

Four Seasons (Bamford) Limited

# Holly Court Care Home

## Inspection report

8 Priory Grove  
Off Lower Broughton Road  
Salford  
Greater Manchester  
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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 on 29 June 2017 and was unannounced.

Holly Court is a small residential home supporting the care needs of people living with various types of dementia. The home can accommodate up to 25 residents. The home is situated in Salford and is close to local amenities and bus routes. The home is owned by Four Seasons (Bamford) Limited.

At the time of our inspection there were 24 people living at Holly Court.

At our last inspection in January 2015, the service was rated as Good. At this inspection we found the service remained Good.

The service had a registered manager. 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 told us they felt safe living at Holly Court. Staff received safeguarding training and knew how to keep people safe and raise concerns if they suspected someone was at risk of harm or abuse.

People had comprehensive risk assessments which were reviewed and updated timely to meet people's changing needs. This ensured staff had access to the relevant information and guidance to mitigate risks.

Staffing levels were based on the dependency of people living at the home. People, relatives and staff told us, there were sufficient numbers of staff on duty to meet people's needs.

The management of medicines was safe. There were appropriate arrangements in place to ensure that medicines had been ordered, stored, received and administered appropriately.

The service had a training matrix to monitor the training requirements of staff. Staff received appropriate training, supervision and appraisal to support them in their role. Appropriate documentation was maintained when these sessions had taken place.

People were supported in line with the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS), with people encouraged to make decisions and choices about the care they received.

People's consent to care and treatment was sought prior to care being delivered, with written consent to people having their photograph taken captured within care plans.

People had access to sufficient amounts to eat and drink, at times that suited them. Staff responded

appropriately where people were deemed to be at risk of choking or weight loss, making referrals to other health professionals in a timely manner.

People continued to receive care and support from staff that were kind, caring and compassionate. People were treated with dignity and respect and had their independence promoted by staff as much as possible.

Care plans were person centred and tailored to meet people's individual needs. Care plans contained person centred information about people's likes, dislikes, preferences and choices.

A variety of activities were provided to people living at the home. The feedback we received was that there was enough for people to do to keep them occupied.

The provider had a complaints procedure in place and people felt confident in raising concerns or complaints to staff and the registered manager.

The registered manager and provider carried out regular audits of the home. We saw areas of improvement were identified and shared throughout the staff team to demonstrate action had been taken in a timely manner. Feedback of the home was sought and used to drive continued improvements.

## 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. The previous rating for this key question had been 'Requires Improvement'.

### Is the service effective?

Good ●

The service remains effective.

### Is the service caring?

Good ●

The service remains caring.

### Is the service responsive?

Good ●

The service remains responsive.

### Is the service well-led?

Good ●

The service remains well-led.

# Holly Court Care 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 checked 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 unannounced inspection was carried out by two adult social care inspectors from the Care Quality Commission and took place on 29 June 2017. This meant the registered provider and staff did not know we would be visiting at this time. At the time of our inspection there were 24 people living at the home.

Before the inspection we asked the local authority safeguarding, infection control, environmental health teams for their views about the service and also contacted Salford Healthwatch. We also looked at the information we had about the registered provider, including people's feedback and notifications of significant events affecting the service.

We looked at the Provider Information Return (PIR). This is a form we ask the registered provider to give key information about the service, what the service does well and what improvements they plan to make.

During the inspection we spoke with the registered manager, area manager, seven people, two relatives and eight members of staff. This included six care staff and two kitchen staff. We reviewed four care files which included people's risk assessments and care plans, nine Medicine Administration Records (MAR), three staff personnel files, the training matrix, audits, maintenance certificates and other records related to the management of the home. This helped inform our inspection judgements.

# Is the service safe?

## Our findings

Without exception all the people and their relatives we spoke with as part of the inspection told us there were no concerns regarding people's safety living at Holly Court. One person said; "Sometimes people knock on my door, or it can be loud occasionally but I feel safe because there is always staff around". A second person added; "I feel safe. It's nice living here". A visiting relative told us; "No concerns regarding person's safety. [Person] is well looked after".

