demonstrated a clear understanding of their role and responsibilities in safeguarding people. Although the registered manager had not needed to raise any safeguarding alerts they were fully aware of the process to follow.

People we spoke with and visitors told us they had never heard a raised voice from staff or witnessed anything that had made them feel uncomfortable. Several of them added that they would raise concerns with senior staff if they needed to.

Risks assessments were completed for each person in respect of falls, risks of malnutrition, the likelihood of developing pressure damage, continence and moving and handling tasks. Where a person needed the staff to support or assist them with moving or transferring from one place to another a moving and handling profile was devised. These set out the equipment required and the number of care staff to undertake any task. Bed rail risk assessments were completed to determine whether they were safe to be used when the person was in bed. Personal emergency evacuation plans (PEEP's) had been prepared for each person: these detailed the level of support the person would require in the event of a fire. Where it was identified a person needed full support from two staff and an evacuation mat in order to leave the building a red dot was placed on their bedroom door.

Maintenance request books were kept on each floor and were checked on a daily basis. Tasks were either addressed by the maintenance person or external contractors were called in. Checks of the fire alarm system, fire fighting equipment, fire doors, hot and cold water temperatures were completed regularly and records maintained. All specialist hoisting equipment, baths, the passenger lift and the call bell system were serviced regularly and maintained in good working order. The kitchen staff recorded fridge and freezer temperatures, hot food temperatures, food storage and kitchen cleaning schedules.

The registered manager used a specific calculating tool to determine the numbers of staff required to meet the collective needs of people in residence at any one time. The quantity of care required by each individual person was provided by the nursing staff (or senior care staff) and the calculations made. The calculations took account of the fact that some people were funded on a 'residential care' basis and not for nursing care. Staffing numbers were increased when people were unwell or at the end of their life. There were staffing rotas for each of the three floors. Nurses and care staff could be allocated to work on either of the three floors and all those we spoke with felt that the staffing numbers were sufficient.

Bank staff who were familiar with the home and worked when they were able to, were used to cover any vacant shifts. One bank worker told us they had covered both day and night shifts recently and they worked regularly at the home: "I know all the residents very well". Agency staff were used when bank staff could not provide cover and the

Good

# Is the service safe?

registered manager always tried to request agency staff who had worked at the home before. These arrangements ensured that people were looked after by staff who were familiar with their needs and the procedures in the service.

The post of clinical care supervisor had been introduced and these staff members lead the care staff team each shift, monitored work performance of staff and provided a communication link between the care staff and nurses. As well as the care team, the staffing team consisted of administrative staff, catering staff, housekeeping and laundry staff, activities organisers and the maintenance team. The whole staff team were led by the registered manager and the clinical lead nurse.

The files of newly appointed staff members were checked to ensure that recruitment procedures were safe. Each of the files evidenced that robust recruitment procedures had been followed. Nursing & Midwifery Council checks had been completed for the nurses and records were kept that showed when each nurses registration were due for renewal. Disclosure and Barring Service (DBS) checks had been carried out for all staff. The DBS helps employers make safer recruitment decisions by sharing information if applicants had a criminal record or were barred from working with vulnerable adults.

People were administered their medicines by nurses or senior carers, at times prescribed by the GP. One person said they administered some of their medicines themselves and "staff deal with the rest". Medicines administration training was completed by all those staff who administered medicines followed by competency assessments. All medicines were stored correctly and securely including those medicines which need additional security. Room and refrigeration temperatures where medicines were stored were recorded daily.

Medicines were re-ordered every four weeks. The pharmacy provided printed four weekly medicines administration record (MAR) charts for staff to complete when people had taken their medicines. When new supplies were delivered these were checked against the MAR charts and the prescriptions to ensure they were correct. The nurse signed in how many medicines were received. The supplying pharmacy had completed an audit in August 2014 and had requested that improvements be made in one particular area. Staff were requested to carry forward the quantities of medicines in stock when new MAR's were started. We noted there were large amounts of stock of some 'as required' medicines. Following the inspection the registered manager and clinical lead nurse arranged with the supplying pharmacy for a further audit to be completed in April 2015.

Stock checks were completed for some medicines on a weekly basis and we saw the records showing that the checks had consistently been undertaken. There were clear procedures in place for the disposal and return of any unwanted or discarded medicines.

People told us that when they were given their medicines the staff usually watched them take it. One visitor said that recently when they had visited, their relative had been asleep and their medicines had been left on the table. They said that had informed staff at the time of this event. Another visitor had recently complained about a delay in their relative receiving prescribed medication. Following the inspection the registered manager looked in to why this had happened and found that the supplying pharmacy had to return the prescription to the GP because of an error and this had caused the delay. The registered manager discussed these findings with the person who had raised the concern.

