

Mr Neil Brazier and Mrs Nicola Brazier

Hollybush Residential Home

Inspection report

45, Glamis Road, Newquay, Cornwall. TR7 2RY
Tel: 01637 874148
Website: na

Date of inspection visit: 2 and 3 June 2015
Date of publication: 17/08/2015

Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

Hollybush is a care home which provides accommodation and personal care for up to 14 people. At the time of the inspection 14 people were using the service. Some of those people were living with dementia. Some people had physical or sensory disabilities.

There was a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

We inspected Hollybush on 2 and 3 June 2015. The inspection was unannounced. The service was last inspected the service in February 2014 and was found to be meeting the requirements of the regulations.

People told us they felt safe at the service and with the staff who supported them. People told us, "Yes I feel safe, the staff are good, they are polite and friendly," "It is very good indeed," and "Oh, it is excellent, I am very happy, well fed, it couldn't be better...they look after me well." A relative told us; "We are very happy, the staff communicate with us very well. There are no problems." Staff were confident, and had been suitably trained, about how to recognise potential signs of abuse and the subsequent action they would take. Staff received other

Summary of findings

suitable training to carry out their roles. Recruitment processes were satisfactory and appropriate pre-employment checks had been completed to help ensure people's safety.

The medication system was well organised, and people told us they received their medication in a timely manner. People had access to a general practitioner, and other medical professionals such as a dentist, chiropodist and an optician. However records of some medical support were not always consistently kept to a good standard.

There were satisfactory numbers of staff on duty to keep people safe and meet their needs. People who used the service, and staff who worked at the home, said there were enough staff provided. For example people who used the service said if they pressed the call bell staff responded to them in a timely manner.

People who used the service told us staff were caring, worked in a respectful manner and did not rush them. People said they could spend their time how they wanted, were provided with a range of choices, and were able to spend time in private if they wished. Some activities were available for people.

Care files mostly contained suitable information such as a care plan, and these were regularly reviewed. However

we were concerned that people's capacity to consent to care and treatment was not always suitably assessed in line with legislation and guidance. For example there was limited evidence of systems in place to assess people's mental capacity in line with the Mental Capacity Act (2005) , and make appropriate referrals to the local authority should this be necessary.

People said they enjoyed the food, and we were told regular drinks were provided. People had a choice of eating their meals in the dining room or their bedrooms.

Nobody who we met raised any concerns about their care. Everyone we spoke to said if they did have concerns, they would feel confident discussing these with staff or with management. People said they were sure that staff and management would resolve any concerns or complaints appropriately.

People felt the home was well managed. For example we were told "the manager always ensures the home is nice, clean and well maintained". There were satisfactory systems in place to monitor the quality of the service.

We found a Breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the report.

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?

The service was safe

Staff knew how to recognise and report the signs of abuse. Policies and procedures were available to guide staff should abuse be suspected.

People were supported with their medicines in a safe way by staff who had been appropriately trained.

There were sufficient numbers of suitably qualified staff on duty to keep people safe and meet their needs. Management ensured suitable checks were completed when staff were recruited.

Good



Is the service effective?

The service was mostly effective.

People told us they did not feel restricted, and they had a choice how to live their lives. However the service did not act in accordance with the requirements of the Mental Capacity Act (2005) and associated Deprivation of Liberty Safeguards

Staff supported people to maintain a balanced diet appropriate to their dietary needs and preferences.

Staff received on-going training so they had the skills and knowledge to provide effective care to people.

Requires improvement



Is the service caring?

The service was caring.

Staff were kind and compassionate and treated people with dignity and respect.

People's privacy was respected.

People told us they were able to choose what time they got up, when they went to bed and how they spent their day.

Good



Is the service responsive?

The service was responsive.

People received personalised care and support which was responsive to their changing needs.

Care plans reflected people's individual care needs and were regularly reviewed.

Good



Summary of findings

People told us if they had any concerns or complaints they would be happy to speak to staff, the manager or the owners of the home. People felt any concerns or complaints would be suitably addressed.

Is the service well-led?

The service was well-led.

People who used the service, and staff who worked at the home said management ran the home well, were approachable and supportive.

There were suitable systems in place to monitor the quality of the service.

Good



Hollybush Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We visited Hollybush on 2 and 3 June 2015. The inspection was carried out by one inspector. The inspection was unannounced

Before visiting the home we reviewed previous inspection reports, the information we held about the home and notifications of incidents. A notification is information about important events which the service is required to send us by law.