The provider had appropriate safeguarding and whistleblowing procedures in place, with the process for reporting abuse displayed on a poster in the main reception area. Staff received refresher training in safeguarding and all the staff we spoke with during the inspection demonstrated a comprehensive knowledge of different types of abuse. Staff could describe the signs and behaviours they would look out for that would alert them to the possible consequence of abuse. Staff described local safeguarding protocol and records confirmed that safeguarding concerns continued to be reported timely to the required authorities. We observed a service user on service user altercation during the inspection and this was appropriately reported by staff.

Staff continued to be recruited safely with all required checks undertaken before staff commenced working at the home such as seeking references from previous employers and carrying out DBS (Disclosure Barring Service) checks.

People continued to be protected against the risk of harm, because the service had embedded practices that identified risks, assessed and monitored them regularly. Staff were given clear guidance on how to manage risks and the steps to take to mitigate the risks. We looked at risk assessments and management plans and found these were comprehensive and updated timely to reflect people's changing needs. We noted people had risk assessments in place with regards to nutrition, falls/mobility and waterlow (skin). Where risks were identified, appropriate control measures were in place for staff to refer to.

Where accidents occurred, these were investigated and preventative measures put in place to keep people safe. Accidents and incidents were recorded and reviewed by the registered manager, to identify any trends and ensure appropriate action had been taken. Incidents showed where applicable health care professionals were informed and information shared to minimise the risk of repeat incidents and accidents.

There were sufficient numbers of staff on duty to safely meet people's needs. Staffing levels were calculated based on people's dependency and needs. People, their relatives and staff consistently told us they had no concerns regarding staffing levels, with staff saying they felt able to meet people's needs in a timely manner. One member of staff said; "There's enough staff with two upstairs and two downstairs. We have enough time to sit and chat with people". A person living at the home also added; "I feel there is always enough staff about. I get things timely when I ask".

People continued to receive their medicines safely. Medicines and controlled drugs were stored securely in a locked trolley which was stored in a secure treatment room when not in use. During the inspection we

looked at the MAR (Medication Administration Records) of nine people who lived at the home which we found were accurately completed by staff with signatures when medicines had been administered to people. This helped us confirm people had received their medicines as prescribed.

We saw regular maintenance checks were undertaken to ensure the home was safe. This included; electrical testing, the call bell system, lifting equipment, hoists, gas safety and legionella. The last fire safety check was carried out in July 2016 and was due again shortly after our inspection. The registered manager maintained a record of when the next checks were due and when the previous checks would expire. This ensured the building was safe for people living at the home.

We found the home was still clean and tidy with appropriate infection control measures followed by staff. The home was last inspected by Salford Council infection control team in October 2016 and scored 92% which was a positive score.

## Is the service effective?

### Our findings

People continued to receive effective care and support from skilled and knowledgeable staff that demonstrated they knew people living at the home well.

Staff continued to receive a comprehensive induction and a period of shadowing more experienced staff when they first started working at the home. The training matrix reviewed during the inspection showed staff continued to receive on-going training and refresher training as part of their on-going development. A member of staff said; "It's mainly e-learning but the areas covered are appropriate to support our role. We've just had the dementia framework introduced. That's face to face training and although I've only just started it, it seems very good".

Staff received supervision and an annual appraisal where they reflected on their working practices. Supervisions gave staff the opportunity to meet with the registered manager and discuss areas of improvement, training needs and for staff to put forward ideas for the development of the home. When these sessions had taken place, records of the conversations were made and held on file.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the provider was working within the principles of the MCA and found staff worked within the act appropriately.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS protect the rights of people who may require their liberty restricted lawfully in order to protect them from harm. The registered manager submitted DoLS authorisations to the local authority in a timely manner, to ensure people were not deprived of their liberty unlawfully. Staff were aware of the importance of working in line with the DoLS legal framework. People's DoLS status was identified on a board in the registered manager's office to ensure they had clear oversight of expiry dates and any specific conditions.

