

# Barchester Healthcare Homes Limited

# Hollyfields

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Hollyfields is a care home that provides nursing and personal care for up to 48 people within one large, adapted building and an adjoining smaller building known as Ivy House. The service provides support to younger and older people who may have mental health needs and/or be living with dementia. At the time of our inspection, 43 people were living at the home.

People's safety was protected from abuse by knowledgeable staff. The risks to people had been assessed, reviewed and plans were in place to manage these. Staffing arrangements were continually reviewed to promote people's safety and individual needs. People were provided with assistance to take their medicines safely and as prescribed. Measures were in place to protect people, staff, and visitors from the risk of infections. Any accidents or incidents involving people living at the home were reported, recorded and action was taken to keep people safe.

Wherever possible, people's consent was gained before any care was provided. People's consent was sought by staff who knew people's preferred communication styles to aid their understanding in making everyday choices and decisions. People were supported to have choice and control over their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People's needs were assessed and responded to considering people's own culture and preferences. Staff knew people well and improvements had been made since our last inspection to provide consistent guidance in care records to promote personalised support. Staff supported people with fun and interesting things to do. People's end of life wishes were recorded, and staff felt the care they provided aided people's comfort at this important time in their lives. The provider had procedures in place to ensure concerns and complaints were dealt with in a fair and consistent manner.

The registered manager was supported by the deputy manager, and they worked as a team and were accessible, approachable, and promoted an open and inclusive culture within the service. Staff were motivated, well-supported and clear what was expected of them within their caring roles. The provider had arrangements in place to ensure audits and checks were completed to assess, monitor, and improve the quality of the service people received.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 16 February 2019).

### Why we inspected

The inspection was prompted in part due to concerns received about staff management of people's care

needs and risks, allegations of people sustaining unexplained bruising and cleanliness of the home environment. A decision was made for us to inspect and examine those risks. As a result, we undertook a focused inspection to review the key questions of safe, responsive, and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We did not find evidence of the concerns we received prior to the inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Hollyfields on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

### Is the service responsive?

Good ●

The service was responsive.

### Is the service well-led?

Good ●

The service was well-led.

# Hollyfields

## Detailed findings

### Background to this inspection

The inspection We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was conducted by 1 inspector, a specialist advisor in nursing care and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Hollyfields is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Hollyfields is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We also requested feedback from Healthwatch to obtain their views of the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

### During the inspection

We spent time seeing how people were cared for and spoke with 3 people living at the home and 5 relatives, to find out their views about the care provided.

We spoke with 9 members of staff including the registered manager, deputy manager, housekeeper, a nurse, care staff, and regional director.

We reviewed a range of records. This included 4 people's care records, multiple medication records, and records showing what support staff had provided to people so their care needs would be met. We looked at records relating to the quality, safety, and management of the home. These included checks undertaken on staff recruitment records, minutes of meetings, audits undertaken and the cleanliness of the home. After the site visit, we continued to consult with the registered manager and deputy manager. The registered manager sent us documentation we asked for and clarified any queries we had.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse and harm. Staff received training on, and understood, their individual responsibility to remain alert to and report abuse or neglect. Staff we spoke with had a good understanding of the signs of potential abuse and how to report this to ensure people remained safe.
- The provider and registered manager understood their responsibility to report allegations of abuse and or concerns to the local authority and the Care Quality Commission (CQC). For example, when previous concerns had been raised the regional director provided a response. This reflected the outcomes from their investigation to assure themselves of people's safety.

Assessing risk, safety monitoring and management

- People's relatives were confident their family members safety was maintained by staff who knew them well. One relative told us, "[Family member] is very safe with the carers [staff], they are all very kind." Another relative explained how it was important for their family member to maintain their independence and this was achieved while staff also promoted their family members safety.
- The risks associated with the premises, equipment in use and people's individual care needs had been assessed, reviewed and plans put in place to manage these. As part of this, consideration had been given to people's needs including their health needs, physical abilities, and nutrition.
- Staff had a good understanding of people's risks and used this knowledge when assisting people with their individual needs to reduce risks to people's safety. We saw staff promptly offered support to people to reduce risks and helped them to maintain their independence and safety when choosing to move around their home environment.
- Staff had provided repositioning assistance to a person as required. However, they had not documented this at the specific time the support was provided on the day of our inspection. The management team addressed this with staff to ensure monitoring records were accurately completed. This is important to support people's required needs and safety.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- People's capacity to consent to their care and treatment was assessed where required.
- Staff had received training about MCA and DoLS. Staff asked people for their consent before they provided any support. Staff knew how to communicate information to assist people to understand what they were being asked to consent to.

