Mr & Mrs P Menon

Holly House Residential Home

Inspection report

36 Green Street
Milton Malsor
NN7 3AT
Tel: 01604 859188
Website: hollyhouseresidentialhome.co.uk

Date of inspection visit: 27 October and 2 November 2015
Date of publication: 19/01/2016

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?	**Requires improvement**
Is the service well-led?	**Requires improvement**

Overall summary

This inspection took place on the 27 October and 2 November 2015 and was unannounced.

The service is registered to provide care for up to 22 older people. The service provides care to older people with a variety of needs including the care of people living with dementia. At the time of our inspection there were 22 people living there.

There was a registered manager in post at the time of our inspection. 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.

Summary of findings

Staffing levels at night and during parts of the day were not always sufficient to safely meet people's needs. The number of staff available and the layout of the premises impacted upon staff's ability to provide an appropriate level of supervision to all people living in the home.

This was a breach of regulation and you can see what action we told the provider to take at the back of the full version of this report.

There were appropriate recruitment processes in place and people felt safe in the home. Staff understood their responsibilities to safeguard people and knew how to respond if they had any concerns.

Staff were supported through supervisions and undertook training which focussed on helping them to understand the needs of the people they were supporting. People were involved in decisions about the way in which their care and support was provided. Staff understood the need to undertake specific assessments if people lacked capacity to consent to their care and / or their day to day routines. People's health care and nutritional needs were considered and relevant health care professionals were appropriately involved in people's care.

People received care from staff that respected their individuality and were kind and compassionate. Their needs were assessed prior to coming to the home and care plans were in place and were kept under review. Care plans contained basic information and could be strengthened to help build a more comprehensive picture of each person. Staff understood people's likes and dislikes and enabled people to participate in activities.

People were cared for by staff who demonstrated an understanding of each person's needs. This was evident in the way staff spoke to people whilst delivering care. Relatives commented positively about the care their relative was receiving and it was evident that people could approach management and staff to discuss any issues or concerns they had.

There were a variety of audits and risk assessments in place, however management did not always fully utilise the information they collected when deciding on staffing levels within the home.

Management were visible and open to feedback.

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 not always safe

Staffing levels were not always sufficient to safely meet the needs of all the people.

Staff had a basic understanding of their responsibilities in relation to safeguarding.

There were appropriate recruitment practices in place which ensured people were safeguarded against the risk of being cared for by unsuitable staff.

There were safe systems in place for the administration of medicines.

Requires improvement

Is the service effective?
The service was not always effective

People had to sometimes wait for their needs to be met and at times the care felt rushed.

People received care from staff who had received training

People were involved in decisions about the way their support was delivered.

Staff understood their roles and responsibilities in relation to assessing people's capacity to make decisions about their care.

Requires improvement

Is the service caring?
The service was caring

People's dignity was respected.

People received their support from staff that were kind and compassionate.

People were encouraged to express their views and to make choices.

Visitors were made to feel welcome and could visit at any time.

Good

Is the service responsive?
The service was not always responsive.

Requires improvement

Summary of findings

Individualised care plans were in place; however there was scope to strengthen this process and to build a more comprehensive picture of each person.

People were assessed before they went to live at the home to ensure that their individual needs could be met.

People were aware that they could raise a concern about their care and there was written information provided on how to make a complaint.

Is the service well-led?
The service was not always well-led

Requires improvement

Management did not take account of all the information available to them when considering staffing levels.

People and their relatives were encouraged to provide feedback about their experience of the care and about how the service could be improved.

The management were visible and approachable.

Audits were in place and action taken to address any shortfalls.

Holly House 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.

This inspection took place on 27 October and 2 November 2015. Our first visit was unannounced and the inspection team consisted of an inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. In this instance our expert-by-experience had a relative living in a care home, supported other older relatives and worked with groups who supported older people.

Prior to the inspection we looked at information we held about the service including statutory notifications. A notification is information about important events which the provider is required to send us by law.

