3A Care (London) Limited

The Hollies

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on 4 December 2018 and was unannounced. This was the second inspection of this service since the new provider took over ownership in July 2016. The last inspection was in March 2017 and the service was rated good.

The Hollies is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. This care home is registered to accommodate 19 older people, some of whom are living with dementia.

This inspection was prompted by a complaint about the home and we looked at aspects of the complaint during the inspection. The complaint was being addressed by the local authority under their safeguarding procedures.

We arrived during the night shift as there had been a complaint that people might be getting up very early possibly against their wishes. We did not find this to be the case during our inspection as nobody was asked to get up early by staff.

We found concerns with record keeping in the home. Some care records had been completed before the care was actually provided in the morning. Records were not kept as evidence of care being provided safely, for example hourly checks on people and charts staff were expected to complete when they helped a person change position or have a drink. This meant there was a lack of evidence of safe care for some people.

There was a registered manager in post. 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. The registered manager was suitably qualified and experienced.

Staff understood their responsibilities to keep people safe from potential abuse. The service learned from accidents and incidents and took action to minimise the risk of a similar incident occurring.

Some staff had been employed without all the required checks being in place and some had not received regular supervision. The registered manager agreed to make the necessary improvements.

There were systems in place to ensure medicines were handled and stored securely and administered to people safely but there were some improvements needed as the tablet cutter was dirty and there were no written guidelines for giving a person 'as and when required' sedative medicines.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this. People had choice over their food and when they wanted to get up and go to bed.

Staff told us they liked working at the home and felt supported by the manager and provider. They had formed good relationships with people.

People had support with their health and staff arranged their appointments with healthcare professionals. They had care plans which gave staff information about their needs, their history and their wishes so that they could provide them with person-centred care.

Relatives told us they were happy with the care provided at the home. People in the home told us they were happy with the care.

The auditing system in the home had not picked up the concerns that we found. After the inspection the provider advised us that they were introducing a more formal auditing process to ensure they had a good overview of the service.

There were three breaches of legal requirements due to the failure to have effective oversight of the home, to keep accurate records of care provided, concerns about infection control and safe staff recruitment . You can see what action we asked the provider today at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe. There was a lack of clinical waste bins which led to unhygienic practice. There were no window restrictors to prevent the risk of falls from windows. The provider addressed this as soon as we raised it. Overall medicines were given safely but minor improvements were needed.

Records of care provided were not completed accurately at the time the care was given so there was a lack of evidence that certain care had been provided.

The provider ensured regular checking of equipment, gas and electricity.

Is the service effective?

Requires Improvement

The service was not consistently effective. Staff felt well supported but some were not up to date with supervisions.

People told us they thought good care was provided and people were supported well with their diet and health needs. The service understood the importance of people consenting to their care. The building had the necessary equipment and adaptations to meet people's needs.

Is the service caring?

Good

The service was caring. People and their relatives were happy with staff at the home. Staff had good relationships with people. People's privacy, dignity and independence was respected.

Is the service responsive?

Good

The service was responsive. People's needs and wishes were recorded in personalised care plans. Staff knew people's needs. People and their relatives felt able to raise any concerns. People had good support with care at the end of their life in accordance with their wishes.

Is the service well-led?

Requires Improvement

The service was not consistently well led. Although people were

happy with care and the way the home was run, the provider and registered manager had not picked up the concerns we found at the inspection. This meant that the auditing processes in the home were not effective or frequent enough. There was a lack of contemporaneous records of care.

The provider and registered manager were making continual improvements and acted on our concerns promptly.

The Hollies

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 undertaken on 4 December 2018. The inspection was carried out by two inspectors and an expert by experience. An expert by experience is a person with experience of using, or caring for someone who has used this type of service.

Before the inspection we reviewed all the information we had about the provider and the home, including notifications of any safeguarding or other incidents in the home and feedback from professionals and the public. Providers are required by law to inform CQC of any safeguarding issues within their service.

We arrived at the home during the night shift and observed the night staff going about their duties. We met two night staff, the registered manager, the director of the company, the deputy manager, who was also the cook, two senior care assistants and two care assistants. We also talked with two staff on the phone after the inspection.