Good

# Is the service effective?

## Our findings

People told us "Staff work as a team; everyone pulls together; they take care of me but I am allowed to make my own decisions. One of my family comes to take me to all my medical appointments but I am sure my designated carer would take me if I asked", "I have discussed aspects of my care with staff and we have agreed the things of a personal nature I will do for myself" and "I get all the help I need. I couldn't be any better looked after". When we asked people if staff asked their permission before carrying out any intervention we received an overall positive response. This was confirmed during our observations, for example before using a hoist to transfer a person or asking where they would like to sit.

All staff had an induction training programme to complete when they first commenced in post, and this was confirmed by three care staff who had not been working in the service for long. They told us they received regular supervision with a senior member of staff and "tasks had to be signed off in the training booklet". Staff had to complete the induction training within a three month period otherwise their probationary period was not signed off.

There was a programme of essential training relevant to their job role that had to be completed. Staff told us training opportunities were good and there was regular update training arranged. One of the nurses had taken a lead role in training. Sessions were already scheduled in respect of end of life, best interest and deprivation of liberty safeguards and certain clinical conditions. A resource library and computer were available for staff to use as needed. One staff member said "The manager is really keen on our personal development". There were currently three members of staff who had completed specific moving and handling training which enabled them to then teach others. There were plans in place to train a member of the night staff to do this as well.

Care staff were encouraged to gain relevant qualifications. They were supported to achieve health and social care qualifications (previously called NVQ), and a number of staff were in the process of working towards their qualifications. One member of staff said they already had their level two NVQ and wanted to do the level three as had applied to be senior care staff. Other staff we spoke with had a level two or level three qualification.

Staff said they were provided with the training and support they needed to do their jobs well. Nurses said they were supported to keep updated with regard to best practice and that the registered manager, clinical lead nurse and training nurse were supportive and encouraged their development. The registered manager placed great emphasis upon staff development and this was a view shared by many of the staff we spoke with.

Staff meetings were held on a regular basis and were arranged for different groups of staff. There were meeting notes in respect of heads of department, nurses and clinical care supervisors, day staff and night staff. Staff told us that the registered manager was receptive to them making suggestions that benefited the quality of care provided and people's daily lives. All staff had the opportunity to have a supervision meeting with a senior member of staff.

Staff coming on shift received a handover report. The registered manager told us they had sat in on these shift handovers in order to familiarise themselves with people's needs and staff issues. Staff told us if they returned to work after a significant break or were bank staff and had not worked for a while, they would make time to look at people's care files. This ensured they were updated regarding any changes. Diaries were kept on each floor where information was recorded to pass to work colleagues.

The registered manager was able to talk confidently about the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). MCA legislation provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make decisions for themselves. DoLS is a framework to approve the deprivation of liberty for a person when they lacked the capacity to consent to care or treatment. The safeguards legislation sets out an assessment process that must be undertaken before deprivation of liberty may be authorised. It details arrangements for renewing and challenging the authorisation of deprivation of liberty. Nurses and care staff had a good understanding of the MCA and DoLS and their responsibilities. They said they always assumed a person had capacity to consent and could make their own decisions, unless factors proved otherwise.

Assessments of peoples care and support needs included an assessment of the person's mental capacity. These assessments were reviewed after any changes in the

person's needs or as required. The registered manager had made 22 DoLS applications so far but not all of them had been processed by the local authority. All documentation was filed in the DoLS register: the authorisations were being well managed. The registered manager and one nurse spoke specifically about the capacity assessments and best interest decision meetings that had been held for two people. The Care Quality Commission had been notified when outcomes were known regarding the DoLS applications submitted to the local authority.

Where decisions had been made about end of life care, GP's completed and signed a Do Not Resuscitate yellow sticker. These were placed in the person's care file. However these forms have been replaced with formal, nationally recognised Resuscitation Council forms. These forms allowed any consultations with relatives to be recorded along with the members of nursing staff included in the decision-making process.

The majority of people were happy with the food and meals they were provided with. They said "We have good wholesome food", "I am happy with the food, I get a varied diet", "Food is okay-ish", "I like good plain food, it is sometimes covered in sauce, which I have to scrape off" and "The food suits me". In respect of the negative comments made the person said "I have not told anyone I do not like my food that way, because I don't want to grumble". People said there was always plenty to eat and they were never hungry.