#### Staffing and recruitment

- People's relatives were confident staffing levels maintained by the management team ensured people's individual needs and requirements could be met safely. One relative said, "There are always staff around to keep an eye on people, this gives me peace of mind [family member] is cared for and safe." Another relative told us, "There is not a huge turnover of staff. They [staff] are all lovely with [family member]. It feels like you are part of a family here."
- Staff we spoke with told us staffing arrangements supported them to meet people's individual needs safely. A staff member said, "It's team work here, all staff help each other to support resident's needs." We saw there were enough staff and they worked as a team to ensure people did not have to wait unreasonable periods of time for assistance.
- The management team identified, reviewed, and adjusted staffing arrangements by using different methods such as, the providers dependency tool. When required agency staff who knew people well were used to cover staff shortages. A person told us they could not fault any of the staff and added, "Agency staff are nice" and "I don't have to wait long for help."
- Staff recruitment processes in place were safe. The staff records we viewed showed the application process, references being obtained from previous employer and the use of the Disclosure and Barring Service (DBS) checks. These checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely

- People received their medicines when they should from staff trained to do this, and whose competency was regularly checked. Additionally, checks were regularly made on the medicines administered, so the management team could be assured people were receiving their medicines as prescribed.
- The provider was following safe protocols for the receipt, storage, administration, and disposal of medicines.
- Medication delivered through a transdermal patch was monitored through supplementary documentation where staff recorded the application and removal of medicinal patches. Further checking systems were also being implemented to monitor patches as they can be prone to falling off. Checking systems are important to ensure people had this type of medication as prescribed to meet their needs.

#### Learning lessons when things go wrong

- The provider had systems and procedures in place to assist staff to report and record any accidents or incidents involving people living at the home. The management team reviewed these reports to identify any learning and reduce the risk of reoccurrence.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.

- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. The registered manager was aware staff's infection prevention and control practices required strengthening to further reduce the risk of infections. For example, staff had not removed items such as, skin cream and towels in a communal bathroom and shower area. All items were removed immediately.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- People were supported to have visits from family and friends. During the inspection we saw visits taking place with families and friends. Relatives told us they could visit when they wanted and were welcomed by staff.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

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

- Relatives were confident staff knew their family members individual needs well and felt involved in their care. One relative described how their family member had their "Sparkle back" and was "Thriving at the home" due to the personalised care staff provided. Another relative was positive about how staff really knew their family members needs and said, staff, "Very much work as a team with families" to meet people's needs and preferences.
- The management team had made continual improvements to people's care plans following our last inspection. Staff had guidance to follow when supporting people's individual mental and emotional health needs. Additionally further guidance had been implemented to support staff practices when assessing and preventing a person's distress.
- Staff told us they were happy with the quality of information recorded in the care plans which had improved following our last inspection. In addition, they were kept up to date with changes in people's needs at the start of each shift. These approaches promoted a responsive approach to people's care needs.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The management team understood the accessible information standards and showed us ways in which they were meeting the standards. For example, people were supported to access pictorial information this included details of what interesting and fun things people may like to do.
- Key documents were also available in large font type and equipment was also made available to support people to communicate their needs and wishes, should this be required.
- Staff knew how to communicate with people to understand their wishes and when people were less able to communicate verbally. People's communication needs were included in people's care plans to guide staff, and staff had a good understanding of these needs.

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

- People's relatives said their family members had access to activities and staff worked hard to prevent social isolation. All relatives said they were welcome at the home and could visit whenever they wanted. We

consistently heard from relatives how they felt part of one big family, and this had an influence on helping people to maintain important relationships.