We spoke with fifteen people who lived at the home and two of their relatives who visited on the day of the inspection. We also had feedback from three other relatives of people who had lived in the home either by phone or email. We met with one visiting healthcare professional to get their views on the home.

We spent time observing the experience of people in the home and the way staff interacted with them. We also observed two mealtimes in the home, a handover from night staff to day staff at the beginning of the day shift and two medicines rounds.

We looked at seven people's care plans and other documents relating to their care including risk assessments and records of care provided. We looked at six people's medicines records. We looked at other records held at the home including fire, maintenance and health and safety and quality assurance records. We checked four staff files to look at the recruitment process used in employing them and the training and

supervision records of all staff.

Requires Improvement

Is the service safe?

Our findings

Record keeping in the home did not provide evidence of safe care. We found at 5.45am night staff had already completed records detailing the personal care and breakfast they had given to people when this had not yet taken place. Although staff did provide this care it was provided later in the morning. This was unsafe practice. Writing records of care delivered before it has been delivered is false information and there was a risk that the records would be inaccurate and that people would not receive the care as other staff may believe they had already received it. We brought this to the attention of the registered manager and provider who commenced an investigation and dealt with this matter appropriately.

Where people's care plans stated that they should be checked on hourly for safety reasons or helped to change position this was not recorded. The registered manager told us that staff were supporting a person to change position every two hours but there was no evidence of this. The turning chart that staff were expected to complete as evidence of helping the person change position had not been completed for six days despite a district nurse recording that the person had a red area of skin. This left the person at risk of harm as failure to follow a recommended turning regime puts a person at risk of pressure ulcers.

People who were at high risk of falls had sensor mats in their rooms to alert staff if they were moving so staff could go and assist them. Some people at risk of falls had care plans stating that staff would check them every hour. However, staff did not record these checks so there was no evidence of this taking place. This failure to record care provided left people a risk of not receiving safe care.

One person had their fluid intake monitored but staff had not recorded this for eight days prior to the inspection.This meant that staff did not know how much the person had drunk and therefore left them are risk of dehydration.

Staff had been trained in safeguarding and said they would report any concerns about potential abuse to the manager. The registered manager had a good understanding of how to respond to and report safeguard concerns.

Each person in the home had individual risk assessments addressing risks to their health and wellbeing and any risks they might pose to others. The risk assessments included risks such as falls, use of stairs, medicines, fire evacuation needs, smoking, behaviour that challenged the service, skin integrity and malnutrition.

Waterlow risk assessments (a tool to assess person's risk of pressure ulcers) were in place but we found one had not been updated since August 2018. A comment had been recorded each month but the assessment tool had not been used. This meant the person's risk may have increased without staff knowing and changing their care accordingly.

Medicines were generally managed safely and people received their medicines as prescribed. Medicines were stored securely. Medicines administration records were completed accurately and there was no

evidence of any missed doses. There were clear written protocols for when staff should offer people pain relief. There was no written protocol for when to give 'as and when required' sedative medicine to one person. This meant staff had no clear instructions of the circumstances when they should give a person a sedative medicines. The registered manager agreed that they would put this in place to ensure that staff knew when to give this medicine appropriately.

The temperature of the medicine cabinet was not regularly checked and the registered manager agreed to implement this immediately. The tablet cutter tool was dirty containing tablet residue. This was a risk to people who had their tablets cut, as they could be given residue of another person's medicine. The cutter was disposed of during the inspection and the registered manager agreed to buy a new one. Records for a person on blood thinning medicines were not detailed enough (though the medicine was given to the person correctly) and the registered manager agreed to improve the recording. The registered manager said that they assessed staff members' competence at giving medicines before they could do it without supervision but this was not written down. The registered manager told us they carried out regular medicines audits. We saw one written audit.

Although there was a clinical waste bin outside the home there were none inside the home. We saw staff put soiled pads in an open bag on the floor which was not hygienic.