During the two days we spoke with eleven people who used the service and three visiting relatives. We also spoke with the provider and four members of staff. We inspected the premises and observed care practices on both days of our visit. We looked at three records which related to people's individual care. We also looked at five staff files and other records in relation to the running of the home.

Is the service safe?

Our findings

People who lived at Hollybush told us they felt safe. Comments we received from people who used the service included; “Oh yes, I am very safe. There is no harshness, it is very good. I cannot grumble,” and “Yes I feel safe, the staff are good, they are polite and friendly.” A relative told us: “I am very happy with the standards. My mother is looked after well. The staff are nice. My mother and myself have no concerns or complaints.”

Staff had received training in safeguarding adults and had a good understanding of what might constitute abuse and how to report it. All told us they would have no hesitation in reporting any concerns to management as they wanted people in the home to be safe and well cared for. All were confident any allegations would be fully investigated and suitable action taken to ensure people were safe. Our records, and senior staff at the home, informed us there had been no safeguarding concerns since the last inspection.

Care plans included risk assessments which identified what risk people were at, for example from events such as falls and pressure sores. There was evidence risk assessments were regularly reviewed and updated as necessary. During our visit we observed care staff supporting people appropriately to move around the home. This sometimes involved assisting people to get up or sit down by using handling belts or stand aids.

The registered persons held money for some people to enable them to make purchases for small items and for hairdressing and chiropody. Receipts were kept to account for monies received and spent. We checked the records against monies held for people and found these to be correct.

Incidents and accidents were suitably recorded. We inspected records for these and noted suitable action had

been taken. The senior carer informed us necessary changes were made to learn from events. For example senior staff reviewed the measures in place to help reduce risk when people had falls. Staff liaised with relevant external professionals if individuals had repeated falls, a person’s health needs had changed, and/ or additional equipment was required.

There were suitable numbers of staff available to meet people’s needs. Staff rotas showed there were two members of staff throughout the day and evening from 7:30am until 10pm. During the night there was one member of staff on a waking night duty. Each morning there was a cook and a cleaner on duty.

The service had a safe recruitment process. All new staff had been thoroughly checked to help ensure they had appropriate skills and knowledge, and were suitable to work with older people who may be vulnerable.

Medicine was stored and administered safely. Staff were aware of what medicines people needed to take and when. Where people self-administered their own medicine suitable processes were in place. Medicine Administration Records (MAR) were completed correctly. A suitable system was in place to return and/or dispose of medicine. Training records showed that staff who administered medicine had received suitable training.

The environment was clean and well maintained. The boiler, electrics, gas appliances and water supply had been tested to ensure they were safe to use. There were records that showed stair lifts, and manual handling equipment had been serviced. There was a system of health and safety risk assessment. There was a policy, and system in place to minimise the risk of Legionnaires’ disease. There were smoke detectors and fire extinguishers on each floor. Fire alarms and evacuation procedures were checked by staff, the fire authority and external contractors, to ensure they worked. There was a record of regular fire drills.

Is the service effective?

Our findings

From speaking with people who used the service, and from our observations of care provided, we saw no evidence people felt overly restricted, or could not make decisions for themselves. We were told “No one restricts me, I can do what I like.”

However we were concerned that people’s capacity to consent to care and treatment was not always suitably assessed in line with legislation and guidance.

The Mental Capacity Act 2005 (MCA) provides the legal framework to assess people’s capacity to make specific decisions, at a specific time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. A service needs to consider the impact of any restrictions put in place for people that might need to be authorised under the Deprivation of Liberty Safeguards (DoLS). The legislation regarding DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. A provider must seek authorisation to restrict a person for the purposes of care and treatment. Following a court ruling in 2014 the criteria for when someone may be considered to be deprived of their liberty had changed. The provider had not taken the most recent criteria into account when assessing if people might be deprived of their liberty. Applications had not been made to the local authority for authorisation of potentially restrictive care plans in line with legislative requirements.

The service’s policy, in respect of the MCA and DoLS, had not been updated in line with the new court ruling criteria. There was limited evidence of systems in place to assess people’s mental capacity in line with the requirements of the MCA. We were told, by a senior carer, the registered persons had submitted one Deprivation of Liberty Safeguards application for a person who had since passed away. However there was no detailed information about the capacity of people that were using the service. There were no records that referrals had been made to the local authority for some people, who may be deemed as not having capacity, and subsequently required significant levels of supervision to remain safe.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Five staff had received training on the Mental Capacity Act (2005) and associated Deprivation of Liberty Safeguards. The staff we spoke with all showed a basic understanding of the legislation.