A screening tool (called MUST - malnutrition universal screening tool) was used to assess each person's nutritional requirements and an eating and drinking care plan devised. This stated what type of diet the person required and included the consistency of the food where specific needs had been identified. Reviews of the plans were completed monthly as were body weights. This information was shared with the kitchen staff and the GP.

We met with the cook on the second day of the inspection. They told us locally sourced fresh fruit and vegetables were used and the menu choices related to the season. The majority of meals were traditional 'meat and two veg' type meals however alternatives were tried out. Fourteen people had chosen to have a curry that day whilst the others had chosen the Friday fish meal. A number of people required a soft- mashed or a pureed diet because they were at risk of choking. The kitchen assistant was preparing their meals using thickening agents and moulds in order to present food attractively on the plate. The cook advised us that they were attending a conference on "understanding dysphagia" (difficulty with swallowing) to enhance their knowledge. People were provided with adapted plates and cutlery to enable them to eat independently where appropriate.

People were asked to select their main midday meal from a choice of two, the day before. Hostess staff helped people make choices about what they had to eat and also served the meals out. We were told that if people changed their mind at the time of serving, this was acceptable. The hostesses also served out the morning and afternoon drinks and snacks. Despite the fact that it was apparent that the hostesses knew each individual person's likes and dislikes, they always asked what and how they would like things.

We observed people being served their lunch on both days of the inspection but different parts of the home. The main dining room on the ground floor was bright and airy, the tables were laid hotel-style and there were fresh flowers on each table. Some people were served their meals in the small dining areas on the other two floors and some chose to eat in their rooms. One person who was visually impaired, was told what and where each element of their food was positioned on their plate. A number of people needed support to eat their meals and we saw they were offered their food in a timely and unhurried manner. Care staff sat by the side of the person and there was a good level of interaction during the meal time. People were offered sips of drink as necessary between spoonfuls and were assisted to clean themselves up after the meal. We heard people being asked if they had finished their meal, wanted any more food, and what hot drink they would like to have.

Each person was registered with a local GP practice. We were told that at the current time three GP practices visited the home. One of the practices made weekly visits to the home and the nurses prepared a list of those people who needed to be seen. Nurses also requested home visits whenever people were unwell. A record was made of any GP visits in people's care files and included the outcome of a visit and any action to be taken.

Arrangements were in place for people to receive support from physiotherapist and occupational therapists where

Good

# Is the service effective?

needs had been identified and visiting opticians, dentists, dieticians and podiatrists. The service worked alongside the hospital staff, community and hospital social workers, in order to make sure people were well looked after.

Good

# Is the service caring?

## Our findings

Generally, all the comments we received about the staff were favourable and it was evident that there were good working relationships. People said "Staff are lovely, cannot critise them in any way", "I have no fault with anybody, you can talk with them easily enough and they listen", "Staff are good, we laugh a lot", "Staff are very good, they are kind and look after me, they treat me like a normal person". One person said there had been a lot of new staff and agency staff lately and added that "they can be a bit abrupt". A visitor commented that most of the staff were lovely and they knew that when certain staff were on duty their relative would be well looked after. They also had concerns when there were agency staff on duty.

Throughout the two days we were present in the home we saw that people were treated with dignity and respect. People were comfortable and relaxed in the presence of the staff and when staff approached them. Staff were heard to speak to people in a caring manner using suitable volume and tone of voice, listening to and responding to their requests in a timely and considerate way.

Staff were seen to knock prior to entering people's rooms and they confirmed this was always the case. One person who did not require any assistance with personal care had requested that their door be locked. Since they were doing this to protect their privacy it had been agreed and was noted in their care plan.

People all looked well cared for, were smartly dressed and clean. They wore clothing that reflected their age, gender and previous lifestyle and were well groomed. They told us that a hairdresser visited The Hollies twice a week. One person told us "It is very important to me that I have my hair washed and set each week. I don't feel right if I have to miss a week". They added that they would only have missed a week if they had been unwell.

We observed that some people were still wearing a clothes protector long after a meal time had finished. We also saw that one person asked to have a clean clothes protector when they were sat in the lounge and about to participate in a group activity. They told us "I like to keep my clothes clean". We asked another person if they still wanted to wear the clothes protector and they said "I can give myself my drinks using a beaker, but I do spill drinks down my front. The 'bib' absorbs this so I don't get wet. It is my choice to wear it".