There were no window restrictors in place to prevent the risk of falls from a window. The provider informed us they fitted these after the inspection. There was no hot water in some rooms which had been brought to our attention before the inspection and was still the case during the inspection. One person told us they had not had hot water for months. The provider was addressing this problem.

The above was all a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider and registered manager gave us examples of where they had made improvements following incidents/accidents. They had increased night staffing in the home within the last year to reduce the risk of falls at night. They had changed the door locks after two people left the home without staff knowing. There was a safe system in place so that people could not leave the home without staff if they had been assessed as unsafe to go out alone.

The staffing level in the home was four care assistants in the morning, three in the afternoon and two staff awake on duty at night. The deputy manager also worked as the cook in the home. There was a part time handyperson, domestic assistant and an administrative worker to support the manager. One member of staff thought there were not enough staff but others thought staffing levels were sufficient to meet everyone's needs and made comments that staffing levels were; "not bad" and "we are ok.". Relatives and people living in the home told us they thought there were enough staff to meet people's needs. We observed that staff had enough time during the day to spend talking to people.

The registered manager ensured that checks were carried out on staff before they started work including criminal record checks, checks of identity and the right to work in UK. However, there was a lack of employment history and social care related references in the staff files we inspected. It is a legal requirement to have these in place. The provider's application form did not request employment history. They agreed to amend this straightaway. One person in the home had one to one staffing from an agency and the registered manager did not have any confirmation of the checks carried out on these staff to ensure they had been suitably vetted to work in a care home. They agreed to request these checks from the agency.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider ensured the building was safe by having regular inspections of gas and electrical installations and equipment in the home. In addition the handyperson carried out regular checks of fire equipment and hot water. There was a new contract in place for the servicing of specialist baths, beds and hoists. There was a fire risk assessment in place and regular fire safety checks carried out. People had individual evacuation plans so that staff and the fire brigade would know how to help them safely evacuate in accordance with their individual needs.

Requires Improvement

Is the service effective?

Our findings

The registered manager and deputy manager visited any potential new residents to carry out an assessment of their needs before offering them a place in the home. Where a person had come from another health or social care service they had not always seen that service's assessment of the person or their care plan. This had led to the registered manager not having all the necessary information about a person before they were offered a place in the home and the home accepting people without knowing their needs and history. We were informed that one person's arrival at the home had been poorly managed. Staff had not been able to deal with the situation effectively which led to a poor outcome for the person for a few days as they were very distressed. We discussed this with the registered manager and provider who said they would review their assessment process to ensure they had full information about a person's needs before offering them a place at The Hollies. After the inspection we checked that the person who was distressed had their situation resolved effectively.

Staff said they had enough training for the role and that the training "refreshes your memory" and was "really helpful." There was a combination of online and face to face training. Staff were up to date with mandatory training.

Some staff received regular supervision but others did not have regular records of supervision on file. Agency staff providing one to one care did not receive any supervision in their role from the registered manager. They did not have guidance on how to use their time with the person to provide effective care. There was also no record of what training the agency staff had to ensure they had the skills and knowledge to provide good care.

There was a record of appraisals taking place where staff had an annual opportunity to review their skills, satisfaction and training needs. Staff said they felt well supported. One staff member told us, "I love everything in The Hollies, people, my colleagues, my manager." Records showed that where there were any concerns about a staff member's performance these were addressed effectively by the manager. We fed back to the registered manager and provider that some supervisions were not taking place and they agreed to improve this.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. Where people's liberty had been restricted, we saw that DoLS had been

authorised or had been applied for.

Care records included people consenting to their care in most cases. There was also consent recorded for people having a flu jab and having their photograph taken. Training in the MCA and DoLS had been provided.

People received support with eating a balanced diet and had enough to eat and drink. Staff served drinks between meals. There was a choice of two main meals at each mealtime. Mealtimes were calm and unhurried. People could sit alone or with others. There was a choice of drinks with the meal and staff went around asking people if they needed any assistance. The food was fresh and looked appetising and well presented. People ate well and appeared to enjoy the mealtime experience. Those who wanted to had an alcoholic drink with their meal.