Staff were knowledgeable and demonstrated a good understanding of the needs of the people who lived in the home. Staff received a full induction when they started working. We were told this included on line training, shadow shifts with more experienced staff, and the reading and explanation of appropriate policies and procedures. An induction checklist was completed for each new staff member. However the induction process did not meet the expectations outlined by Skills for Care, for example as preparation for staff to obtain the Care Certificate. The Care Certificate is an identified set of national standards that health and social care workers should follow. The Care Certificate ensures all care staff have the same introductory skills, knowledge and behaviours to provide suitable care and support.

Staff had received suitable training to carry out their roles. For example people had received training required by the service. These included manual handling, food hygiene, infection control, safeguarding, medicine administration and first aid. Staff had also received training to assist people with specific care needs for example dementia. Some staff had completed other needs specific training such as diabetes, end of life care, continence and awareness of the needs of people who had strokes. Some staff had completed National Vocational Qualifications (NVQ’s) in care.

The staff we spoke with said they received one to one formal supervision with a manager, and this occurred “every three months.” We were not able to inspect records as the registered manager was away. Staff said the owners and the registered manager were approachable and managers would assist staff members if they had any queries or problems.

People told us the food was, “very good,” and “I am well fed, the food could not be better.” Although there was not a formal choice each day for the main meal, people told us the staff would inform them each morning what was for lunch, and if they did not like what was planned an alternative would always be provided. The main meal was

Is the service effective?

also written on a white board in the lounge. This included a choice of sweet. A hot drink was brought around each morning, afternoon and in the evening. People received suitable help to eat their meals, for example if they needed food to be cut up.

People could see a GP when they requested one. Some people frequently saw a district nurse for example to check wounds and/or dressings. People said they could see other medical practitioners such as a chiropodist, dentist or an optician. Notes from GP consultations were kept and were comprehensive. There was however limited or no information, for some people, about when they last saw a dentist or an optician, although records for other people were to a good standard. It was not clear from their records if these people had seen a dentist or optician, or if they did not want or need these services.

The home had been suitably adapted to meet people's needs. For example for people with a physical disability there were hand rails, a stair lift, assisted baths and the toilet seats were raised. People chose to spend time either in their bedrooms or in the main lounge / dining area. The building was well maintained, decorated and furnished. There was a sun lounge, and a garden with outside seating. All areas of the home were readily accessible to the people who lived there.

We recommend that the service implements Skills for Care guidance regarding the Care Certificate.

Is the service caring?

Our findings

People who lived at the home said they were supported by kind and caring staff. For example people told us; “It is very good here, I have got everything I need,” and “the staff are caring and patient, we all have a laugh and a joke.” A relative described the home as “wonderful” and said the staff looked after their relative well, were always welcoming and “always had a smile on their faces.” Staff said they had no concerns about colleagues’ practice, and felt staff were caring, and several staff praised the home for having a pleasant “family atmosphere.” Staff said they would challenge their colleagues if they observed any poor practice.

People said they received care in a way that they wanted. People felt confident speaking with staff or management if they were unhappy with how their care was being provided. People were well dressed and looked well cared for. Some people had limited awareness of, and said they had not been involved, with their care planning. Care plans outlined people’s needs, likes and dislikes, and included life histories. Life histories are important for staff to understand the background of the person and how it impacts on who they are today.

Staff interactions were friendly, patient and respectful. Staff were suitably discreet when providing care for people for example bedroom doors were always shut when care was being delivered. Staff took the time to speak with people as they supported them.

People told us the staff enabled them to be as independent as possible. For example one person said it was their choice if they wanted to spend time on their own, or sit with others in the lounge. Other people said; “You can do what you like” and “You can please yourself”. One person regularly went to the local shops on their own. People told us they could get up and go to bed when they wished. On both days of the inspection, we arrived at the home at 10am. Some people were still in bed, others were having breakfast whereas some people had chosen to get up early and were in the lounge reading or watching television.

People said their privacy was respected for example staff always knocked on their doors prior to entering and they did not believe their care was discussed in front of others. To help people feel at home their bedrooms had been personalised with their own belongings, such as furniture, photographs and ornaments.

Is the service responsive?

Our findings

People had their needs assessed before they came to live at the home to help ensure the home was able to meet their needs, wishes and expectations. There were copies of pre admission assessments, completed by a senior member of staff, in people's files. People confirmed somebody had met with them to discuss their needs prior to them moving into the home.