We contacted the health and social care commissioners who help place and monitor the care of people living in the home.

We spoke with eight people who used the service, four care staff, a housekeeper, the registered manager and the provider. We were also able to speak to a number of relatives who were visiting at the time and the hairdresser.

We looked at care records for six people, four staff recruitment files, training records, duty rosters and quality audits. During our inspection we used the 'Short Observational Framework Inspection (SOFI); SOFI is a specific way of observing care to help understand the experience of people who could not talk with us.

Requires improvement

Is the service safe?

Our findings

There were not always enough staff on duty to safely provide the level of care, supervision and general support that people needed. There were 22 people living in the home at the time of this inspection. The lay out of the building is such that the bedrooms are over two floors and the call bell system panel is located on the ground floor in the kitchen area. Although the provider had a system in place to calculate the number of care staff required based on the dependency needs of the people, the staffing arrangements were insufficient.

People living in the home had a range of needs, a number of people needed help with personal care and some people required two staff members to safely assist them with their care and to support them to move around the home. The staffing levels did not always ensure that there were enough staff to provide the level of care required by these individuals and at the same time offer the supervision, support and care required by other people in the home.

This was a particular concern in relation to the night staffing arrangements, Between 11pm and 7am there was only one waking staff member available in the home and although they could call on the support of a sleep in carer, these arrangements are not acceptable and were exposing people to unnecessary risk. People were waiting prolonged periods of time without the support they needed and one person told us "when I press my button I have to wait a long time sometimes up to an hour."

We were also aware of a recent incident where someone was found on the floor at night time. The paramedics who had been called to attend to the person, raised a safeguarding concern as in their view the person had been on the floor for up to an hour. They felt that the low staffing levels in the home had contributed to the delays involved. Although the specific length of time the person was left on the floor cannot be confirmed the manager accepted that they were there for some time before staff realised and sought help. there was a delay. Despite this incident the night staffing arrangements had not been reviewed or increased.

During day time hours we also found that people were having to wait a long time to receive care or for staff to respond to their call bells. One person told us that staff "have so much to do that I feel rushed when they are helping me" and another told us that the staff "have so much to do; they are always busy looking after other people and completing other duties". One of the relatives we spoke to said that they felt at times during the day there were not enough staff on and the provider expected a lot from the care staff.

Staffing arrangements during meal times also meant that people waited a long time to receive their meal or to be supported by staff. We observed that people in the dining room waited at least 35 minutes before their meal was served to them. Staff were stretched trying to get meals out to people who had chosen not to have their meal in the dining room.

The pressure on staff was compounded by the lack of a full time cook and insufficient numbers of domestic staff. Therefore in addition to assisting people with personal care, the care staff had to prepare breakfast, administer medicines and carry out various domestic duties. This meant that there were periods of time were people were left waiting for staff to be available to assist them.

We spoke to the provider and registered manager about this and they agreed to increase night staffing levels to a minimum of two waking night staff per night with immediate effect and to review their staffing levels across the service to ensure there was always sufficient staff to provide care without it being rushed or delayed.

This was a breach of Regulation 18 (1) Staffing. Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were risk assessments in place to identify areas where people may need additional support and help to keep safe. For example, people who had been assessed for falls had plans in place to mitigate the risk from falling such as having two staff to transfer and support to walk. Anyone who had difficulty with their mobility had plans in place to ensure they maintained their mobility. Although we observed that staff encouraged and supported people to walk and use equipment safely when transferring people from a wheelchair to a chair, staffing levels were impacting on staff's ability to attend to people's movement and handling needs in a safe and timely way.

There were regular health and safety audits in place and fire alarm tests were carried out each week. Each person had a personal evacuation plan in place and equipment

Requires improvement

Is the service safe?

was stored safely and regularly maintained. The provider had plans in place to make alterations to the ground floor which would enable all people to have access to all areas without needing to wait for assistance; currently there is a step up into the dining area which means that most people need assistance to access it.