People's health and well-being continued to be monitored and assessed regularly by health care professionals. Records confirmed people had access to; G.P's, psychiatrists, physiotherapists, opticians and podiatrists. We found staff had become concerned about a person coughing when they were eating and drinking and appropriately referred this person for an assessment with the speech and language therapy team (SaLT). We also found staff had been proactive in referring people to the falls and dietician service due where people had experienced an increase in falls or had suffered weight loss. A person living at the home said; "The staff noticed I was sat quiet and asked me if I was feeling okay. I told them, I felt a bit off and they've phoned the GP straight away and rung to inform my family".

Records confirmed that people's dietary requirements continued to be monitored and met. Staff continued to follow guidance and advice from other healthcare professionals such as weighing people each week and monitoring their food intake. The mealtime was relaxed and people were asked for their preferred choice of food in advance of the meal taking place. People's comments included; "The food is very good. It's served warm enough and if don't like something, you can always ask for something else" and "The food is nice. We get enough to eat. If I didn't like something, I'm sure if I asked for it they'd get me something else".

## Is the service caring?

### Our findings

The people we spoke with were positive about the care provided and told us they received good care. People's comments included; "The staff are very good. I've no problems. I'm well cared for" and "The staff are all very good. They're lovely. Very good care". A relative also added; "The staff are welcoming. The staff appear happy. People are happy and we're happy. The atmosphere is good here, it's spot on".

We observed people were clean and well presented. Each person had their own personal hygiene care plan in place describing the assistance they required and daily notes confirmed such tasks were carried out each day as required. One person went outside for a cigarette and when they came back in, their hair had been blown out of place by the wind. A member of staff recognised this and quickly got them a hairbrush to ensure they looked presentable.

During the inspection we observed staff interacting with people in a compassionate and respectful manner. Observations showed staff had a caring attitude towards people. We noted frequent, appropriate physical contact between staff and people living at the home which was natural and symbolised the familiarity and relationships that had developed between people and staff.

People were encouraged to maintain relationships with people that mattered to them and there were no prescriptive visiting times at the home.

The home was welcoming, people personalised their rooms with items of their choice and had their own picture on their bedroom door. During the inspection we observed people moving throughout the home freely and sat where they wanted in the lounge area, or at meal times.

People's privacy and dignity continued to be maintained. People told us staff would knock on their room doors and await permission to enter before doing so. One person said; ""Staff always knock on the door before they come in to my room". A member of staff added; "When providing personal care support, I always make sure doors and curtains are closed. I communicate throughout to relax people. I always use a towel so people aren't exposed. I think how I would like it to be done and consider this when supporting the person".

People were encouraged to maintain their independence, because the provider had embedded a culture of empowerment. One person said; "They do look after me. They don't have me do too much but they help me so that I can manage things for myself". A member of staff also told us; "I encourage people. Some people just need assistance, not things doing for them. I'll show people things and encourage them to decide things for themselves".

We observed staff communicating with people effectively such as speaking closely to people's ear or crouching down next to them so that they could make sure people could hear what they were saying. One person living at the home was deaf and the guidance staff needed to follow was clearly documented in their care plan. This clearly explained this person was able to lip read and we saw staff doing this effectively when assisting this person during the day.

## Is the service responsive?

### Our findings

People and their relatives confirmed people received care that was responsive to their needs. People's comments included; "I go to bed when I want, get up when I want. I can have a shave, shower and bath when I want. There are loads of bathrooms down the corridor so there is always one free to use. I'm happy. They do all that I need done for me". A relative added; "The staff are responsive. Person has a medical condition that's monitored and appointments made as required".

People continued to have initial assessments completed prior to moving in to the home to determine that staff were equipped to meet the person's needs.

The service continued to provide personalised care that was tailored to the individual's needs. Care plans were person centred and contained comprehensive information about people, their preferences, care needs, health care, history, medical and social care needs. This provided staff with appropriate guidance on how to deliver personalised care that was responsive to people's needs.