The cook asked people what their preferences were and encouraged them to order their own snacks which the provider paid for. The cook told us the provider encouraged people to choose what they wanted. We saw the cook ordering food online which included people's individual requests. A staff member said the food was "very very good." People living in the home commented that; "The food is alright, I am not expecting a 5-star hotel service," "I like the food here sometimes they give me choices" and, "Yes, I get enough food."

Staff supported people with their health needs. Staff had been provided with training in caring for a stoma by a specialist nurse. Some staff had the skills to manage catheter care. Staff had also been recently trained in caring for people who are fed by tube directly into their stomach. There was one person receiving their nutrition this way but they were competent to care for this themselves.

District nurses visited regularly to provide any nursing care needed including administering insulin injections to a person with diabetes. The home was supported by community nurses who advised on how to meet people's changing health needs, liaised with other healthcare professionals and gave general advice. The home had a good service from local GPs. The registered manager told us that home benefited from a hospital avoidance project where a service was provided by community healthcare professionals who reviewed new residents and provided medical advice. Staff escorted people to hospital appointments if they had no relative or friend to do so.

Most bedrooms had a private toilet and sink. The environment had been improved by the provider buying new carpets and furniture and further physical improvements were planned. The provider planned to refurbish the kitchen and was researching how best to provide a temporary kitchen to allow this to take place. Those who needed it had a hospital bed with pressure relieving mattress. There was a lift to the first floor where most bedrooms were located. There were hoists and wheelchairs in the home for people who needed these.

Good

Is the service caring?

Our findings

Staff had formed good relationships with people living in the home and knew their needs well. Staff told us; "We are like a family" "I love the residents" and, "The residents here are my second family." Staff spent time chatting with people and there was a friendly atmosphere.

A relative told us' they "always find the staff cheerful, genuinely caring and treating our mother and other residents with respect." People told us staff were kind to them. Four people told us, when asked, that staff respected their privacy and dignity. We saw that staff respected people's dignity when supporting them with personal care. One person told us, "They always treat me with respect. They knock on my door and ask if they can come in. They help me but let me do for myself what I can." Staff encouraged people to be as independent as possible and make decisions for themselves in their daily routines. People could choose whether to stay in the lounge or spend their time in their room. One person told us that they preferred to be in their own company but that staff checked on them regularly and the manager spent time chatting with them. We saw the registered manager had a good affectionate relationship with people. People told me that they felt comfortable with the staff and that any concerns were listened to by the carers. Comments made about the staff included, "The staff are okay not too good not too bad", Staff is lovely" and, "The staff are very friendly and very courteous to everyone." A relative described staff as "very patient" and said that staff sang along with their relative in the home which they enjoyed. Another said that their relative was not easy to look after but staff were kind and responded patiently and sensitively. One relative said, "I can recommend the home to other people."

The service communicated well with people's relatives. People's files contained contact information for their friends and relatives and the relatives told us that staff contacted them regularly to let them know if their relative had an appointment or was unwell. The files also contained information on relatives that the person in the home did not want to be involved in their care.

The home had a cat which some people enjoyed and we saw people stroking and sitting with the cat. One person told us; "This cat is my darling. I always love animals!" and another said, "I love the cat."

People's cultural and religious needs were addressed in their care plans. One person went to church regularly and a local church visited the home and invited people to church events. Staff had an understanding of equality and diversity issues. They understood people's different cultural requirements and preferences.

Good

Is the service responsive?

Our findings

People's care plans contained comprehensive information about their needs and wishes so that staff could understand how they wanted to be supported in the home. As well as their history, health and care needs there was personalised information about people's preferences in their day to day life such as their request for a daily newspaper, their food likes and dislikes and activities they liked. Care plans contained enough information abbot a person's needs during the day and at night for staff to be able to care for them appropriately.