People's care files contained daily care records which all staff completed. Care plans had the right information to assist staff to provide people with appropriate care. These plans were regularly reviewed and updated to reflect any changes in the person's needs. The registered provider also audited care files on a regular basis to ensure they were being kept to a suitable standard. Staff told us care files were accessible to them.

Throughout the two days of our inspection we found staff interacted appropriately with people. People who spent the majority of their time in their bedrooms said staff checked on them regularly. People were free to spend time in their bedrooms or go to the lounge as they wished.

People had call bells in their rooms and staff responded to these quickly. This showed people were able to call staff for assistance if they needed help.

People were supported to maintain contact with friends and family. Friends and relatives said they were made welcome and they were able to visit at any time. People could meet with visitors in the lounge, conservatory or their bedrooms.

People were able to make links with the local church. A church group visited the home on a monthly basis, to sing hymns. There was no library service, although some books were provided and some people said relatives or friends provided them with reading material. People could have a newspaper or magazines delivered.

The service kept a record of activities which were organised each afternoon. These included bingo, arm chair exercises, reminiscence, and group games. Entertainers also visited on at least a monthly basis. People had mixed views about the activities. Some said they enjoyed what was on offer, others were not aware of any of the activities. Some people said they were happy to occupy themselves, and others said there could be more activities. People enjoyed sitting in the garden when the weather was good. The service did not provide any activities outside, although some people said their relatives or friends would take them out.

Staff and people told us there were occasional 'residents' meetings where people had the opportunity to discuss their views of the service and any suggestions for improvement. We saw copies of minutes of these meetings. There were occasional staff meetings, the last minuted meeting was in October 2014). There was a staff handover each day which helped staff to discuss any concerns about people's welfare and ensure staff worked consistently. The registered manager worked in the service each weekday, and the registered providers were based at the service several times a week. People, their relatives and staff, all said the owners and the registered manager were approachable and ensured appropriate action was taken on any issues of concern at the home.

People said they could not remember receiving information about the complaints procedure. However, both people and their relatives, said they would feel confident approaching staff or management if they had any complaints. One person said; "You can talk to the staff if you do not like something; they don't get offended." People felt staff or management would work to ensure there was a suitable resolution to any concerns they had. However none of the people we spoke with, said they had previously had the need to make a complaint or raise any concerns.

Is the service well-led?

Our findings

People, their relatives, and the staff had confidence in the management and senior staff at the service. People that used the service said the registered manager was approachable and had a good working knowledge of the day to day running of the service. The registered manager helped with delivering care as necessary.

The owners based themselves at the service several days a week. We were told; “The manager always ensures the home is nice, clean and well maintained,” “She runs the home well,” “The owners are a very nice couple,” and “They all keep the place running smoothly.” Staff said they felt confident in approaching either the manager or the owners if they had any problems. Staff said; “You can have a chat with them...if there is a problem you can have a word and they will do what is in their power to sort out problems. They look after their staff and make us feel valued.”

People and staff said there was a positive culture in the home. One staff member said: “It is like one big family, we have a laugh (staff and people who live in the service) and there are no dramas.” Another member of staff said the staff group “mix in together well and any disagreements get resolved.”

As the service had a relatively small staff and resident group we were told most decisions took place informally. Separate staff and ‘residents’ meetings took place although records showed these were infrequent. The registered persons were regularly at the service and subsequently received frequent feedback from people and their representatives.

The registered manager monitored the quality of the service by completing regular audits such as of the medicine system, care plans, maintenance and decorations, and staff training. An audit system was in place based on the previous Care Quality Commission ‘Essential Standards of Quality and Safety’.

Records showed that staff recorded accidents and incidents which had happened in the service. The registered manager used this information to monitor and investigate accidents and took the appropriate action to reduce the risk of them happening again.

The owners and registered manager were unable to attend the inspection, but we were able to find all the information which was required for the inspection. The staff team clearly understood their roles, and were able to work appropriately without continuous direction or supervision. The home was well organised and the team was focused to deliver good quality care.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2014 Safeguarding service users from abuse and improper treatment.

The registered persons did not have an up to date policy and system in place to ensure, where appropriate, referrals are made to the local authority, to assess service users, in line with the requirements of the Mental Capacity Act (2005) and associated Deprivation of Liberty Safeguards. Subsequently there was a risk that service users were deprived of their liberty for the purpose of receiving care or treatment without lawful authority.
Regulation 13(5)