People's personal preferences were adhered to by staff wherever possible and was captured in a document titled 'My choices'. For instance one person had expressed a preference to eat Weetabix for breakfast and only wear jogging bottoms/trousers throughout the day. Another person chose to wear trousers with a blouse/cardigan and liked a whiskey and lemonade each night before bed. Through looking back at records and carrying out observations, we were able to see these choices were facilitated by staff to ensure people received person centred care based on their individual preferences.

People's social needs were acknowledged and promoted. People continued to be encouraged to participate in a wide range of activities of their choice that met their needs which included chair exercises, games, one to one time and bingo. During the inspection we observed people participating in a cross word related to war time experiences which people seemed to take great enjoyment from when they got the correct answer. The activity coordinator also spent time sitting with people on a one to one basis, looking at old photographs of them and their families. One person said; "There's singers that come in that are very good. We play games and things too". Another said; "We go out for days out and the singers are really very good".

The provider had complaints procedures in place. We saw complaints had been received and had been taken seriously and responded to in the required timeframe with all relevant documentation held within a complaints file. People were aware of how to raise concerns and complaints. One person said; "I've never made a complaint. Nothing formal of any consequence. I'd speak with the manager if I did have an issue".

The home still had appropriate systems in place to seek and respond to feedback from people living at the home. This continued to be done in the form of a 'You said, we did' format which evidenced how each piece of feedback had been acted upon. This included new menus being created when people had been unhappy with the food, employing a driver so that more trips could be taken in the community via the minibus and the creation of themed corridors due to feedback stating they were looking too bare.

Residents meetings continued to take place so that staff could listen to and respond to people as necessary. We looked at the minutes from the meeting in May 2017 and saw topics of discussion included refurbishment, a summer party in July, food, activities and outings. A person living at the home said; "I've not been to all the meetings but they do happen". Newsletters were also sent to relatives to keep them updated with what was going on at the home.

## Is the service well-led?

### Our findings

The service had a registered manager. 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 told us they were happy with the care and support they received living at the home and spoke favourably about the registered manager. They told us the manager was visible throughout the home and that there was always the opportunity to speak with them during the day. One person living at the home said; "I think it's a good home. I'd definitely recommend this home".

The registered manager oversaw the daily management of the home. There was an area manager who was a regular visitor to the home to provide additional oversight. One person living at the home said; "The manager is very good. They know what they are doing, very hands on. The manager is very kind. They always have a kind word for you when you see them". A relative added; "The manager is spot on, always available for a chat. This is a well-led home. This is a typical day. People get on and work together".

Staff told us the home was well led and a good place to work. We were told by staff, people, their relatives and a health care professional that the registered manager was visible, had an open door policy and was approachable which meant people, their relatives and staff could meet with the registered manager as and when they needed. During the inspection we observed people, their relatives and staff speaking with the registered manager asking them for advice and guidance. A member of staff said; "The manager is very good. Best manager I've had. They are supportive and approachable. They explain things and help us out when it's needed. They've even done the nights".

There was an appropriate internal quality audit system in place to monitor the service provided. Audits or checks were completed by the registered manager on records, including care plans, training, infection control, nutrition, safeguarding and the dining experience. The area manager also regularly visited the home and conducted further audits on specific areas to ensure the internal quality monitoring system was effective. We saw the registered manager promptly actioned and addressed areas of concern.

Staff meetings still continued to take place as scheduled. Records showed the service reviewed feedback from people and their relatives and where required appropriate action was taken to respond to concerns and improve the quality of care provided. A member of staff said; "Team meetings are quite regular. They're good. We are encouraged to have our say".

Providers of health and social care services are required by law to inform the Care Quality Commission of significant events which affect the service or people who use it. The registered manager had sent us the required notifications promptly. This meant we could check that appropriate action had been taken. We saw the ratings were displayed in the home reception and on the provider's website which is now a legal requirement.