The registered manager maintained a log of compliments received. This folder contained a significant number of complimentary letters and thank-you cards. Comments in these included, "Thank you for your kindness, support and care shown to Mum", "I enjoyed the activities and trips out in the minibus", "We are delighted in the care and attention they are receiving" and "It is good to know she is in a safe and caring environment".

Good

# Is the service responsive?

## Our findings

People's care needs were assessed prior to admission and care plans drawn up to state how their needs were to be met. These plans were reviewed on at least a monthly basis and amended where changes had occurred. Those plans we looked at included people's preferences and likes and dislikes and covered all aspects of people's daily lives. Where people had specific care needs for example communication needs, enteral feeding regimes (fed a liquid diet via tube inserted directly into the stomach) and mental health or cognitive impairment, the plans provided sufficient information to instruct the staff on what support the person required. Risk assessments had been completed in respect of skin care, nutrition, the likelihood of falls and moving and handling tasks. Some of the plans we saw had been signed and agreed by the person, but others had not.

Care plans were reviewed on at least a monthly basis although there was little evidence to show that people and/or their families where appropriate, had been included in the review process. Any changes to their care and support needs were identified and the plans were amended.

The service operated a named keyworker system whereby a staff member was allocated responsibility for ensuring a person's needs were being met, checked their personal toiletries and room tidiness and were a means of communication with family of friends.

Throughout our inspection we saw people being cared for and supported in accordance with their care plans. We asked people if they were happy with the way staff cared for and supported them. They said "Whenever I have asked for different things they have made sure they see to it", "Staff listen to me and do what I want if they can", "I am very happy with the way things are, I don't need anything else". From our findings it was evident that people received personalised care that was responsive to their specific care and support needs.

There was a range of different social activities that people could participate in. Activities were provided seven days a week by two full-time activities co-ordinators and in addition, another member of staff had just been appointed to work on Sundays. The service has a well equipped activities room where people were able to take part in arts and crafts sessions, quizzes, puzzles, scrabble, story telling and discussions. During the two day inspection there was a group activity each afternoon including bingo on the first day and an armchair zumba session on the second day. Fourteen people took part in the Zumba session and from their faces it was evident they had a really good time. All musical entertainments took place in the main communal area called "The Hub" at the entrance to the home. There visits from a pet therapy group and a volunteer brought their baby in each month. We were told these two events were very popular with people. Throughout the year there were theme days based on religious and seasonal events and people's special occasions were celebrated.

Holy communion was celebrated once a month and in addition there was a monthly church service for those people who wished to attend. There were good connections with the local community and pupils from a local school 'volunteered' as part of a Duke of Edinburgh Scheme. One person said "A young girl sometimes chats with me. She tells us all about her family and school. I like her visits".

There were frequent mini-bus outings. These were planned with the interests of people in mind. Three people had visited a 'Treasure' museum the day before the inspection and were still talking about it. One of them who used an i-pad, was looking up the items seen at the museum. Staff said they preferred to take people out in small groups of two or three at a time, each having a member of staff to give individual attention. There was a list of places to visit and suggestions of things they would like to do that had been compiled by people.

A small wheelchair adapted vehicle had recently been purchased and enabled an individual person to be supported with medical appointments and outings and was available for families to use for family functions away from the home.

One person told us they were able to go out alone and had been given the code for the front door, but didn't go out often because they had regular visits from family and friends. They had recently been out with family to celebrate their birthday and said staff had been very helpful in getting things ready for the outing. Several people said they enjoyed going out for a walk in the gardens.

The service had a complaints and concerns policy. People said they were able to raise any concerns they had and

Good

# Is the service responsive?

were confident their concerns would be acted on. They commented “I have no complaints”, “If for any reason I was not satisfied, I would ask to speak to the manager” and “Any little grumbles I have ever had, have been resolved to my satisfaction”. People were provided with a copy of the complaints procedure and a copy was also displayed in the entrance hallway. Staff we spoke with knew how to respond to complaints and understood the complaints procedure.

Good

# Is the service well-led?

## Our findings

People said "I can see the manager or any of the nurses at any time I ask to", "I think everything runs very smoothly" and "Everything here is clean and comfortable; I can do what I please there are no problems so it must be well organised". People knew the registered manager by name and commented, "He does a good job; he will chat and he is easy to talk to", "He is wonderful" and "The manager is pleasant, always has time for a chat". People unanimously gave the home a score of 10/10. A visitor said they had so far had little to do with the manager but "he seemed approachable" and they thought "the home was well run".