People were cared for by suitable staff because the provider followed thorough recruitment procedures. Disclosure and barring service checks (DBS) had been completed and satisfactory employment references had been obtained before staff came to work at the home. This included additional checks for people who had come from other countries to work at the home.

People told us that they felt safe in the home and with staff. We observed that they were relaxed and saw that they responded positively towards staff. Staff had undertaken training in safeguarding; they all told us they would report any concerns to the manager and knew where the telephone number was to contact someone from outside the home. There was a policy in place which had recently been reviewed.

There were safe systems in place for the management of medicines. Staff received training before taking on the responsibility to administer medicines and their competencies had been assessed. We observed as staff gave medicines out and saw that they checked the name of the person they were giving the medicine to, sought their consent and explained what they were giving the person. They ensured there was sufficient water to take the medicine and made sure that people took their medicines. One person told us “When the staff administer medication, it is done regularly and they make sure that we take it.” Records were well maintained and regular audits were in place to ensure that all systems were being safely managed.

Requires improvement

Is the service effective?

Our findings

People felt that the staff knew how to care for them and were being cared for by a staff team who had received training before they undertook any caring responsibilities; this included health and safety, manual handling, infection control and safeguarding. All new staff underwent an induction program and completed written tests and worked alongside experienced staff before working alone. The length of time this was undertaken varied according to the experience of the staff member.

Staff appeared confident when they delivered care and we observed staff using equipment correctly and safely. We observed staff explaining to people what they were doing and when someone presented with behaviour which impacted on other people staff were able to distract the person and support them. However, english was not the first language for some staff and people and their relatives told us that there can be a little language barrier with a lot of the staff, but said that eventually they get there.

Staff had regular supervision with the manager and the senior carer would offer further support to staff as and when needed. The staff we spoke to said they felt well supported by the senior carer. Each member of staff had recently had a training programme put in place which identified any areas of training they needed to complete and when they were required to refresh some of their training.

The provider and registered manager understood their roles and responsibilities in relation to assessing people's capacity to make decisions about their care. They were supported by appropriate polices and guidance and were aware of the need to involve relevant professionals and others in best interest and mental capacity assessments. At the time of our inspection some people living in the home did not have the capacity to consent and make decisions about their care. Capacity assessments had been undertaken and appropriate action taken to seek authorisation under the Deprivation of Liberty Safeguards. Families were consulted and kept informed of any impact on the way in which people were cared for and supported.

One family member told us "I was invited to take part in [relative's] care plan as they do not have capacity. I thought it was very well prepared". We heard one carer talking to a person whilst undertaking personal care explaining what they were about to do and asking the person how they had slept the night before. One person told us "The staff always ask my permission when they are going to assist me with anything". Records relating to the day-to-day care of people were kept up to date but needed to include more detail of what care had been given to ensure that all staff were able to see what other support a person may need.

People were regularly assessed for their risk of not eating and drinking enough, staff used a tool to inform them of the level of risk which included weighing people. We saw that people were being weighed on a regular basis and were told that if anyone was found to be losing weight they would contact the dietitian for advice.

People told us that the food was good and they had enough of it. One person said "I enjoy my meal it is always tasty", another person said "The food is good." There were mixed views on whether there was enough choice. We observed that people were offered a choice and alternatives were offered if people did not want what was on the menu. Some meals were prepared separately for people who had specific cultural needs or required a pureed diet. However, currently the home is without a cook and the provider has arranged for pre-cooked meals to be brought into the home. The management had worked with the supplier to establish the best menu options to meet the needs of the people and people were being closely monitored to ensure they were receiving a sufficient diet which met their nutritional needs. In the longer term, however,to continually meet people's nutritional needs and individual diets fully the provider needs to employ a cook. This will ensure that people are always provided with freshly prepared vegetables and meat and all their dietary needs are met. Drinks were available during mealtimes and at set times during the day. One person told us "they make us drink lots of water and tea".