There was a written activity programme in place which included a weekly keep fit class, an art class, music activities and games. The provider paid for entertainers to come in weekly to lead these activities. There had been two recent outings to a Christmas party at a local church and a concert. On the day of the inspection there was a lack of stimulation for most people. The planned activity did not take place and staff did not organise alternative activities. One person went out with friends and three had visitors. A staff member played a game and a jigsaw puzzle with two people but most people either watched TV or sat in an armchair for the whole day. Nobody raised any concerns about a lack of stimulation. Staff chatted to people whenever they had time.

People liked their rooms which were personalised with their own possessions and photographs. The provider had refurbished the rooms with good quality décor and furnishings and people had been able to choose the colours.

Relatives told us they were happy with the care and thought it was responsive to people's needs. Two relatives said how much their relative had improved in their health and wellbeing since living at The Hollies.

None of the people in the home could recall having had a need to raise a complaint. One person said they raised any concerns they had with the registered manager and felt comfortable doing so. There was a complaints procedure in place. Relatives of people living in the home said they would be happy to speak to the manager if they had a complaint and felt it would be addressed. One relative said they had, "absolutely no moans at all" and another said they had never had reason to complain and told us, "We are very lucky." We had received a complaint about the service in the weeks prior to this inspection. This complaint was being investigated and the outcome was not yet known at the time of the inspection.

People could receive end of life care in the home if they needed to. The registered manager had specialist nurses visiting to provide advice and support to staff when caring for a person who was near the end of their life. The visiting nurse helped the registered manager support people and their relatives make decisions about their end of life wishes including DNACPR (do not attempt cardiopulmonary resuscitation) if this was appropriate. The GP was also involved in these decisions. This was recorded in people's files so that their wishes were known by health professionals.

Requires Improvement

Is the service well-led?

Our findings

There were examples of where the home was not well-led. The service did not maintain a proper contemporaneous record of care provided as where people's care plans stated that they needed to be checked hourly or helped to change position there was no record that this was taking place. Night staff had completed records of care before they had provided the care which meant there was a risk that records of care were inaccurate. There had not been any local management or provider checks in place to pick up these concerns with record keeping.

The registered manager carried out some audits in the home. A health and safety audit they carried out in January 2018 indicated that windows had appropriate restrictors in place which was not the case. This was a concern as the audit had not been accurate in identifying this safety risk.

The provider was not recording any formal audits at the time of the inspection. After the inspection they contacted us to advise that they were starting to carry our regular provider audits because of learning from an inspection of one of their other services where concerns were found.

The above was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

In other ways the service was well led. In the last year there had been audits of food safety, two monthly infection control audits, one medicines audit, quarterly falls prevention analysis carried out by the registered manager. Staff gave positive feedback about the registered manager. One staff member said; "She is so easy to talk to if you have any concerns." A relative told us they thought the registered manager was; "very personable, keeps in touch and contacts me when there are any issues regarding our mother. As a manager, she seems invariably cheerful, positive and hands on, and has a good relationship with her staff and with residents, whom she appears to know well." Other relatives also said that the registered manager knew people's needs and preferences well and kept in touch with them.

Staff generally felt well supported and made comments such as "I am really happy here." There was an open and person-centred culture in the home. People and relatives felt free to come to the registered manager's office at any time to talk.

Staff said they had seen improvements in the home over the last year. The provider visited the home regularly, spoke with staff, people living in the home and visitors and had regular meetings with the manager.The provider had made physical improvements with new décor and good quality furniture. People told us they liked the furniture provided in their bedrooms. Staff said the provider gave the home enough money for good quality food items and the registered manager said that the provider allowed them autonomy over spending for activities and staffing.

Providers are required by law to notify the CQC of significant events that occur in care settings. This allows CQC to monitor occurrences and prioritise our regulatory activities. We checked through records and found

the service had met the requirements of this regulation. We found that events had been reported to us as required.

The provider told us they were committed to ongoing improvements and continual learning in the home. The registered manager and provider sought relatives' views regularly when they visited. Feedback from relatives was generally positive.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered persons were not ensuring safe care as some risks were not addressed and there was a lack of infection control practices.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered persons did not have fully effective auditing procedures and there was a lack of contemporaneous records of care delivered.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The registered persons had not taken out all the required checks on staff to ensure their suitability.