Staff commented that the service was "very well managed now". One staff member commented that the registered manager was "very approachable, listened to requests and if they benefited people who lived in the home, they were granted". They added "He is always on the side of the residents" and "significant improvements had been made in the last year". Another member of staff said "This is the best manager the home has ever had. He leads his team well, he is behind his staff and is encouraging and motivating. He wants all his staff to be the best and encourages them to take courses to improve, whether they be nursing, maintenance, administration, domestic catering or activity staff and he will fund the training". During our inspection the registered manager was very much in evidence and was seen chatting to people, their visitors and the staff. It was apparent the registered manager knew all the people well and what their current needs were.

When we asked the registered manager about the management and leadership they provided he said that in order for the service to be "well-led", it was not just about their role but "the whole staff team". Staff had been given delegated responsibility in a number of specific areas for example continence and ordering the continence aids, skin care and tissue viability, dementia care, training and key workers and supervisions. It was evident from speaking with the registered manager and some of these staff members the arrangements were working well and staff were able to have a positive impact upon the care and support they provided. The registered manager was in the process of completing a level five health and social care qualification in leadership and management.

A number of different staff meetings were held regularly and included qualified nurse and clinical care supervisor meetings, day staff and night staff meetings. The records of those meetings we looked at supported the view that feedback from all staff was encouraged and listened to. The registered manager does not hold 'resident meetings' per say, however often joined a group of people for lunch at the weekends or gets together with a small number of people to gather their views and opinions of how things were going.

The registered manager meets with the provider regularly on a twice weekly basis. During one of these management meetings at the end of January 2015, the provider identified a breach in their condition of registration. Due to three of the larger bedrooms being used to accommodate 'married couples', single bedrooms had not being left vacant to compensate and the service had exceeded the condition that they do not accommodate more than 56 people. The provider and registered manager took the appropriate action at the earliest possible time to rectify that breach. These meetings were also used to discuss any concerns and areas for improvement.

The registered manager was aware when notification forms had to be sent to CQC. These notifications would tell us about any events that had happened in the home. We use this information to monitor the service and to ensure that any events had been handled appropriately. Since February 2014 notifications had been sent in regarding expected and unexpected deaths and a small number of injuries that people had sustained following a fall. The registered manager analysed any accidents and falls in order to look for any trends so that preventative measures could be put in place.

All policies and procedures were kept under continual review. We did not look at all policies and procedures but looked at key policies to help us assess other aspects of the inspection process. Those we looked at included safeguarding adults and whistleblowing and medicines management. The registered manager was in the process of going through all the policies and updating as required. The complaints policy stated 'CQC would act as an independent investigator' but this is incorrect. CQC cannot investigate individual complaints about services because

Good

# Is the service well-led?

legal duties given to us by Parliament do not include dealing with individual complaints. We expect the provider to manage any complaints about their service in accordance with their complaints policy.

Any complaints received were logged and records were maintained of the actions taken and the outcome and resolution of the complaint. In 2014 two complaints had been received and it was clear to evidence what actions had been taken. The registered manager had received a third complaint the day before our inspection and was able to tell us the actions taken so far. The Care Quality Commission had one concern raised with us in December 2014 as a 'share your experience' comment on our website. The issues were passed to the registered manager to investigate and this was handled appropriately. The registered manager explained they used information from any complaints or comments made by people, visitors and staff to review their practice.

A survey of people's views and opinions was last completed in October 2014. They had been asked to make comments about catering, care, the building, housekeeping arrangements and social activities. As a result of the survey an action plan had been prepared for each department where possible improvements had been identified. The registered manager had overseen the completion of each of the action plans. This evidenced that the people who lived at The Hollies were able to have a say in how the service was run and the facilities that were available.

The service was committed and involved with the Gold Standards Framework (GSF). This is a quality assurance programme that guides providers in raising the standards of service provision for those people at the end of their life. The service had also set up an initiative with the local comprehensive school to promote the idea of a career in healthcare.

There was a programme of audits in place and we saw those that had been completed in respect of infection control and prevention procedures, medicines management, care records and falls. A full pharmacy audit had been completed by the supplying pharmacist in August 2014 and a few comments and actions had been made and addressed by the nursing staff. The registered manager advised us that arrangements had been made following this inspection and this audit will be repeated on 11 April 2015 in light of our findings.

The maintenance person had a programme of safety checks to complete and said the registered manager checked with them regularly that these had been completed. Records showed when servicing and maintenance checks had been completed by external contractors. These measures ensured that the quality of the facilities and the premises remained safe and suitable.

The service had an improvement plan that included bedroom upgrades, review of bedroom lighting, upgrade of the nurse call system and works to the gardens and roadway.