People and their families told us that they were able to access other health professionals if they needed to and we could see that a District Nurse was visiting each week. One person had been referred to a specialist memory clinic following a recent visit from the GP. We could see from information recorded that staff had sought assistance from emergency services when someone had recently taken ill during the night. We did not get the opportunity to speak to any professionals who had attended the home during this inspection.

Good

Is the service caring?

Our findings

The atmosphere was friendly and warm. People told us how nice the carers were and would do anything for them. One person said "I was a bit apprehensive at first when I came here, when staff wanted to help me I was worried but I couldn't believe how good they would be"; another person said "I like it here I think it's lovely." We read some comments made by families following a recent survey sent out to families "The care is very good in deed."; "I am pleased with the care my relative is receiving"; "I am very happy with all aspects of my relative's care".

During the inspection we observed staff focussed on the task they needed to undertake such as assisting someone to walk into the dining room; whilst they performed that task we heard lots of words of encouragement such as "well done, don't be afraid, nearly there". However, the care staff did not have the opportunity to spend much time conversing with people. The staff we spoke to came across as very caring and respectful; all spoke positively of the work they were doing. One member of staff said "The staff are all very friendly and everyone will do anything for anyone." One relative had commented "I feel that a huge weight has been lifted off my shoulder because I know that my [relative] is well cared for. They are clean and fresh looking when I visit and it may be different times; the staff treat the residents as if they are at home".

People's dignity was respected we observed staff knocking on people's bedroom doors before entering and closing the door when they were helping people with their personal care. One person told us "I have a shower every day and I am treated with the utmost respect and the staff speak to me when helping me. The door is always shut and my dignity is upheld".

People had been encouraged to personalise their environment to make them feel at home and comfortable. We saw that people were able to bring in personal items from their homes and we could see that a number of people had brought in their own bed, bedding and pictures of their family and friends. Some people had mobile phones so that they could keep in contact with family and friends. The provider told us that any new person did have the opportunity to choose a colour for their room as they tried to redecorate each room as it became available.

The staff worked hard to ensure that they were meeting people's individual cultural and spiritual needs. One person told us "With my religion I have to shower every day, the carer's make sure this happens and my food is specially prepared for me". People were supported to attend events to support their spiritual needs both outside of the home and within it.

Visitors were welcomed at any time and encouraged to join in with any activities that were being offered. One person's relative came in regularly to sing with everyone which we were told was enjoyed by everyone. The visitors we spoke to all said they were able to come at any time when they wanted to and were made to feel very welcome. One regular visitor to the home said "people are always well cared for".

Requires improvement

Is the service responsive?

Our findings

Care plans contained basic information about individual care and support needs. The care plans were reviewed regularly but needed more detailed information about the person. The provider told us that they were aware of this and were trying to address this. Families had been asked to help by providing more information about the person which could assist the staff; we did note that where people had been asked for more information they had declined to give it.

People were assessed before they came to live at the home to ensure that their individual needs could be met. Where possible people and their families were encouraged to visit the home prior to coming. There was an initial care plan put in place and during a four week trial period the care plan was reviewed and added to as the home got to know the person more. The trial period gave everyone the opportunity to see whether Holly House was the right place for them. We read a comment from one family "The staff know [relative] well, they are well cared for", "and as a family we are completely satisfied with all aspects of care. I feel very fortunate [relative] has been accepted as a resident".

People's needs were continually kept under review and relevant assessments were carried out to help support their care provision. These included assessments on people's mobility which looked at what equipment they needed and how many staff needed to support them. Whilst during our inspection we observed two staff supporting people, we were aware that staffing levels did not always allow this to happen and that people had to wait for that support to be given. Some people felt they had to wait longer than they should and were rushed.