- People had support to participate in fun and interesting things. For example, the provider employed an activities coordinator to plan and conduct a range of social and recreational activities. One relative told us, "Staff work very hard in helping people to take part in a variety of things. Animals visit, music, sing along and different celebration events. There's always a lot going on." Another relative described how an ice cream van was organised to visit and how their family members birthday was celebrated which they said was "Nice, [staff] had really made an effort."
- We saw people experienced enjoyment. A person was doing a jigsaw puzzle by using a large interactive tablet (computer) and were very engaged in doing this. Another person's relative described occasions when animals visited including miniature ponies which were taken into their family members room to provide enjoyment.
- People also had access to things they enjoyed doing which were socially and culturally relevant to them. For example, a person was supported while in their bed to look at a photograph album to share their memories with a staff member. Another person enjoyed music which had been a large part of their life.

Improving care quality in response to complaints or concerns

- Relatives told us they knew how to complain and would feel comfortable approaching the registered manager, deputy manager and/or the staff team if ever they needed to.
- The provider had a complaints procedure in place to promote fair and consistent handling of any concerns received regarding the service.
- The management team had procedures in place to analyse any complaints received regarding the service. This helped the provider and management team to identify any common causes, underlying factors and identify lessons to be learned.

End of life care and support

- There were procedures in place to identify people's end of life care, preferences and wishes to support people at this important time of their lives.
- When people reached the end of their lives, staff provided individualised care and support to help people remain comfortable and pain free.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager supported by the deputy manager and the providers senior management team had made improvements in identifying, reviewing, and acting on the outcomes of our last inspection. The improvements included providing staff with consistent written guidance in care documentation to effectively respond to people's individual mental and emotional health needs.
- The improvements following our last inspection were achieved by as well as other things, the effectiveness of the provider and management team's quality assurance activities and ensuring learning for staff was in place.
- The registered managers ethos was all management and staff worked as one team to drive through continual improvements for the benefit of people living at the home. This included working on plans which reflected the ongoing improvements being made to promote, support, and consistently meet people's individual needs.
- Staff worked well together, and there was a shared spirit of providing a good quality service to people. One staff member told us, "I really enjoy my work, helping residents and seeing them enjoy their day." Another staff member said, "There are regular meetings where I can share any concerns that I may have and ideas."
- The registered manager understood their responsibility to notify us of particular events at the service in line with their registration regulations. This was via statutory notifications as they are required to do by law.

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

- Relatives spoke positively about the overall quality of the care and support their family members received at the home, and their dealings with both the registered manager and deputy manager. They described an open and inclusive culture within the service. One relative told us, "Staff always appear to be happy and work as a team. They spend time with people and really get to know them and do care." Another relative said, "I feel that I can relax knowing [family member] is safe and staff care. I know if there is a problem, they [staff] will contact me."
- There was a positive and open culture at the home, where staff and the management team alike wanted people to receive the best outcomes in their care. For example, the registered manager and deputy manager were open when discussing any issues which had arisen during the inspection and took action to resolve these.
- Staff told us they enjoyed providing people's care and all shared the same values and commitment. All staff we spoke with agreed the management team were approachable and always gave time to staff and

made them feel appreciated in their day to day working lives. A staff member told us about the daily meetings which enabled staff to share information, such as changes in people's needs.

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

- The registered manager and provider understood their responsibility to inform people and relevant others in the event something went wrong with people's care. If things did go wrong, apologies were given to people, lessons were learned, and these were used to improve the service.

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

- The management team involved people, relatives, and staff in the home. This included regular questionnaires being sent and meetings to engage relatives, friends and staff in the home and invite their feedback and suggestions on how it might improve. A relative described how they were invited to a talk about dementia. The relative told us they found the talk supportive and further developed their understanding of their family member's different experiences.
- The management team supported staff to be involved in the home and take on distinct roles in different subjects. For example, some staff were "dementia champions" and within this role they supported colleagues to further enhance their practices when supporting people living with dementia.
- The management and staff team took account of people's individual needs when involving people in their care including preferred lifestyles and communication. We saw positive communications between people and staff and the staff approach was caring with an understanding of people's protected characteristics. The culture at the home highlighted staff were able to share people's affection considering each person's preferences.
- Staff and the management team understood the need to work in partnership with community health and social care professionals to achieve positive outcomes for people. This was an area the management team were continually working to further develop to consistently promote people's needs.