People were involved in decisions about the way their support was delivered. They were able to choose when they wished to get up and go to bed and where they would like to spend their day. We observed some people spent their time between the library and their bedroom, others moved from one area of the lounge to another. However, there were a number of people who needed assistance to move and there were not always the staff available to assist them; this was particularly noticeable following breakfast when we observed people having to wait for up to an hour after finishing their breakfast before they could be assisted to another area of the home.

There was a program of activities available within the home which involved various group activities and relied mainly on the care staff to deliver. We saw during our visit a game of skittles being played and a chair exercise session being undertaken with some people. People told us if there were enough staff available they were taken for a walk into the village or out into the garden when the weather was nice. People spent time in their rooms watching TV or reading. The home also had a couple of volunteers who came in each week to talk with people and one family member came in to sing with everyone. If the care plans were more detailed this would help in developing a more individualised programme of activities particularly for those people who did not wish to take part in group activities.

People were aware that they could raise a concern about their care and there was written information provided on how to make a complaint. One person told us "I have no complaints and if I did I know who to complain to". Relatives said that the manager and the provider were approachable. One relative said "[Relative] is well cared for, I have no concerns. I would raise any concerns with the manager if I had any, no problem. [Relative] always looks happy when we visit. The provider was around most days and said that they would deal with any issue if it arose as quickly as possible.

Requires improvement

Is the service well-led?

Our findings

There were systems in place to monitor the quality of the service and assess the risks of people however; the provider had not taken fully into account the information available to them when considering the impact of the level of staffing had on delivering a good quality service. This was discussed with the provider and the provider agreed to enhance the systems in place to ensure that information was collated to ensure any trends were identified which would inform the provider of any actions that needed to be taken. On our second visit we saw that the provider had put this in place.

Communication between people, their families and the service was encouraged in an open way. We saw visitors to the home speak with staff and offering feedback or general discussions about how they felt the person they were visiting was on that given day. Both the manager and the provider were visible and available to speak to visitors and demonstrated knowledge of all the people living in the home; however they had failed to recognise when people were left waiting for support and although there had been a full review of the person's care needs following a fall, it was a concern that night staffing levels had not been reviewed or increased as a result of this incident.

People using the service and their relatives were encouraged and enabled to provide feedback about their experience of care and about how the service could be improved. Following a residents meeting in June a projector and screen had been purchased so that films could be played for those people who wanted to experience a day at the movies and new armchairs had been bought for the lounge area. Regular audits and surveys were undertaken and these specifically sought people's views on the quality of the service they received. Some of the comments we read from the most recent survey were " I am pleased with the care my [relative] is receiving. They appear quite happy. Occasionally they say they are bored and it is the same every day. A little more staff interaction may be helpful."; "I am pleased with care [relative] receives but would like them to walk where possible to keep their mobility."; " There is a lovely homely atmosphere, [relative] settled in well and looks neater and tidier." The results of the survey were displayed on a notice board in the dining room but it was not clear what actions, if any, the provider had taken as a result of the survey.

Staff worked well together as a team, team meetings took place on a regular basis and minutes of these meetings were kept. The meetings enabled staff to give feedback on current practices in the home and an opportunity to share good practice. We observed a staff hand over which was thorough and everyone contributed to the information being shared. However, during that time there was nothing in place to ensure that people were being supervised and their needs met without having to wait. The staff spoke highly of the senior carer who was also one of the registered managers; staff said they were very approachable and supported them when they needed. Although the staff spoke of their commitment to provide the best possible care for people the provider and registered manager had not recognised the impact the staffing levels had on both the people they were caring for and the staffs' ability to fulfil all the needs of the people without being rushed and stretched. We spoke to the provider and registered manager about this and they have agreed to review their staffing levels across the service to ensure that there are sufficient staff to support care staff to undertake all the necessary task and duties required to provide a good quality service.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing The needs of the people who use the service are not always safely met as the provider did not provide sufficient numbers of suitably qualified, competent, skilled and experienced staff at all times. Regulation 18(1)

The enforcement action we took:
We required the provider to take action